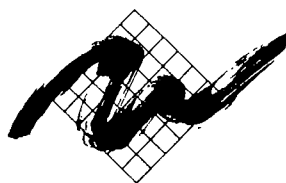


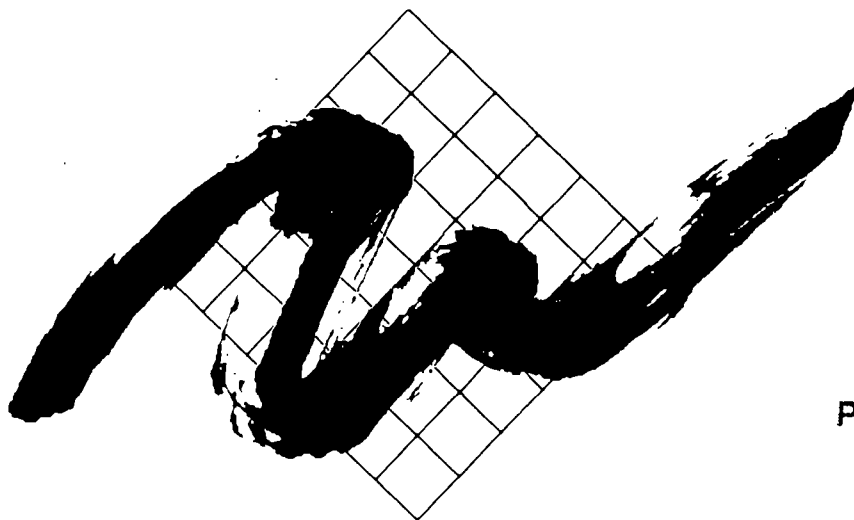
Research News Reporter



**IWPR
2000**

Research News Reporter

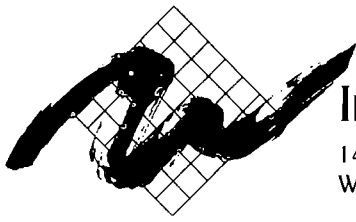
**Research in the news on
topics relevant to women
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INSTITUTE FOR WOMEN'S POLICY RESEARCH

1400 20th Street, NW, Suite 104
Washington, DC 20036

March 12, 1999

Dear IWPR Member:

The Institute for Women's Policy Research is pleased to welcome you to a new year of *Research News Reporter*.

Enclosed is your 1999 binder which contains a compilation of articles for **January**. These articles are divided into six sections: **Work & Education, Politics & Society, Family Life, Health & Reproductive Issues, Poverty & Income and Of Interest**.

You will notice that the keywords, study details and additional information are along the right hand side of the page to allow for easy reference. We hope that the *RNR* will be an important and user-friendly resource for you, as well as a pleasure to read.

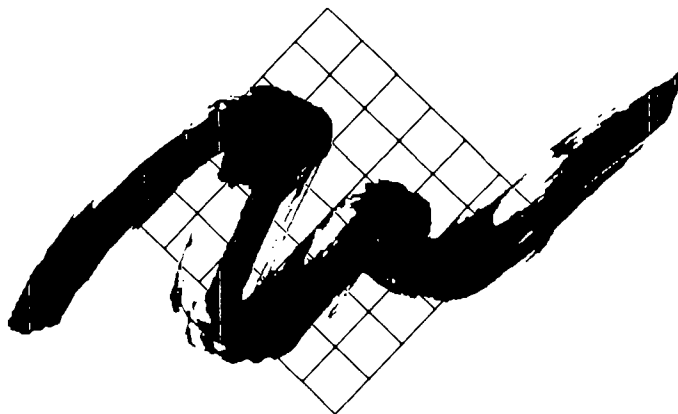
We welcome your comments or suggestions. Please contact us by E-mail at: wall@www.iwpr.org, or by telephone at: (202) 785-5100.

Sincerely,

Caroline Wall
Research News Reporter Assistant

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Work & Education

Divider Title: _____

The Washington Post

By Kirstin Downey Grimsley Wednesday, January 6, 1999; Page F01

Keywords

workplace, environment
health

When Life at Work Gets Hairy

U.S. Agency Calls On-the-Job Stress a Rising Threat to Employee Health

The National Institute for Occupational Safety and Health has a message for American workers and their employers: Chill out.

The public health agency released a report yesterday that called job stress "a threat to the health of workers" and urged companies and employees to help reduce their risk.

"We've identified this as a top-priority issue," said NIOSH Director Linda Rosenstock, who is also a physician. "The U.S. public is reporting very high levels of stress at work, and often reporting it's the largest source of stress they face. Shifting work patterns due to the global economy are aggravating these issues."

NIOSH cited numerous studies of workplace stress that have been conducted in the past decade, including a 1998 survey by the Families and Work Institute that found that 26 percent of workers said they were "often or very often burned out or stressed by their work."

The report also said tensions appear to be on the rise, citing a 1997 survey conducted by Princeton Survey Research Associates, which found that three-quarters of employees believe the worker today has more on-the-job stress than a generation ago.

"Job insecurity is up, working hours are up, and the overall perception of the stress level at work is up -- all in a very short period of time," Rosenstock said.

What makes the burden feel just too heavy? NIOSH pinned the blame on a variety of factors, including overwhelming workloads, poor social environments at work, conflicting or uncertain expectations, job insecurity, and loss of control over the pace of work because of computerization.

Laura Rucker, 28, an editor with a human resource consulting firm in the District, said the hardest part of her job is that the workload is often irregular, leaving her sometimes overwhelmed.

"Some days five or six people all come to me with projects that need to be done by that afternoon -- from one-page letters all the way to 20-page proposals," she said.

Tuesday morning, for example, she said she was so jittery about the work awaiting her that she spilled a cup of cappuccino all over her desk.

Kim Langer, 38, a Northern Virginia resident who is a senior investigator for the Labor Department's pension and welfare benefits administration, said the aging of the population is adding to her agency's workload. She said when she joined the agency 13 years ago, a normal workload consisted of five to 10 cases, but now she has 24.

"I have more stress now, juggling everything," she said.

Too much stress also makes people sick, NIOSH said, leading to mood and sleep disturbances, gastrointestinal problems, heart attacks, difficulty concentrating, short tempers, and mental breakdowns. Alexandria therapist Mary Symmes, who has counseled many employees through corporate employee assistance programs, said about half of all the clients she counsels report work-related stress problems.

In one case she handled last year, for example, she counseled a group of workers traumatized by the technological mix-ups that erupted after their employer, a health care company, was acquired by a larger firm.

Study cited:

1998 Business Work-Life Study: A Source Book.

By Ellen Galinsky and James T. Bond, 1998.

Pub # W98-03

Available from:

Families and Work Institute
330 Seventh Ave. 14th floor
New York, NY 10001

Tel: (212) 465-2044

Fax: (212) 465-8637

Web: www.familiesandwork.org

Cost: \$59.00

Symmes said the firms' two computer systems couldn't interact properly. She said salespeople were forced to handle scores of calls from enraged customers, many of whom terminated their contracts with the firm, leaving employees fearful their jobs were in jeopardy.

"It was ruining the business," she recalled, adding that workers began reporting sleeplessness, fear of going to work and upset stomachs. She said she counseled the workers about ways to deal with anxiety and officially recommended the company appoint a higher corporate official, someone with power to fix the problem, to handle the angry calls.

In another case she handled, also last year, a sales organization decided to move its offices from Maryland to Virginia, forcing workers to adjust their work and family lives to the new work site.

"It meant they would have to use the Woodrow Wilson Bridge," Symmes said.

For that group, she offered training in relaxation techniques.

Organizational psychologist Gary Namie -- who operates a World Wide Web site called the Work Doctor (workdoctor.com), where workers discuss their job stresses -- said many people describe serious health problems. "Stress is not to be taken lightly," Namie said. "Stress can kill. Stress is real. It's not imaginary. It has a biological basis. It's unconscionable that someone should sacrifice their health for the sake of a paycheck."

Not all stress is bad, NIOSH added, because challenging work is energizing both physically and psychologically.

But when the scales tilt too far the wrong way, NIOSH advises:

Ensure workloads are appropriate for workers' capabilities and support resources.

Clearly define workers' roles and responsibilities.

Improve communication about stress, careers and workload.

Provide opportunities for social interaction among workers.

Establish work schedules that are compatible with other life responsibilities.

JOB CONDITIONS THAT MAY LEAD TO STRESS:

Lack of participation by workers in decision-making, poor communication in the organization, lack of family-friendly policies.

Poor social environment and lack of support from co-workers and supervisors. Heavy workload, infrequent rest breaks, long work hours; hectic and routine tasks that don't use workers' skills.

Job insecurity; lack of opportunity for growth and advancement.

Unpleasant or dangerous physical conditions such as crowding, noise, air pollution.❖

The Washington Post

By Linda Perlstein

Friday, January 8, 1999; Page D08

Keywords

education
schools
testing

Who's Grading the Schools? Accountability Lacking, Study Says

"Accountability" has become the education buzzword of the day, but the steps that states are taking to measure and publicize student performance are still tentative, according to a national study released yesterday.

"Most [states] are skirting the edges of a serious accountability program," wrote researchers from Education Week newspaper and the Pew Charitable Trusts. Despite concerns about whether public school children are getting a good education, success is rarely rewarded, they said, and failure rarely punished.

Many states have adopted standards for what students should know and give tests to measure whether they are learning. But fewer than half publicly rate schools' performance, according to the report, only 19 require students to pass tests to graduate from high school, and only six have laws that will link student promotion to their test scores.

"Now that most states have set academic standards and they've spent millions of dollars and lots of time and energy and it's been a subject of considerable political debate -- if they want those efforts to pay off, they have to put in place some serious consequences," said project director Craig Jerald.

Researchers evaluated states on six goals they identified as crucial to a successful and comprehensive accountability program: whether they test student achievement, issue report cards telling how each school's students perform, rate schools or identify low-performing schools, reward successful schools, assist low-performing schools and have the authority to close or take over failing schools.

Maryland is one of only five states that met those goals; Virginia "is a little bit farther behind but catching up rapidly," Jerald said. The District was not studied; however, its practices put it at about average.

Although 48 states and the District have standardized statewide tests, only 36 publicize the results. Fourteen states, including Maryland, award money to schools that do well, and 19 states and the District give money to schools who do poorly.

The study is based on the popular assumption that testing students and holding schools responsible for the results directly improves learning. But little research has tested the theory, beyond a recent Rand Corp. study that said there was "no other plausible explanation," besides accountability reform, for strong test score gains in North Carolina and Texas. Early this decade, those states adopted some of the nation's most thorough and specific school improvement goals, with clear rewards and punishments.

Critics caution that tests may not guarantee students will be better educated, particularly if states rely on imperfect tests and lapse into rote teaching.

"That's the snake oil politicians have bought and sold to the public, that these high-stakes tests improve educational quality," said Robert Schaeffer, public education director of the National Center for Fair and Open Testing in Cambridge, Mass.

Maryland, Virginia and the District are among the 20 jurisdictions that test their students and publicly identify schools with poor scores. Maryland and the District also have the authority to take over or close

Study cited:

Quality Counts '99:
Rewarding Results, Punishing Failure.

By Virginia Edwards.

Published in *Education Week*, January 11, 1999.

Available from:

Teacher Magazine
4301 Connecticut Ave
Suite 250
Washington, DC 20008
Tel: (800) 728-2753
Web: www.pewtrusts.com

Cost: \$3.50

failing schools. In Virginia, schools that have failed to meet state standards beginning in 2006 could lose their accreditation, but the state has not yet determined what impact that could have on them.

Researchers praised Virginia's plans to start rating schools and helping poor performers this year. But they criticized the state for failing to warn schools of concrete consequences.

Virginia Department of Education spokeswoman Cindy Cave said the state first must determine how to measure improvement and develop ways to help schools before setting sanctions. This spring, the state will consider giving financial rewards to successful schools.

Maryland gave out \$2.75 million last year for good attendance records and improvements on the Maryland School Performance and Assistance Program, or

MSPAP, test, including \$39,000 to Northfield Elementary School in Ellicott City.

Northfield's principal, Arlene Mindus, said that for any public school, accountability is "not a new concept." But knowing that scores would be publicized and improvement rewarded helped motivate her teachers in recent years. "They want to see the results of their hard work; they want to see those good test scores," she said. And when the staff heard their hard work would pay off -- literally -- "they were dancing here."

The Education Week researchers praised Virginia for issuing especially thorough report cards and mailing them to every parent.

Maryland schools' report cards are posted on the Web. In the District, parents who want such information must go to their child's school or the Board of Education. ❖

The Washington Post

By Joan Biskupic

Monday, January 11, 1999; Page A06

Keywords

law
schools
sexual harrassment

High Court Reviews Student Sexual Harassment

For months, a boy in LaShonda Davis's fifth-grade class made her life unbearable. Whenever he got the opportunity, he would sexually taunt her by trying to grab at her breasts, rub against her in the hallways or whisper that he wanted to "get in bed" with her. Once, he put a doorstop in his pants and gestured suggestively.

It became a debilitating ritual for LaShonda, whose grades began to fall. And for her mother, Aurelia Davis, it was an infuriating nightmare -- she repeatedly asked the teacher and other authorities at the Forsyth, Ga., elementary school to do something to stop the boy whose desk was next to LaShonda's. But to no avail.

"One day she came in the door," Davis recently recounted in thinking back on LaShonda's ordeal, "she dropped her head and a tear rolled down her cheek as she said, 'He did it again.'"

What Aurelia Davis did next might have been unheard of in years past, but not anymore: She sued the Monroe County School Board claiming that educators had not done enough to protect her child from sexual harassment.

Parents nationwide are increasingly turning to the courts in hopes of making schools accountable when their children are groped, grabbed and sexually tormented by other students. This week the U.S. Supreme Court will hear oral arguments on whether school boards should be forced to pay money damages when students in their classrooms are victimized by their peers.

In the Davis case, the Monroe County School Board said nothing in federal law makes the school liable for a student's bad behavior. The board won in lower courts.

The Supreme Court's eventual ruling in Tuesday's case could set a national standard

and resolve conflicting views among lower court judges on whether parents should be allowed to sue when confronted with such circumstances.

Recent studies suggest that the majority of junior and senior high school students experience some sexual harassment and that more and more schools are setting policies to punish those who do it. But at the same time, schools have occasionally drawn criticism for overreacting -- most notably in 1996, when a first-grader in North Carolina was suspended for kissing an unsuspecting classmate. Officials are struggling with how to strike a balance in the classroom, and at this point, school boards say the courts shouldn't be part of the problem.

The National School Boards Association, siding with Monroe County, has told the justices that misconduct among students is difficult to sort out: "Was the act of pushing in the hallway 'sexual harassment' -- or was it merely pushing in the hall? . . . Which student was more credible?" The association also has warned that if Davis prevails, it would have a "serious financial impact" on the nation's schools.

While myriad educational and social dilemmas are called into play, the legal question for the Supreme Court is straightforward: Does a federal law prohibiting sex bias in schools that receive federal funds allow parents or any private party to sue for money damages when one student is sexually harassed by another?

The Supreme Court has long considered such abuse a form of discrimination. But the protections against sexual harassment derived from Title IX of the Education Amendments of 1972 are not as broad as those stemming from a separate federal law, known as Title VII, that governs the workplace. That is because Title IX is not an

Study cited:

Friend of the Court Brief in Davis v. Monroe County Board of Education.
By Renee Williams, Dec. 11, 1998.

Available from:

National School Boards Association
1680 Duke Street
Alexandria, VA 22314
Tel: (703) 838-6722
Fax: (709) 683-7590
Web: www.nsba.org
Email: info@nsba.org

Cost: None

outright prohibition on bias; rather, it conditions an offer of federal funding on a school district's vow not to discriminate.

Last term the court reviewed Title IX in the context of teacher harassment arising from the case of a Texas high school girl who was seduced by her social studies teacher. The justices said school districts could be held responsible for a teacher's sexual misconduct, but only if the district had actual knowledge of it and was deliberately indifferent.

Verna L. Williams, the lawyer who will represent the Davis family at the Supreme Court on Tuesday, said last year's ruling against the student victim actually helps the student in this case, because Aurelia Davis repeatedly complained to teachers and the principal about the boy, identified in filings only as "G.F." Davis also took her complaint to the local sheriff and the boy ultimately pleaded guilty to sexual battery. But Davis wanted the school to have to pay for the damage done to her daughter, and she wanted to ensure that the boy was kept away from LaShonda.

Williams, an attorney with the National Women's Law Center, contends in her written brief that Congress intended Title IX to broadly ban sex discrimination, including student-on-student harassment. She stresses that if schools are to offer

equal opportunities for all students, female students cannot be victimized by sexual harassment from their peers without any redress.

Aurelia Davis said the ordeal made her daughter -- once diligent and cheerful -- unable to do her school work and stressed out. "She seemed pure exhausted," the mother said of her daughter, now 16. LaShonda was afraid during the ordeal six years ago that she wasn't going to be able to keep the boy off of her and at one point wrote a suicide note.

Even if all the allegations are true, Monroe County school officials say, Davis still cannot sue. School board lawyer W. Warren Plowden Jr. has asked the court to affirm the 11th U.S. Circuit Court of Appeals decision that Title IX does not allow a lawsuit based on a school's failure to act against student sexual harassment.

The appeals court said that because Title IX was passed under Congress's spending power, Congress must unambiguously detail all the conditions that accompany a grant, so that a school knows its obligations.

Plowden said that nothing in the language of Title IX puts a district on notice that it could be held financially responsible for student-on-student sexual harassment.

The U.S. Justice Department has sided with Davis, interpreting federal law as making schools liable as long as they knew about the harassment and failed to respond.

The government emphasizes that teachers and administrators are in a position to prevent or punish misconduct, "by disciplining, reassigning, excluding, or otherwise inducing a change in the behavior" by the offending student. When the school fails to step in, it forces the victim "to attend school in a discriminatorily hostile or abusive environment," which Title IX was intended to prevent.

The case is one of the most closely watched of the term and the first to come before the court since Chief Justice William H. Rehnquist began presiding over the trial of President Clinton. Under the schedule approved by the Senate on Friday, Rehnquist is likely to be available for Tuesday's oral arguments in *Davis v. Monroe County Board of Education*.

But if the chief is called to the Senate chambers then or during any other scheduled case, the next most senior justice, John Paul Stevens, will preside. Any absence by Rehnquist would not prevent him from voting with his colleagues in their private conference on a case. ❖

The New York Times

By Natalie Angier

Tuesday, January 12, 1999

Keywords

income, distribution
wage gap

Women Doctors' Pay Lags Behind That of Men

Women in medicine have made phenomenal strides over the past 30 years. They are everywhere, in every specialty, and they account for half of all medical students; women even play doctors on television -- with their trusty husky male nurses, of course.

Yet for all the progress, female physicians still suffer from what might be called stipendicitis: an acute failure of the wallet to perform as expected. According to the latest Physician Compensation and Production survey, the average incomes of female doctors continue to lag behind those of their male counterparts, not just by a few thousand dollars, but by tens of thousands, and in some specialties by more than \$100,000 a year. And, as the above chart, published in Physicians Weekly, demonstrates, the gap lately has widened for a number of specialties, rather than diminished.

The survey is an annual polling of the membership of the Medical Group Management Association, the nation's largest organization of doctors who work in group practices. It gathered responses from group practices representing 36,000 physicians, about 5 percent of the nation's total -- a respectable sampling by survey standards. The doctors reported their total compensation for the year, including bonuses and honoraria, how many patients they had seen, the total amount they had billed patients and the like.

Overall, doctors' salaries appear to be remaining fairly flat, with swells and troughs depending on specialty and region. Heart surgeons are in great demand, and so "cardiology (invasive)" is one of the most lucrative of all specialties, although for unknown reasons their average compensation fell 8 percent in the last year to \$326,527. By contrast, urologists' salaries

climbed an average of 3.65 percent, to \$230,339, itself a 4.12 increase from the year before, buoyed, no doubt, by increased concern about the prostate gland, and their ability to write Viagra prescriptions. Cities like New York, Boston and Los Angeles are so glutted with the medically pedigreed that median salaries of doctors on either coast are considerably lower than those of practitioners in the South and Midwest. And for female healers everywhere, their incomes have a particularly saddle-shaped sag to them.

There is no single or simple explanation for why women's average compensation is uniformly so much less than the men's. Some of the disparity is a result of statistical skewing, arising because for many specialties the number of male practitioners far exceeds the number of women. For example, in the category of invasive cardiology, 513 men were included in the survey but just 26 women. Even in a specialty like family practice, which has attracted many women to its fold, the survey represents results from 2,914 males but only 581 females.

One big reason for the difference is patient volume. Most of a doctor's income is based on the number of patients seen, and male doctors generally see more patients per year than female doctors do. Among noninvasive cardiologists, for example, the men reported seeing an average of 1,645 patients; the women, 1,356. Yet patient load alone cannot account for the salary gap. If the average cardiologist's income is divided by the average patient volume, the men end up earning \$163 per case to the women's \$144. In obstetrics/gynecology, the men average \$76 a patient, the women \$68.

Add to this discrepancy the fact that female physicians usually spend comparatively more time with each patient. One study found that male physicians managed to

Study cited:

Physician Compensation and
Production Survey: 1998
Report Based on 1997 Data.
By Medical Group Management
Associates, 1998.
#5132

Available from:

Medical Group Management
Associates
104 Inverness Terrace East
Englewood, CO 80112
Tel: (303) 799-1111
Fax: (303) 643-4439
Web: www.mgma.com

Cost: \$300.00

dispense with the majority of their patients in less than 11 minutes each, while female doctors could manage such celerity with only a third of their case load. The result? The women earn less for more.

What the survey data do not reveal is whether the men have more experience and seniority than the women, and thus are able to charge more for their skills. Nor does the poll say whether men earn relatively more because they are more likely to be moonlighting as, say, high-paid biotechnology consultants or guest speakers at pharmaceutical meetings.

Despite the widening of pay gaps in many disciplines between last year and this, researchers at Cejka and Co., the health care consulting firm that sponsors the annual survey, said that the apparent retrograde trend is probably spurious.

They predict that women will soon return to the business of catching up, particularly as more women enter the most lucrative surgical specialties. Here is one suggestion: Women, follow the men -- patients, that is. With all those male baby boomers on the brink of prostate consciousness, the future of urology looks swell.

The New York Times

By Ethan Bronner

Wednesday, January 13, 1999

Keywords

education, college
employee benefits

Study of Public Universities Advises Changing Faculty of the Future

A new report by administrators and trustees of public universities urges that the nation's expanding number of part-time instructors be better paid and more fully integrated into their institutions while tenured professors be subject to reviews ending in reward or punishment.

The report also calls for greater accountability over sabbaticals, including written proposals before and reports after, as part of a set of measures intended to persuade legislators and the public that state universities are running themselves more like private corporations.

"We are at the point where we have had an easy 30 years for funding and now we need to relearn how to explain ourselves," said John H. Hammang, director of special projects at the American Association of State Colleges and Universities and the coordinator of the 18-month study, "Facing Change: Building the Faculty of the Future."

The report's chairman, Charles B. Reed, chancellor of the California State University system, said the main concern was waning public confidence in the way public

universities ran their affairs, including tenure. The proportion of part-time instructors has reached 50 percent of the faculty at many institutions, Reed added.

The number of part-time instructors has nearly doubled since 1970, largely a result of cost-saving efforts, according to a report issued a year ago by the Modern Language Association of America. That report said that from 1990 to 1995, 55 percent of the 7,598 Ph.D.'s who graduated in English and foreign-language programs failed to find full-time tenure-track positions in the year they received their degrees. It warned that such trends were threatening the quality of higher education. Part-time instructors often get a fraction of full-time salaries with no benefits.

The new report made clear that a large percentage of part-time instructors was inescapable and universities should train them, evaluate them and pay them more like full-time teachers.

The report also defended the importance of tenure for full-time faculty in the name of academic freedom but said it should not serve as a shield for nonproductive scholars. ♦

Study cited:

Final Report: MLA
Committee on Professional
Employment.

By Sandra Gilbert, Dec.
1997.

Available from:

Modern Language Association
of America
10 Astor Place
New York, NY 10003
Tel: (212) 614-6382
Fax: (212) 477-9863
Web: www.mla.org

Cost: \$3.50

THE WALL STREET JOURNAL

By Joshua Harris Prager

Thursday, January 28, 1999

Keywords

entrepreneurs
job searching

Entrepreneurship Slows Down As Job Opportunities Abound

Two years ago, Andy Feldman, the owner of a small information-services consulting business, entered the Columbia Business School in New York. He graduated in May, having shuttered his company with no immediate plans to launch a new one.

"I didn't want the insecurity of starting my own business when I could actually have a paycheck coming in and benefits," he says. And so Mr. Feldman went to work for MiningCo.com Inc., an Internet directory company based in New York. He says he enjoys having equity in the company, is repaying school loans, and at 30 years old, is comfortable tabling his entrepreneurial leanings for the foreseeable future.

These days, it seems the biggest employee benefit is simply being an employee.

Despite an abundance of credit and other bright economic conditions for startups -- not to mention scads of success stories about young entrepreneurs striking it rich -- the number of businesses started in the U.S. is on the decline. A recent study by the National Federation of Independent Business, based in Washington, D.C., found that business starts fell 4% in 1997, on top of a 14% drop in 1996. The federation's preliminary figures for 1998 point to a third straight year of decline. In all, 2.9 million businesses were launched in the U.S. in 1997, compared with 3.5 million in 1995.

BLAME IT ON THE ECONOMY

Ironically, the reason for the drop seems to be precisely the reason for the success of so many new businesses these days: the strong economy. "We're seeing a reaction to the strength of the economy," says William J. Dennis Jr., a senior research fellow at the NFIB who conducted the survey. "There's always a large number of people who go into business for themselves because of a loss of a job or the fear of the loss of a job," he

explains. "That negative push is lighter today."

Lawrence Sherman, an adjunct professor of entrepreneurship at the Columbia Business School agrees. Working for a company offers "an immediate income," he notes, "and they don't have to empty the wastebaskets." As employees, "everybody seems to have better opportunities now than they may have had three or four years ago," Mr. Sherman says. Danielle Remis recently took a class with Mr. Sherman. She developed a product, a latex covering to place over the mouthpiece of a public phone to protect people from germs, and has presented it to a few pharmaceutical-product manufacturers. Still, she says she is unsure if she will go ahead and launch a business.

"At first I thought, I'll quit school and do this," says Ms. Remis, who will graduate from business school this spring. "But the risks certainly outweigh the probability of success." She says that she is leaning toward selling the rights to her product and going to work for a portfolio-management company.

BUSINESSES ARE THRIVING

As further testament to the conflicting pull of the strong economy on entrepreneurial activity, the NFIB study shows that while fewer new businesses are being launched, fewer small businesses are failing as well. Only 1.3 million small businesses folded in 1997, down from 1.6 million in 1996, the study found. "Today, the economy maintains and sustains [new businesses]," Mr. Dennis says. "Their performance is generally stronger."

Regionally, the NFIB survey indicates that the declines in new businesses were most severe in the Midwest, where business starts slipped 12% in 1997, and least noticeable in the Southeast, where they fell just 2%.

Study cited:

Small Business Start-Ups
Drop Four Percent in '97:
Despite Drop, 2.9 Million
New Firms Begin.

By National Federation of
Independent Businesses,
Dec. 30, 1998.

Available from:

National Federation of
Independent Businesses
600 Maryland Ave SW
Suite 700
Washington, DC 20024
Tel: (202) 554-9000
Fax: (202) 554-0496
Web: www.nfidonline.com

Cost: None

Regardless of the numbers, there is little evidence that long-term entrepreneurial aspirations are abating. Some observers believe that the work experience may make for a stronger class of new-business owners in the coming years. Matthew Utterback, the program manager of the entrepreneurship program at the Massachusetts Institute of Technology Sloan School of Management, Cambridge, Mass., says that more people are going to work for firms today simply to enhance their chances at success as entrepreneurs tomorrow. "We think that that kind of career path is the one that's going to emerge," he says.

A case in point is Steven Orova, who graduated from the Columbia Business School in December and works at Solbright, a software company in New York. "I feel I now know how to evaluate an opportunity and get things going," he says.

He is eager to put to work all that he has learned -- from hiring to fund raising -- by launching his own business. He says, "It'll happen in the next few years -- definitely."❖

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Politics & Society

Divider Title: _____

THE WALL STREET JOURNAL

By Associated Press

Sunday, January 3, 1999

Keywords

crime statistics
violence

U.S. Murder Rate Plunged in 1997; Chicago Becomes 1998 Murder Capital

WASHINGTON -- The nation's murder rate fell in 1997 to its lowest level in 30 years, though young Americans with firearms still are killing each other at a relatively high rate, the Justice Department reported Saturday.

Separately, preliminary data from the nation's cities show that Chicago surpassed New York City as the nation's murder capital in 1998, even though Chicago's murder rate is at a 10-year low.

There were 18,209 murders in the U.S. in 1997, which put the nation's murder rate at 6.8 per 100,000 people. In 1967, the U.S. murder rate was 6.2 per 100,000. The 1997 rate was down sharply from 10.2 per 100,000 in 1980 and 9.8 in 1991.

By comparison, the rate was 4.6 per 100,000 in 1950.

"Our cities are now the safest they have been in a generation," the White House said in a written statement. "A variety of studies show that crime, and especially homicide, should continue to decline into the next year, and that is good news for Americans in 1999."

The Clinton administration attributed the declines to a 1994 crime law supported by the president.

The Bureau of Justice Statistics, the Justice Department's statistical arm, analyzed Federal Bureau of Investigation crime data for 1997 and concluded that the most likely murder victims were city dwellers.

But it also said that a substantial drop in the murder rates of the nation's largest cities played a big part in lowering the overall murder rate. In cities with populations more than 1 million, the murder rate fell from

35.5 per 100,000 in 1991 to 20.3 per 100,000 in 1997.

The number of murders committed by people 25 years old and older by using firearms plummeted by roughly half to about 5,000 between 1980 and 1997.

However, the number of killings committed by people 18 to 24 involving guns jumped from about 5,000 in 1980 to more than 7,500 in 1997.

Americans in the 18-24 age group were the most likely murder victims in 1997, with a rate of 33.2 per 100,000 people.

The Bureau of Justice Statistics also found that murder rates generally were higher than the average in the South and on the West Coast and lower in New England and in Rocky Mountain states.

Men were more than nine times more likely than women to be the killers. They were also more likely to be the victims.

CHICAGO BECOMES MURDER CAPITAL

As of Thursday, there were 698 homicides in Chicago in 1998, surpassing New York City's homicide total for the first time. Comparing murders per capita, Chicago's 1998 homicide rate is more than double that of New York.

New York's homicides have dropped substantially in the last five years. There were 629 murders in the city last year, compared with a 1990 high of 2,262.

Although Chicago's violent-crime rate has dropped consistently in the last decade -- it dropped 20% between 1990 and 1997 -- it still lags other large cities in reducing violence. Between 1990 and 1997, New York City cut its violent crime rate by 47%. ❖

Study cited:

Crime in the United States
1995-1997.

*By the Bureau of Justice
Statistics, Dec. 1998.*

Available from:

Bureau of Justice Statistics
810 Seventh Street, NW
Washington, DC 20531
Tel: (202) 307-0765
Web: www.ojp.usdoj.gov

Cost: None

Free copy also available in
full from the website.

The Washington Post

By Hazel V. Carby

Tuesday, January 5, 1999; Page D06

Keywords

feminism
racial comparisons

RACE MEN

Hazel Carby has a beef with patriarchy. As one of the more perceptive feminist critics writing today, she makes her case by accumulating subtleties rather than wielding an ideological sledgehammer. Her new book, "Race Men," calmly excavates black masculinity and unexamined notions of racial leadership.

Carby, who is the chair of African American studies at Yale University, employs her book's title -- a term for those black figures who heroically "represent the race" -- both to note the thoroughly masculine criteria for black leadership and to focus on seven specific black men who more or less fit the term.

Carby's choices of subjects reveal her nuanced intentions. Were she merely griping about sexism, it would have been easy to choose historical figures more opposed to gender equality or more committed to patriarchy. Instead, she chose scholar W.E.B. Du Bois, actor-activist Paul Robeson, folk singer Huddie Ledbetter, author C.L.R. James, science fiction writer Samuel Delany, jazz artist Miles Davis and actor Danny Glover. This eclectic inventory allows Carby an opportunity to display her critical skills across a wide range of American culture (the book originated as the W.E.B. Du Bois Lectures at Harvard focusing on race and masculinity).

But it also makes for some overwrought analysis: Carby discerns homoerotic interplay in the ensemble work of Cannonball Adderley, John Coltrane and Miles Davis on the classic jazz album "Milestones." It's also tempting to fault Carby's style of criticism for its pedantic preoccupation with the obvious. Why, for example, does she bother noting that "Du Bois constructed particular personal, political, and social characteristics of a racialized masculinity to articulate his definition of black leadership"? As my 11-year-old neighbor might say: "Duhh . . .?"

Du Bois was a scholar of great range and talent, but he also was a product of his era and was thus confined by its intellectual vistas; more enlightened notions of struggle were still over the horizon.

But Carby is after something more substantial than the academic parlor game of Spot the Patriarchy; using contemporary gauges to assess historical figures is not only too easy, it's also faulty analysis. In fact, part of her gripe is that the black intellectual fraternity is able to dismiss genuine feminist analysis by "maintaining a politically correct posture of making an obligatory, though finally empty, gesture toward it."

The mission of "Race Men" is to relentlessly challenge our unexamined assumptions about black masculinity and leadership; for the most part, it works. Carby's far-flung examinations of popular culture range across a wide landscape but are anchored in this mission. What makes her book more than just another salvo from the feminist barricades is her willingness to forgo easy targets.

When assessing Robeson's significance, for instance, she focuses on the implication of his physicality rather than on the content of his rhetoric. She examines the motives of and reactions to the nude studies of Robeson taken by photographer Nickolas Muray in the mid-1920s (several prints are included in the book) and explores their meaning in the context of an expanding modernist sensibility: "To modernist imaginings, Paul Robeson offered the possibility of unity for a fractious age, while he simultaneously embodied what the dominant social order imagined to be an essential 'blackness' or 'Negroness.'"

As Carby explicates this tangled web of race, eroticism and art, she provides a knowing critique of photography and illuminates a little-known aspect of Robeson's mystique.

Study cited:

Race Men.

By Hazel Carb.

Published by Harvard Press, 1999, pp. 192.

Available from:

(major book stores)

Cost: \$24.00

She reveals that the transformation of Huddie Ledbetter into folk singing legend Leadbelly involved canny marketing built on the notion of the black male as outlaw. John Lomax, Ledbetter's white patron, "created in the person of Leadbelly an icon of the uneasy relation between race and nation that enshrined him as a national folk singer but, simultaneously, confirmed his status as an outlaw against whom constant vigilance is required." Carby's choice of Ledbetter is an inspired one. His image as a dangerous bard reflects white America's ongoing romance with the black picaresque. The process that marketed a faux Leadbelly has analogies in today's gangsta rap phenomenon, in which white suburban youth eagerly consume picaresque images of inner-city blacks.

Her incisive assessment of science fiction writer Samuel Delany is another example of Carby's willingness to take risks with her feminist critique. She uses the openly

gay Delany's autobiography "Motion of Light in Water" to illuminate how Miles Davis sublimated his misogynistic impulses into his horn playing. And then she takes us through Hollywood with a discussion of Danny Glover's ongoing role as white America's black sidekick.

Carby's wide range is sometimes disorienting but always exhilarating. Her previous book, "Reconstructing Womanhood: The Emergence of the Afro-American Woman Novelist," revealed a critical intelligence of startling audacity and creativity. Her varied articles and lectures served to burnish that reputation and transformed her into a great black hope of feminist theory. Carby's new book helps keeps that hope alive.

By Salim Muwakkil, a senior editor of In These Times magazine and a columnist for the Chicago Tribune. ❖

The Washington Post

By Gabriel Escobar

Saturday, January 9, 1999; Page A01

Keywords

demographic trends
immigrants
population

Immigrants' Ranks Tripled In 29 Years

A new study of census data shows that the number of immigrants living in the United States has almost tripled since 1970, rising from 9.6 million to 26.3 million today and far outpacing the growth of the native-born population.

The new figures dramatically affirm that the country is going through a remarkable transformation in just a generation's time, one that will reshape the nation's demographics and social landscape for years to come. As a percentage of the population, immigrants account for nearly one in 10 residents, the highest proportion in seven decades.

The influx of newcomers has transformed communities, whether it is the Bosnians settling in St. Louis, the Russians in northeast Philadelphia, the Dominicans in New York City or the Salvadorans in Silver Spring. Even in places where immigrants have long found a home, the critical mass attained by some groups has made what was once alien intimately familiar. Jose is now the most popular name for a boy in Texas and California.

The great tide of immigrants over the past three decades has disproportionately affected certain areas. Half of all immigrants are also Spanish-speaking -- 27 percent coming from Mexico alone. California, New York and Florida have each seen enormous increases in immigrant populations, and attempts to correlate the phenomena with a host of urban ills continue to preoccupy researchers and policymakers.

In the new study, Maryland and Virginia ranked 11th and 12th, respectively, among states with the highest number of immigrants. The District, which has been losing immigrants to the suburbs this decade, ranked 40th. Since 1990, Maryland's population of foreign-born increased by 53 percent and Virginia's by 42 percent. Ranked by the percentage increase, the

states ranked ninth and 12th, respectively, nationwide.

The new figures are included in a study conducted by the Center for Immigration Studies and are based on the Census Bureau's Current Population Survey for March 1998.

As a percentage of the population, immigrants accounted for 9.8 percent, double the 4.8 percent registered in 1970, the study concludes. Though that percentage still is considerably less than the 14.7 percent attained in 1910, the study concludes that the tide of immigrants is having a profound, historic and generally harmful effect on the country.

The center, a nonprofit organization that advocates immigration controls, concludes that the overall characteristics of this immigrant pool -- poorer, less educated, more inclined to receive welfare -- present an "enormous challenge." "No nation has ever attempted to incorporate over 26 million newcomers into its society," writes the report's author, Steven A. Camarota. "Without a change in immigration policy, immigration's impact will only grow as the size of the immigrant population continues to increase rapidly."

Proponents and foes of immigration sometimes draw different conclusions from the same set of data or even question the numbers themselves. There is also a long and contentious debate on the impact that immigrants have on the economy. Yesterday, immigration advocates and civil rights groups did not question the numbers but did react to the center's conclusions with skepticism, resignation and even concern.

"Sounding the alarm about how many of us there are, are they?" said Cecilia Muñoz vice president for policy at the National Council of La Raza, a Latino civil rights organization based in Washington. "It is easy to use

Study cited:

Immigrants in the US 1998.
By the Center for Immigration Studies, Jan. 1999.

Available from:

Center for Immigration
Studies
1522 K Street
Suite 820
Washington, DC 20005
Tel: (202) 466-8185
Fax: (202) 466-8076
Web: www.cis.org
Email: center@cis.org

Cost: \$7.00

Free copy also available in full from the website.

demographic data to alarm people," Muñoz said. "But it's alarming only if you assume immigrants coming in are harmful to Americans, which they are not."

The study released yesterday is based on the March 1998 statistical survey conducted by the Census Bureau, the primary purpose of which is to collect employment data. Though the survey is generally reliable, it may have undercounted the foreign-born population by as much as 10 percent; as with other surveys, the results greatly depend on the honesty of respondents.

Camarota noted that immigrants account for one in seven people living in poverty and that the percentage of immigrant households on welfare is 30 percent to 50 percent higher than that of natives. Immigration and births to immigrant women, he said, account for 70 percent of the increase in the population since 1970.

Using 1970 as a base for comparison was one factor cited by critics. That year the population had the lowest percentage of foreign-born residents, said Jeffrey Passel, principal research associate and demogra-

pher at the Urban Institute, which is generally viewed as favorably disposed to immigration.

Passel, however, did not question the study's numbers, and he agreed that the country has gone through a dramatic transformation in the past few decades. "The statements they have made are not incorrect," he said. "And I will say that the rapid change, basically within a generation, is I think a force of some social friction."

The U.S. unemployment rate is now at 4.3 percent, the lowest for any industrial nation. Stephen Moore, an economist and immigration analyst at the Cato Institute, a libertarian think tank, noted that the country's economic boom has coincided with the arrival of millions of immigrants.

And while most industrial countries have an aging population and low birth rates, Moore said the immigrant tide is having an opposite effect here. "The U.S. is one of the industrialized countries that have this wonderful safety valve," Moore said. "We are getting young people through

immigration. I don't see this as an alarming thing. I think it's a virtuous thing."

Staff writer D'Vera Cohn contributed to this report.

FOREIGN BORN

The number of immigrants living in the United States has almost tripled since 1970.

	In millions
1930	14.3
1940	11.7
1950	10.4
1960	9.7
1970	9.6
1980	14.1
1990	19.8
1998	26.3

SOURCE: Center for Immigration Studies

Offenders' Drug Use Increases but Treatment Declines, Study Finds

The proportion of new prison inmates who were drug users at the time of their arrest increased this decade, while drug treatment in state and federal prisons fell sharply, according to a study released on Tuesday by the Justice Department.

"What is particularly tragic," said Richard Rosenfeld, a professor of criminology at the University of Missouri at St. Louis, "is that drug treatment in prison, where it can be coerced, has proven to be effective as an anti-crime program.

"This is an unintended consequence of prison expansion," Rosenfeld said in an interview. "Each time we spend a dollar on building a new prison or expanding an existing one, it is one less dollar for drug treatment."

Also Tuesday, President Clinton announced that he would propose \$215 million in his next budget for testing and treating prisoners for drug use. About \$115 million is currently budgeted for combating drug use by prisoners, parolees and probationers.

The anti-drug proposal had been planned for some time as a significant part of Clinton's overall anti-crime strategy, White House aides said. Anticipating bad news in the Justice Department report, they timed its announcement for Tuesday in hopes of blunting the report's impact.

The new study, by the Bureau of Justice Statistics, reported that the proportion of state inmates who were had been drug users before arrest -- that is, had used drugs in the previous month -- rose to 57 percent in 1997 from 50 percent in 1990, as the proportion among federal inmates increased to 45 percent from 32 percent.

During those same years, the study said, the proportion of inmates in state prisons who

received treatment for their drug abuse fell to 9.7 percent in 1997, from 24.5 percent in 1991, while the number receiving drug treatment in federal prisons declined to 9.2 percent from 15.7 percent.

The report found that participation by inmates in state and federal prisons in other, nonmandatory drug abuse programs, like group discussions, did increase from 1991 to 1997. But Rosenfeld and other experts said these programs, which are cheaper to administer but lack forced participation, are much less effective.

The increase in drug use by prisoners in state and federal prisons in the period leading up to their crimes appears to be the result of increased attention by both law-enforcement officials and legislators to drugs, singling out drug users for more arrests and giving them longer sentences if they have a history of drug involvement, the experts said.

The actual number of criminals sentenced to prison for drug crimes increased 6.4 percent a year from 1991 to 1997, only slightly faster than the rate of 6.3 percent for those convicted of nondrug offenses, the Justice Department said. But police, prosecutors and judges are now more likely to take previous drug use into account when making an arrest, bringing charges or passing sentence, the experts suggested.

At the same time, the huge increase in the number of Americans in jail or prison, which has more than doubled since 1980 to 1.8 million, has forced many prisons to cut back on a variety of counseling and educational programs in order to make space for more beds for inmates.

Bruce Johnson, the director of the Institute for Special Populations Research at the National Development and Research

Study cited:

Substance Abuse and Treatment of State and Federal Prisoners, 1997. *By the Bureau of Justice Statistics*, Jan. 5, 1999.

Available from:

Bureau of Justice Statistics
810 Seventh Street, NW
Washington, DC 20531
Tel: (202) 307-0765
Web: www.ojp.usdoj.gov

Cost: None

Institutes in New York, a nonprofit research organization, said, "The drop in substance abuse treatment reflects a systematic decision to reduce these treatment programs and the need to use the space for more inmates."

The Justice Department report underscored the strong link between drug use and criminality, finding that 83 percent of inmates in state prisons and 73 percent of those in federal prisons had used drugs at some point in their lives.

"Increased substance abuse and criminal offending," said Andrew Golub, a principal investigator also at the National Development and Research Institutes, "are often characteristic of the downward spiral experienced by many individuals who end up in prison."

Johnson and Golub have found that crack cocaine use has dropped sharply among young people in New York during the 1990s, an important factor in the decline in violent crime in the city. But young people now are more likely to smoke marijuana, the researchers have found, a conclusion echoed by the Justice Department report.

The Justice Department report also found that more violent crimes were committed by people who had been drinking alcohol than by those under the influence of drugs. ♦

The New York Times

By Fox Butterfield

Monday, January 11, 1999

Keywords

crime statistics
population
prisons

Prison Population Increases as Release of Inmates Slows

The recent wave of tougher sentencing laws has succeeded in making criminals serve longer prison sentences and slowed the release of inmates, helping to increase the nation's record prison population even as crime has dropped in the 1990s, according to the first comprehensive study of the new laws released Sunday by the Justice Department.

The report, by the Bureau of Justice Statistics, found that the average time served in state prison by violent criminals rose to 49 months in 1997 from 43 months in 1993. Measured another way, the proportion of their sentences that these offenders had to serve before release increased to 54 percent in 1997 from 47 percent in 1993.

At the same time, the number of all types of criminals who were eligible for release from state prison who were actually let out fell to 31 percent in 1996 from 37 percent in 1990, the Justice Department report said.

"The fundamental thing the report shows is that the changes in the American prison population are the result of a shift in policy, rather than any basic change in the nature of criminals or the crime rate," said Franklin Zimring, director of the Earl Warren Legal Institute at the University of California at Berkeley.

As another indication of how public anger at criminals affected the justice system, the report said that while most crime rates fell beginning in 1991, the proportion of criminals arrested for violent crimes who were sentenced to state prisons jumped sharply. The number of arrests for murder, for example, declined to 16,100 in 1996 from 19,800 in 1990, but the rate at which offenders were sent to prison for murder rose to 613 per 1,000 arrests in 1996 from only 460 per 1,000 arrests in 1990. Although the report did not say so, this

increase appeared to reflect harsher treatment of criminals by prosecutors, judges and juries.

The combination of tougher sentencing laws and public attitudes toward crime helps explain a seeming anomaly, the report concluded. The number of inmates incarcerated in state prisons climbed 60 percent from 1990 to 1997, but the number of people sent to prison grew only 17 percent during those years.

There are now 1.8 million Americans behind bars -- in jails and state or federal prisons -- and the state prison population has been growing at 7 percent annually since 1990, though the crime rate has fallen for seven straight years. The Justice Department report covered only state prison populations, which total about 1.1 million inmates.

While the report clearly demonstrates that the new laws have achieved the public's goal of making criminals serve longer prison sentences, there is still widespread debate among criminologists, law-enforcement officials and politicians over how much this has contributed to the drop in crime.

About the only thing they agree on is that incarcerating more criminals averts some crimes. But precisely how many is virtually impossible to measure, given the disparity in incarceration rates between the 50 states and the difference in motivation for and frequency of crimes like murder and theft.

Some politicians now claim the increase in the number of people behind bars is responsible for the decline in crime, but Alfred Blumstein, a criminologist at Carnegie-Mellon University in Pittsburgh, said this was "too simplistic."

"It ignores the fact that throughout the

Study cited:

Truth in Sentencing in State Prisons.

By United States Justice Department, Jan. 1999.

Available from:

United States Justice Department
810 Seventh Street
Washington, DC 20531
Tel: (202) 307-0765
Web: www.ojp.usdoj.gov

Cost: None

1980s crime rates were going up when the prison population was rising just as fast as it has in the 1990s," Blumstein said.

To gauge how much impact prison has had on crime, Blumstein suggested, it is important to separate older and younger criminals. Since 1980, the homicide rate for adults ages 24 and older has declined by half, and it is likely that the incarceration of many older people convicted of murder has affected the adult homicide rate.

But prison has much less impact on younger people, who are generally more impulsive and less likely to be sent to prison, and it was an explosion of homicide by juveniles and young people that drove violent crime rates skyward in the late 1980s, Blumstein said.

Many law-enforcement authorities have insisted that it is really the improved and more aggressive police work that has reduced crime, especially in New York City. But Blumstein said he has found that police arrests per crime from 1980 to 1996 "were remarkably flat" in the nation as a whole.

"That means there has been no demonstrable change in police effectiveness in solving crime," he said, and therefore changes in police practice "have not been contributing to the growth in prison population."

The new Justice Department report suggests that the movement by the states and the federal government, beginning in 1984, to pass so-called "truth in sentenc-

ing" laws has been instrumental in increasing the length of time served by inmates. These laws were designed to meet the public's frustration with sentencing practices that allowed judges to give criminals so-called indeterminate sentences -- a term of five to 10 years, for example. Inmates were often released after only a fraction of the time had been served.

The rush to pass tougher laws, which require inmates to serve substantial portions of their sentences, speeded up after the federal government passed its own law in 1994 providing grants for prison construction to states that force inmates to serve 85 percent of their terms. Forty states now have a version of such laws.

In addition to the changes in laws under which inmates now must serve longer sentences, the Justice Department found other factors that have also resulted in longer time served for prisoners.

Fifteen states have eliminated their parole boards, reacting to the public's feeling that the boards were too lenient on inmates. But even in those states where parole boards retain authority over prison releases, the report said, the average time served by inmates has increased to 25 months in 1996, up from 23 months in 1990, as the boards themselves have followed the trend toward tougher punishment.

Overall release rates from state prisons, for those inmates eligible for release, have dropped to 31 percent in 1996 from 37

percent in 1990, the report found. The release rate for murderers has fallen fastest, to 5.2 percent in 1996, down from 9.7 percent in 1990.

The report also found that black prison inmates generally serve longer time for the same crime than white inmates -- 26 months for blacks for all types of crimes compared with 24 months for whites. The difference is most pronounced for rape, with black inmates serving an average of 70 months while whites serve 56 months.

For drug offenses, blacks serve 20 months and whites, 18 months, the report said.

But for murder the situation is reversed. Blacks serve an average of 86 months, while whites serve 90 months. Since most murders occur within a race -- with most whites killing other whites and most blacks killing other blacks -- these statistics suggest that the key factor in sentencing for murder may be the race of the victim, not the race of the killer, with a lesser value being placed on the life of black victims.

Perhaps the report's most surprising finding was the slowness in the growth in the number of new inmates sent to prison each year, compared with the rapid increase in the prison population. The number of new prisoners reached 540,748 in 1996, up 17 percent from 460,739 in 1990. But the total state prison population climbed to 1,100,850, up 60 percent from 689,577 in 1990. ❖

The Washington Post

By Paul Farhi

Wednesday, January 13, 1999; Page F01

Keywords

advertising
minorities

Advertisers Avoiding Minority Radio

FCC Study Cites Washington Market for Black and Hispanic 'Dictates'

Advertisers regularly discriminate against minority-owned radio stations and stations that have large African American or Hispanic audiences, a new government study has concluded.

The study, to be released today by the Federal Communications Commission, offers the strongest evidence yet for a complaint long voiced by minority broadcasters. For decades, they have said advertisers paid disproportionately less for air time on stations reaching largely African American or Hispanic audiences or bypassed their stations altogether, a practice known among ad buyers as the "no urban/Spanish dictate."

Based on interviews and an analysis of radio industry data for 3,745 stations, the FCC study found that stations owned by "majority" firms collected about 29 percent more revenue per listener than minority-owned stations targeting largely minority audiences. In a survey of 64 minority-owned stations, 91 percent said they had encountered advertiser "dictates" not to buy ads on their stations.

"What we're talking about is a tale of two systems, one for minority-owned and formatted stations and one for all other stations," said William Kennard, the FCC's chairman, in an interview. "What this report underscores is the need for advertisers to fully value all consumers and not make decisions on the basis of racial stereotypes."

Kennard, the FCC's first African American chairman, has been seeking ways to increase minority ownership of radio and TV stations, which the FCC regulates. Congress and the federal courts have struck down several of his agency's previous initiatives, including rules that stations actively seek

minority candidates for employment and a policy of giving preferential tax treatment to companies that sell stations to minority buyers.

Although many advertisers and agencies deny discriminatory practices, the issue spilled briefly into public view last year when a memo from Katz Radio, a sales firm, surfaced in the media. The memo recommended that advertisers avoid "urban" stations and instead buy time on those that would offer "prospects, not suspects."

Among its many anecdotal examples, the report cites the Washington radio market as one in which advertisers appear to favor a station owned by "mainstream" owners over those owned by minorities.

In 1997 the three most popular stations in this market were WPGC-FM, WHUR-FM and WKYS-FM, all of which target an "urban" or African American audience. Yet despite roughly similar ratings and audience demographics, WPGC -- owned by CBS Corp. -- captured more advertising revenue than WHUR and WKYS combined. WHUR is owned by Howard University and WKYS is owned by Radio One Inc. of Lanham, one of the largest minority broadcasters in the nation.

In fact, the next four "mainstream" stations in Washington (WMZQ-FM, WBIG-FM, WMAL-AM and WASH-FM) had revenue equal to or greater than WHUR and WKYS, despite WHUR and WKYS's better ratings. Station executives could not be reached for comment yesterday.

The study acknowledged that disparities in advertising may be caused by more than just racial characteristics. Among other things, owners of large groups of stations have

Study cited:

When Being No. 1 Is Not Enough.

By Federal Communications Commission, Jan. 13, 1999.

Available from:

Federal Communications Commission
1919 M Street, NW
Washington, DC 20554
Tel: (202) 418-0500
Fax: (202) 418-2830
Web: www.fcc.gov

Cost: None

Free copy also available in full from the website.

bigger sales forces and other size advantages over smaller competitors. Also, advertisers buy time on the basis of listeners' income characteristics and buying habits, so the absolute size of a station's audience is often not as important.

But, the report adds, "in certain instances, the [advertising] buying process is guided by ethnic/racial stereotyping, underestimations of disposable income, the desire to control product image, unfounded fears of pilferage, etc."

The report recommends advertisers adopt a code conduct that outlaws "dictates"; that the FCC and Federal Trade Commission adopt a policy statement on acceptable ad practices; and that the federal government consider an executive order prohibiting federal agencies from contracting with ad agencies that employ discriminatory practices.

Groups such as the National Association of Black-Owned Broadcasters, Jesse Jackson's Rainbow/PUSH Coalition and the Media Access Project applauded the FCC study, whose principal investigator was Kofi Ofori, the director of research at the Civil Rights Forum in Washington.

The study also received an endorsement from Wally Snyder, president and chief executive of the American Advertising Federation, which represents ad agencies, advertisers and media companies.

"Up until more recently, minority audiences were not valued as highly as white audiences in terms of their economic power" by advertisers, Snyder said. "There's been a lack of understanding and familiarity with culturally diverse audiences. But I think that has been changing." ❖

THE WALL STREET JOURNAL

By Solange De Santis

Thursday, January 28, 1999

Canadian Firms Trail Those in U.S. In Appointing Women as Directors

TORONTO -- Canada's largest companies substantially lag behind those in the U.S. when it comes to appointing women to serve as directors, according to a study by the New York-based research organization Catalyst.

The nonprofit organization found that 6.2% of the board seats at Canada's 500 largest companies are held by women, compared with 11.1% at the biggest U.S. companies, represented by the Fortune 500. Even more glaring: Nearly 64% of the Canadian companies surveyed have no women on their boards, compared with just 14% in the U.S., the study said.

"Most [Canadian] companies are still not recognizing the value of the increased talent pool of women in the work force," said Sheila Wellington, president of Catalyst. "It's simply not good business to ignore a large hunk of the talent pool and a large hunk of your customer base," she added.

The study's findings reflect in part shareholder activism that is less developed in Canada than in the U.S., experts say. The study also appears to underline the progress that American activists have achieved in recent years in gaining broader representation for women in boardrooms.

When Catalyst surveyed the top 500 U.S. companies in 1994, it found that 8.7% of the

board seats were held by women. The latest study is the first by the organization in Canada.

Canadians "haven't pressed as hard as activists in the U.S. for a number of causes, including women on boards of directors," said Leonard Brooks, professor of business ethics at the University of Toronto. Instead, he said, Canadian ethical investment funds and church groups have focused attention on issues such as environmental and health and safety concerns.

Also, Canada has a greater proportion than the U.S. of big natural resource companies, including mining and forestry. These industries are traditionally male dominated, and don't deal directly with the public, so they aren't necessarily subject to the same pressures as, say, retailers or banks, Prof. Brooks said.

One area in which Canada seems to surpass the U.S. is in the number of women holding chief executive jobs. Thirteen of the biggest 500 Canadian companies are headed by women, compared with just two of the Fortune 500, the study said.

One reason: Many of the largest Canadian companies are subsidiaries of big U.S. concerns, and serve as training grounds for top female executives, Prof. Brooks said. ❖

Keywords

corporate, culture
gender inequity
professional women

Study cited:

1998 Catalyst Census of Women Board Directors of Canada.

By Catalyst, Jan. 27, 1999.

Available from:

Catalyst
120 Wall Street
New York, NY 10005
Tel: (212) 514-7600
Web: www.catalystwomen.org
Email: blaizgis@catalystwomen.org

Cost: \$30.00

Clinton Presidential Records Digital Records Marker

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Divider Title: Family Life

THE WALL STREET JOURNAL

By Cathy Young

Monday, January 4, 1999

Life Without Father

Keywords

divorce
family composition
family roles

Divorced fathers don't have much support on either side of the political spectrum. For liberals (inclined to see men as oppressors of women), they are potential deadbeats who should be made to give more money to their ex-wives and children. For conservatives (inclined to see men as biologically disposed to wander), they are abandoners who deserve, at the very least, moral censure. Now comes "Divorced Dads: Shattering the Myths" (Putnam, 287 pages, \$24.95) by Arizona State University psychologist Sanford L. Braver (with Diane O'Connell). The book is based largely on a major study by Mr. Braver of divorced couples, and it delivers exactly what the subtitle promises.

Take the stock liberal response to divorce: making "deadbeat dads" pay. It turns out that widely publicized statistics on nonpayment of child support are based on estimates by custodial mothers, which, Mr. Braver notes, "could be distorted by a bias to denigrate the activity and worth of the father." Fathers report paying more. If one assumes that the truth is in between, the problem of nonsupport by divorced fathers who can afford to pay turns out to be fairly small. Maybe that's why coercive enforcement efforts overseen by a \$4 billion-a-year federal bureaucracy have yielded relatively paltry sums.

Meanwhile, conservatives maintain that no-fault divorce has allowed irresponsible men to ditch their wives and children. Yet at least two-thirds of the time, it's wives who ditch husbands: Not only do they formally file for divorce but they are the ones who want to end the marriage, usually for such reasons as "growing apart" rather than abuse or infidelity.

One reason for this, certainly, is that the women's movement has made wives less willing to put up with "unrewarding marriages" and flawed husbands. But another reason is that, today, men simply have more to lose when the marriage breaks

up. The "pain of losing daily contact with their children," writes Mr. Braver, "is the price of divorce most overwhelming to the fathers we have interviewed." Perhaps as a result, "men suffer more emotionally from divorce and are far more vulnerable to serious problems." And the economic benefits they supposedly reap turn out to be another myth.

A famous factoid once had it that the standard of living after divorce drops 73% for women and goes up 42% for men. While this has been discredited, it is still assumed that women lose and men gain. Virtually all the calculations, however, omit taxes and the father's direct spending on the children. After these adjustments, divorced wives fare at least as well as divorced husbands.

Most divorced fathers are far more involved with their kids than the "bad dads" myth suggests, though it's hard for them to be effective parents within the framework of visitation. But what about those who disengage? Often, Mr. Braver tells us, these men feel that "they were kicked out, dislodged from their kids' lives by the system and by their ex-wives." Remarkably, many mothers admit to hindering the father-child relationship, out of anger or an unwillingness to share control. One woman complains that her ex-husband "thinks he needs to have a hand in every single decision" about the child. Yet for men, such input is vital: "They almost always act like good fathers when they are empowered, made to feel that their fatherhood is still necessary."

Mr. Braver's sympathy for divorced men may be seen by some as evidence of an antifemale animus. In fact, he gives far more credit to the other side -- some fathers do fit the "runaway dad" stereotype, some mothers keep the father away because of drinking or violence -- than do most champions of divorced women in their own polemics. And he is careful to stress that "empowering" fathers ultimately does not "disempower"

Study cited:

Divorced Dads: Shattering the Myths.

By Sanford L. Braver,
Published by Putnam Press,
1999, pp.287.

Available from:

(major bookstores)

Cost: \$24.95

mothers. Still, one of his aims is to redress an imbalance favoring women.

"Our rapture with the bad divorced dad image," writes Mr. Braver, has "contributed to the enactment of lopsided policies." Instead, Mr. Braver proposes joint legal custody with "substantial contact -- though not necessarily equal -- with both parents." He cites evidence that these arrangements usually work even when first opposed by the mother.

Critics of the "divorce culture" may be disappointed by Mr. Braver's failure to support laws making divorce more difficult and are likely to regard postdivorce shared parenting as unrealistic or inadequate. Mr. Braver does note that, according to some research, joint-custody awards may deter divorce: If the parents know they'll have to cooperate, they may choose to "work out problems and remain married." But whether the priority is to curb divorce or make it less destructive, any reform must be based on fact, not myth. In separating the one from the other, "Divorced Dads" provides an invaluable service. ❖

The New York Times

By Erica Goode

Tuesday, January 12, 1999

Keywords

child, development
parenting

Pediatricians Renew Battle Over Toilet Training

Toilet training is not rocket science, says John Rosemond, a syndicated columnist and best-selling author of parenting books. He considers it "a slap to the intelligence of a human being that one would allow him to continue soiling and wetting himself past age 2." The process, he says, should be as simple and straightforward as housebreaking a four-month-old puppy.

Dr. T. Berry Brazelton, the noted pediatrician, says there is more to it than that. Parents who force toilet training, he says, can cause lasting problems. "Don't rush your toddler into toilet training or let anyone else tell you it's time. It's got to be his choice," Brazelton advises in a television commercial for Pampers "Size 6" diapers, suitable for children 35 pounds and over. What does he think about Rosemond's arguments? "They sound very logical -- for a puppy."

Welcome to the newest round in the toilet training wars.

The previous round was won by parenting experts like Brazelton and Dr. Benjamin Spock, who schooled a generation of 1960s parents in a more flexible toilet training approach.

But over the past few decades, the age at which toddlers become diaper free has been creeping upward. In 1957, 92 percent of children were toilet trained by the age of 18 months, studies found. Today, that figure has plunged to less than 25 percent, according to a large-scale Philadelphia study. Only 60 percent of children have achieved mastery of the toilet by 36 months, the study found, and 2 percent remain untrained at the age of 4.

Moreover, though there are no hard statistics, pediatricians say they are seeing more children with toilet training problems, including withholding of urine and stool,

chronic constipation and wetting and soiling by older children. Dr. Bruce Filmer, an associate professor of pediatric urology at Thomas Jefferson University in Medical School in Philadelphia, for example, says that he and other pediatric urologists have noticed an increase in referrals of young patients experiencing problems with both daytime and nighttime urinary control.

And these developments combined have nourished a multibillion dollar diaper industry, which last year racked up \$545 million in training-pant sales, and spurred the introduction of the giant-sized diaper, designed for toddlers well past the terrible twos.

The sight of diaper-clad 3- and 4-year-olds, however, does not amuse Rosemond, a family psychologist who advocates a return to traditional child rearing practices, and he has decided to do public battle on the issue.

In a series of columns, published in more than 100 newspapers last month, he blamed delayed training on wishy-washy parenting inspired by "Freudian mumbo-jumbo." In particular, he pointed at Brazelton, professor emeritus of pediatrics at Harvard Medical School, who in the 1960s pioneered the "child-centered" parenting approach, recommending that parents let their children decide when to become diaper-free.

The increasing tendency for parents to leave the timing of toilet training up to the child, Rosemond asserted, is largely responsible for the rise in toilet training difficulties. Delayed training, he said in a telephone interview, can also lead to discipline problems because mothers spend too much time being servants for their children and do not make the transition soon enough to "authority figure."

Study cited:

Toilet Training and Toileting Refusal for Stool Only: A Prospective Study. By *Bruce Taubman*, 1997. Published in *Pediatrics*, Vol. 99, No. 1, pp. 54-58.

Available from:

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
Tel: (847) 981-7903
Fax: (847) 228-5088
Web: www.pediatrics.org

Cost: \$16.00

Study cited:

Behavioral Characteristics of Children with Stool Toileting Refusal. By *Bruce Taubman*, 1997. Published in *Pediatrics*, Vol. 99, No. 1, pp. 50-53.

Available from:

American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
Tel: (847) 981-7903
Fax: (847) 228-5088
Web: www.pediatrics.org

Cost: \$16.00

Although Rosemond concedes that Brazelton has been giving the same advice for decades, he also criticized the pediatrician for serving as a consultant to Pampers, a division of Procter & Gamble, and for appearing in the Pampers commercials. "I think it's a fairly blatant conflict of interest," Rosemond said.

For his part, Brazelton said he believed that the rise in toilet training problems is the result of too much pressure on kids -- not too little. The increase can be traced to the escalating demands of modern life, he said. Centers often require that children be toilet trained in order to enroll, and working parents end up leaning on their kids to comply. Nannies and baby sitters share the responsibility for training. "Parents are feeling very guilty and people like Rosemond are making them feel more guilty, not less," Brazelton said. "And the child's only recourse is to withhold urine or stool in protest."

As for his relationship with Pampers, which also provides funding for his research, Brazelton said he is proud of his association with the company. "It took me a long time to decide to do it, but I'm absolutely convinced that it was a wonderful thing to do," he said. "I'm certainly not doing it to keep kids in diapers. It's just the opposite: Pampers is willing to go along with me to make it easier for mothers to let kids be open to toilet training when they are ready."

"Going along," of course, is not all that difficult for Procter & Gamble which, like its competitor Kimberly-Clark, maker of Huggies, recognizes a bonanza when it sees it. Wendy Strong, director of corporate communications for Kimberly-Clark, said the company's own marketing research confirms that toddlers are toilet training later than in the past: At 18 months, only 12 percent of children were trained; 85 percent were trained by 30 months, the company found. Huggies, too, just began offering customers a Size 6 diaper, but the company also makes "training pants" for toddlers of 38 pounds or more, a product category, Strong said, that Kimberly-Clark "expects to grow to more than a billion dollars by 2002."

Whichever expert's school of parenting parents decide to follow, they run no risk of confusing the philosophies, or the

methods themselves. Rosemond offers a toilet training technique he calls "Naked and \$75," which he recommends that parents embark upon with their two-year olds.

"You stay home from work with your child for a few days, you let the child walk around the house naked all day long," he said. The parent puts the potty where the child spends most of his time, and moves it when necessary to keep it nearby. Every so often, the parent reminds the child to use the potty when needed.

"Children at this age do not like urine and feces running down their legs," Rosemond said. "When they have an accident they stop and start to howl, and the mother comes along and says 'Well, you forgot to use the toilet.' She puts him on the toilet, wipes him off, speaks reassuringly to him. And within three days, or five days, he's doing it on his own."

The 75 dollars, he added, is for the carpet cleaning.

In contrast, Brazelton, also the author of best-selling parenting manuals, discourages parents from expecting their child to potty train in a few days. The pediatrician recommends that parents buy a potty chair and "show children what is expected of them at 2, what we are all doing and why it is important."

But the rate at which training occurs should be left up to the child. "If your child is afraid of the potty chair, don't put pressure on him to use it. Put toilet training aside for a month or two and give your child time to get used to the idea of the potty and to be comfortable with it," Brazelton advises in a step-by-step guide available on the Pampers Parenting Institute web site (www.pampers.com).

"Be patient and positive," the pediatrician suggests. "As with any new skill, your child will master toilet training in time."

In his experience, Brazelton said, 85 percent to 90 percent of children will embrace toilet training soon after they first show an interest. "But the others are saying that there are other issues they're trying to deal with, like day care, like parents who are extremely busy. The child gets confused and maybe even angry and

withholds. And at this point I think you have to be able to say, 'This has got to be up to you.'"

For parents, the bottom line seems to be: Whatever works.

Melissa Saren, for example, a Manhattan attorney, said that she tried introducing her son Matthew to the potty when he was 3. "But I think looking back on it that I started when I was ready, not when he was ready," she said.

For months, nothing seemed to work, not bribes, not the books "Once Upon a Potty" or "Everyone Poops," not "big boy" underwear. Finally, she said, Matthew decided the time was right -- when he enrolled in day care at 3 and a half. "Seeing the other boys poop in the potty" seemed to do the trick, she said. "I would fall into the category of thinking that you just leave them alone and they'll come to it."

Other mothers -- Rosemond said his daughter-in-law is one example -- find the "stay-at-home-and-do-it-in-three-days" approach works just fine.

Many pediatricians, on the other hand, say their experience has landed them much closer to the Brazelton than the Rosemond camp.

Filmer, for example, said that he has seen many parents become embroiled in battles with their children if they try to force toilet training within a defined period of time. "Goodness me, you talk to these parents and they will tell you that their children formed almost a fear of toilet training," Filmer said.

Dr. Bruce Taubman, a pediatrician in the department of gastroenterology and nutrition at Childrens Hospital in Philadelphia who has a private practice Cherry Hill, N.J., agrees that early toilet training was a phenomenon of an earlier, less mobile time, when most mothers stayed home.

"To get a child trained by 2 can be done, but it is probably done at a cost. It takes a tremendous effort," he said.

But Taubman says he has a hunch, though he does not yet have data to support it, that there is a window of opportunity, perhaps

near the age of 2 or 2 and a half, "when kids really want their parents to get excited if the kids poop." If this opportunity is missed, toilet training may take much longer.

Taubman is one of the few people who have collected systematic data on toilet training: In 1997, he published the first large scale study of children's reactions to toilet training since the 1960s, a report on 482 children in suburban Philadelphia. The study appeared in the journal *Pediatrics*.

In addition to assessing the ages at which most children now train, Taubman found that on average, boys trained later than girls and that the average age at which parents introduced toilet training was at 23 months.

There was no relationship, Taubman found, between when a child was trained and the mother's work status, the presence of siblings, the child's scores on measure of behavior, or whether or not the child was in day care.

About 13 percent of the children in the study had trouble with toilet training, withholding stool and/or refusing to use the toilet. But the vast majority of these children, Taubman said, "resolved the problem without intervention." ❖

The New York Times

By Erica Goode

Tuesday, January 12, 1999

Keywords

adolescents
depression

Following the Trail of Adolescent Angst

Teen-agers, traditional wisdom holds, are sullen, prickly creatures, prone to mood swings and sudden outbursts of temper. But new research suggests that for some adolescents depression -- in particular, symptoms like lack of enjoyment in everyday activities or frequent thoughts about death -- signals an increased risk of serious depression in adulthood.

In a study of 776 adolescents followed over a period of nine years, researchers at the New York Psychiatric Institute found that teen-agers who exhibited "subclinical" depressive symptoms -- that is, symptoms not severe enough to warrant a psychiatric diagnosis -- were two to three times as likely to suffer episodes of major depression in young adulthood. In particular, the symptoms of anhedonia, or the inability to experience enjoyment, and thoughts about death were associated with a higher risk of adult depression.

"If you're an adult with a psychiatric problem, there's a good chance that your problem started in some form when you were a kid," said Dr. Daniel Pine, an assistant professor of clinical psychiatry who led the study.

The subjects in the study, which appears in this month's American Journal of Psychiatry, were interviewed in 1983, when they were between 9 and 18, and again in 1985 and 1992. In 1983 and 1985, parents were also interviewed.

Earlier studies demonstrated that teen-agers whose symptoms were severe enough to meet the diagnostic criteria for major depression were more likely to suffer from depression as adults. But the researchers wanted to find out if "subthreshold depression" -- what many parents might dismiss as normal moodiness -- also could predict later illness.

Not every teen-ager with depressive symptoms went on to develop major depression, Dr. Pine said.

But parents should consider seeking professional advice, he said, if the symptoms are severe enough to cause the teen-ager distress, or trigger problems in school or social relationships. For example, chronic feelings of guilt, changes in sleep or appetite, fatigue, poor concentration, prolonged sadness, or a loss of interest in activities that were once enjoyable, can all be symptoms of depression, he said. ❖

Study cited:

Adolescent Depressive Symptoms as Predictors of Adult Depression: Moodiness or Mood Disorder?
By Daniel Pine, Jan. 1999.
Published in *American Journal of Psychiatry*, Vol. 156, No. 1, pp. 133-135.

Available from:

American Psychiatric Association
1400 K Street, NW
Suite 1101
Washington, DC 20005
Tel: (888) 357-7984
Web: ajp.psychiatryonline.org

Cost: \$16.00

The Washington Post

By Sandra G. Boodman

Tuesday, January 12, 1999; Page Z05

Keywords

child development
pregnancy

Unwanted Children Show Lower Self-Esteem

Children born to mothers who did not want to have a child are likely to suffer from lower self-esteem as young adults, according to a study by University of Michigan researchers of more than 800 families.

The study, by sociologists William G. Axinn, Jennifer S. Barber and Arland Thornton of the Institute for Social Research, was based on interviews conducted over 23 years, beginning in 1962.

Funded by the National Institute of Child Health and Human Development, the study is one of the first to show that unintended pregnancies can have lasting, negative consequences for children.

The research team interviewed 800 married white women and, later, their adult children. The women, who were randomly selected from a population sample of county birth records in the Detroit area, had given birth to a child between six and ten months earlier.

Nine percent of the women told interviewers that they really did not want to have the baby. When they were interviewed a year later and asked the same question, 28 percent of them said they had changed their minds and wanted the child. But nearly three-quarters said that their feelings had not changed.

In 1980, when the children were 18, and again in 1985 when they were 23, researchers contacted the children and gave them a standard test of self-esteem, after controlling for factors such as income, education and birth order. Eighty-two percent of the families remained in the study, even though half of the adult children had left the Detroit area.

Children whose mothers had said they did not want them had significantly lower self-esteem scores than those who were wanted, the researchers found. The effect was seen even in the group whose mothers' changed their minds and decided in the second year that they wanted the baby. More than 90 percent of the unwanted children were fourth children.

"A mother's attitude in the first year of a child's life seems to be particularly important to the child's later self-esteem," the authors note in their study, published in a recent issue of the journal *Demography*.

While the availability of abortion and more reliable methods of contraception may have made unwanted children less numerous, recent studies have found that about half of all pregnancies are unintended. ❖

Study cited:

The Long-Term Impact of Parents Child Bearing Decision on Children's Self-Esteem.

By William Axinn *et al.*

Published in *Demography*, Nov. 1998, Vol 35 No 4.

Available from:

Population Association of America
721 Ellsworth Dr.
Suite 303
Silver Spring, MD 20910
Tel: (301) 565-6710

Cost: \$21.25

The New York Times

By Sandra Blakeslee

Tuesday, January 26, 1999

Keywords

child development
infant health
medical research

Child's Movements May Offer an Early Clue to Autism

The discovery that autistic children appear to have subtle abnormalities in body movements that can be diagnosed as early as 3 months old is leading researchers to hope for new treatments.

The findings, by Philip Teitelbaum, a psychologist at the University of Florida in Gainesville, are preliminary. But they have generated intense interest because for the first time, a method is being proposed for diagnosing the condition in babies whose brains are still developing rapidly.

Most autism is not diagnosed in children until they are at least 3 years old. But if there were a reliable way to diagnose autism earlier, Teitelbaum and other researchers said, doctors might be able to devise therapies to alleviate or eliminate the condition, when the brain is its most malleable.

Autism is a disorder of the brain and behavior that affects about 5 of every 10,000 children. While autistic children appear healthy, they may stare into space for hours, throw tantrums, show no interest in people and pursue repetitive activities, like head banging, with no apparent purpose.

Teitelbaum made the discovery by examining videotapes of babies who were later found to be autistic. These infants showed a specific cluster of movement abnormalities when rolling over, sitting up, crawling and walking, Teitelbaum said in a telephone interview.

But, he cautioned, the results are still preliminary. Researchers need to look at many more babies, he said, to see exactly which movement abnormalities can predict autism and which suggest developmental disorders like schizophrenia or attention deficit disorder.

"I think he's on to something," said Dr. Dan Geschwind, a neurogeneticist at the University of California at Los Angeles and scientific adviser to Cure Autism Now, an organization based in Los Angeles run by parents of autistic children. "He's got a very intriguing piece of preliminary data which, if it turns out to be true, will be very important."

Temple Grandin, a highly functioning autistic woman who is an assistant professor of animal science at Colorado State University in Fort Collins and an authority on animal behavior, said: "He's on to something really good, and I fully support it. I like the fact that he is objectively measuring something that is biological."

It may be, she cautioned, that Teitelbaum has discovered general problems in the nervous system that are not unique to autism. But even that, she said, is a benefit for doctors, parents and teachers, who now have nothing to go on before children are 2 or 3 years old.

Anne Donnellan, a professor of rehabilitation psychology and special education at the University of Wisconsin at Madison, said: "Teitelbaum's work is important because it reflects a reality about autism that has been missed. We tend to think it's a problem with the mind. But now that we are really beginning to see how the brain works, we know that the mind is embodied. Body is part of mind and there's no way to separate them."

Teitelbaum said he got the idea of looking at autism as a movement disorder partly because of his work with brain-damaged animals. As they recover, he said, they go through predictable stages, for example recovery of movement, that reflect fundamental aspects of brain organization.

Study cited:

Movement Analysis in Infancy May Be Useful for Early Diagnosis of Autism. By Phillip Teitelbaum et al, Nov. 10, 1998.

Published in *Proceedings of National Academy of Sciences*, Vol. 95, No. 23.

Available from:

Proceedings of the National Academy of Sciences
2101 Constitution Ave. NW
FO2013

Washington, DC 20418
Tel: (202) 334-2672
Fax: (202) 334- 2738
Web: www.pnas.org

Cost: \$35.00

Because human babies also pass through predictable stages of development, he theorized that defects in the brain might be reflected in early movements.

A few years ago, Teitelbaum sent out word to parents of autistic children through various national organizations that he was looking for videotapes of babies before their autism was diagnosed. He received 17 tapes that showed the babies during major milestones of motor development, including rolling over, sitting, crawling, standing and walking.

He also videotaped 15 normal infants as they passed through the same milestones. Portions of each tape were analyzed, using a special technique, for subtle differences in patterns of movement.

No two babies develop motor skills in exactly the same way, but the autistic babies show a specific cluster of movement abnormalities, Teitelbaum said. Some were subtle and others quite obvious. Normal children may temporarily show some of the same movements.

For example, none of the autistic babies in the tapes learned to roll over like normal children did, he said. Normal babies use a corkscrew motion to go from back to stomach or vice versa. Starting at about 3 months old, they first turn their pelvis to one side, followed by the trunk and finally the shoulders and head. By 6 months, the order is reversed: the head goes first and the rest of the body parts follow, corkscrew fashion.

Some of the autistic babies in the tapes never learned to roll over. Others did, but

in a peculiar fashion, Teitelbaum said. Starting from lying on their sides, they rolled to their stomachs or backs by raising heads and pelvises. Then they threw the upper legs forward and toppled over, moving all body segments together.

And unlike healthy babies who usually learn to sit up at 6 months, even while turning the torso or head, some of the infants whose autism was diagnosed later on toppled easily, falling to one side "like a log" and failing to break the falls with their hands.

Teitelbaum, who described his findings in a recent issue of the Proceedings of the National Academy of Sciences, also noted anomalies in the way the autistic babies in the tapes learned to crawl and walk.

Babies typically start to crawl at about the same time they begin to sit, holding their bodies symmetrically with arms vertical at shoulder width, palms on floor, fingers pointed forward. Thighs are vertical and hip-width apart with knees on the ground and lower legs and feet resting on the floor pointing backward. Weight is commonly distributed equally on all four limbs.

The autistic children in the study showed an asymmetrical lack of support in the arms or legs, Teitelbaum said. One baby supported himself on his forearms rather than his hands. He raised his pelvis high in the air, bird-dog fashion, but could not move forward. Another baby crawled by scooting his left knee on the floor but used his right foot to push himself forward.

Teitelbaum said that every autistic child showed some degree of asymmetry in

walking. Many tended to shift their weight at the wrong moment, which made their walking appear slightly stiff. Others kept their arms in a more infantile position, arms extended forward. Interestingly, many autistic children walk more slowly and with shorter steps, like Parkinson's disease patients whose motor skills are damaged, Teitelbaum said.

Early diagnosis has long been a goal of autism researchers, who theorize that the condition results from brain abnormalities that develop before birth. Some researchers think the glitch occurs as early as the 20th to 24th day of gestation, long before women know they are pregnant. Others believe the injury, which could be a mutation or environmental insult, occurs later on, perhaps in the second trimester of pregnancy.

In any event, researchers say that in autistic people, most of the brain forms normally but that some basic scaffolding of nerve fibers is incomplete or improperly developed. Because the human brain grows rapidly in the first year of life -- literally constructing circuits that will last a lifetime -- this is the best time to intervene.

The goal of intervention would be to stimulate the baby's brain to circumvent the bad wiring or develop connections to compensate for a defect, Donnellan said. By correcting movements through some form of physical therapy, it may be possible to use feedback to help correct abnormal brain development. ❖

The New York Times

By John O'Neil

Tuesday, January 26, 1999

Keywords

health
heart disease
marriage

When Spats Send the Blood Pressure Soaring

Arguing with a spouse seems a sure-fire way of raising the blood pressure -- unless, a University of Utah study has found, one partner wins or loses all the arguments in the household.

People in the study who had identified their spouses as clearly more dominant or submissive got less worked up over staged-in-the-laboratory disagreements than did people who felt smaller power gaps in their marriages.

The ins and outs of marriage were not really the point of the study, whose results were published Tuesday in the *Annals of Behavioral Medicine*. The goal was to learn more about heart disease, said Timothy W. Smith, the professor who led the research.

Large-scale epidemiological studies have established that stress in a relationship is a risk factor for heart disease, and research has established cardiovascular response -- the sudden surge of heart activity that accompanies anger or stress -- as the likely mechanism for that link.

Smith has conducted a series of experiments using marital interactions as a crucible for finding the kinds of interactions that make the heart pound in that unhealthy way.

Some of the psychology professor's earlier studies looked at spousal interactions along an axis of hostility to friendliness. But the atmosphere at the breakfast table is also shaped by patterns of relative dominance.

To study their effect on heart response, the researchers gathered 45 couples in their late 20s who had been married an average of four years.

First, the participants were given questionnaires designed to quantify perceptions of

the relative power of their partners. Then, with blood pressure cuffs attached, spouses were pitted against each other in staged arguments, advocating opposing points of view in hypothetical struggles over what departments would suffer in school budget cuts.

People who saw their spouses as relatively equal or only somewhat dominant or submissive would see persuasion as difficult; the effort would push up their blood pressure. At the high or low end, however, the slim likelihood of victory or loss would leave little need for effort.

The researchers then tried to see if the curve changed if the stakes were higher: Some subjects were told that the researchers would give one person out of the entire group \$100, but that their chances in the lottery would be based on their success in changing a spouse's point of view.

This "incentive manipulation" had little effect on women. But for men, it sent blood pressures up for henpecked and patriarch alike.

"For men, if you had a reason to win the argument, that was all that mattered," said Smith.

Although one conceivable reading of the results could be that marriages among equals were the most likely to send blood pressure soaring, Smith said, "There are other things about a marriage between equals that would reduce stress. Arguing may be difficult, but the fact that they see the other as open to discussion makes it less likely that there will be the sorts of long-term resentments that are clearly more stressful." ♦

Study cited:

Perceptions of Spouse Dominance Predict Blood Pressure Reactivity During Marital Interaction.

By Timothy W. Smith et al.
Published in *Annals of Behavioral Medicine*, Vol. 20, Issue 4, article #6.

Available from:

Society of Behavioral Medicine
7611 Elmwood Avenue
Suite 202
Middleton, WI 53562
Tel: (608) 827-7267
Web: www.sbmweb.org

Cost: \$35.00

Wanted: A Realistic Attitude Toward Teen Sex

Here are some eye-popping new numbers that deserve the attention of everyone concerned about the health, welfare and future of our young people.

In France, a country long celebrated for its exuberant open-mindedness about sex, nine out of 1,000 women between the ages of 15 and 19 give birth. In Germany, it's 13 per 1,000, and in the Netherlands, which may be the most sexually liberated of all three, the figure is seven per 1,000. Contrast those numbers with the United States, where Puritanism is making a comeback, and teen sexuality has become a political football in the culture war.

Our rate is 54.7 per 1,000.

That's eight times the rate in the Netherlands. And to head off the obvious riposte from the wowsers, the difference is not because their girls have more abortions. Quite the contrary. In the Netherlands, the abortion rate is a third of ours; in France, it is half.

Need more numbers to suggest that there is something badly wrong with our attitudes toward young people and sex? Look at AIDS statistics, and you see the same picture. The rates of AIDS reported per 1,000 teenagers and adults is 0.75 in France, 0.20 in Germany and 0.28 in the Netherlands.

It's 2.33 in the United States.

Why are these countries able to do such an effective job of protecting their teenagers?

A team of 40 public health researchers and two teenage journalists visited the three countries to find out. The study tour -- sponsored by Advocates for Youth and the University of North Carolina at Charlotte -- was the first to explore all of the sociologi-

cal, cultural and community factors that influence teen sexual behavior, according to Barbara Huberman, director of sexuality education for Advocates for Youth. Huberman has studied adolescent sexuality for 30 years.

"One of the key things we found out that was new to me," she says, "was in spite of the liberalness of sexuality being present in the community . . . their teenagers don't start having sex until a year or two years later than ours." This, of course, flies in the face of the argument that dispensing information about sex and healthy sexual practices promotes promiscuity.

A French teenage boy told her that the American attitude turns sex into forbidden fruit, which simply entices our youngsters to try it. But in France, where sexual activity is considered a normal part of young people's development, there is widespread information about sex, about how to protect against pregnancy and disease and about how to make responsible decisions. As a result, this young man told her, using contraception to him was almost a reflex.

"We are the only industrialized country in the Western world with an official government abstinence program, and we have the highest rates of teenage pregnancy, HIV and sexually transmitted diseases," says James Wagoner, president of Advocates for Youth. "The Netherlands has the most liberal approach, and it has young people who start later and have fewer sexual partners."

Our young people become sexually active on average at 15.8 years of age -- when they are still children. In the Netherlands, the figure is 17.7 -- when they are almost adults.

Teenage condom use is about the same in all four countries, but in the Netherlands, nearly 67 percent of teenage girls use oral

Study cited:

Lessons to Learn: European Approaches to Adolescent Sexual Behavior and Responsibility.

By Barbara Huberman.

Tour date: June 1999.

Available from:

Advocates for Youth
1025 Vermont Ave, NW
Suite 200
Washington, DC 20005
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Web: www.advocatesforyouth.org
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Cost: Results due Fall 1999

contraceptives, while in the United States only 20.5 percent do. National health care in the three European countries covers the cost of contraception, emergency contraception, abortion, counseling, physical exams and treatments. Contraception is readily available without gynecological exams.

The researchers found that in all three countries, a major public health goal is to ensure that all sexually active people have the skills to behave responsibly. The mass media have become partners with public health officials in putting together public information campaigns that encourage specific healthy behavior but avoid bombarding people with fear or shame. The campaigns run throughout the day. Great value is placed on individuals behaving ethically about sex, and that attitude is transmitted to young people. Sexuality-related public health policies are driven by scientific research, not politics

or religion, even though the Roman Catholic Church is a powerful institution in both France and Germany.

"We were told by one Frenchman, 'We have true separation of church and state,' " Huberman says. " 'You think you do, but you don't.' "

Much of the push in France and Germany for realistic policies to curb teenage pregnancy came from the church's opposition to abortion, she says, and a recognition that the best way to do that was to promote contraceptive use.

NEWS FLASH.

Meanwhile, the United States is going in the opposite direction. The 1996 welfare reform legislation forbids any federal money from being used to give out information about contraception or

condoms for preventing pregnancy or sexually transmitted diseases.

Advocates for Youth is hoping that by getting the information out about what works -- an effort that began with a symposium on Capitol Hill yesterday -- it can make a case for changes that will protect sexually active young people. "American parents want to hear what works," Wagoner says.

The Dutch view their young people as assets, not liabilities, he says. In all three countries, researchers found that young people were respected, that adults believed they had rights to information and services that would promote sexual health, and that they were expected to act responsibly.

If we can ever get rid of our Puritan roots and become sane and realistic about sex, those three R's would be good core values on which to build public policies that work. ❖

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Health & Reproductive Issues

Divider Title: _____

Special Report 1999: Closing In on Cancer Vaccines

The First Are Likely to Be for Treatment, not Prevention

The first of several experimental cancer vaccines may be considered by the Food and Drug Administration for approval sometime this year, a step toward fulfilling scientists' longstanding dream of enlisting the body's immune system to fight malignant tumors.

From colon cancer and malignant melanoma to breast and prostate cancer, scientists are manipulating tumor cells to design treatments that will target the patient's cancer much as a vaccine provokes an immune response to infection. Rather than prevent disease, these cancer vaccines are being used to treat patients, by mounting a specific immunological defense against malignant cells in the body.

A Rockville company, Intracel, says it plans to seek FDA approval during 1999 for a colon cancer vaccine that has been found to reduce the chance that tumors will recur after surgery in certain patients with the disease.

Intracel said in a statement that a recently completed Dutch trial of its vaccine, OncoVAX, reduced the five-year recurrence rate by 61 percent and the five-year mortality by 50 percent in patients with Stage 2 colon cancer who received the vaccine after surgery. Stage 2 colon cancers are tumors that extend most or all of the way through the intestinal wall but have not spread to lymph nodes or other organs. The average five-year survival rate after surgery for such tumors is between 70 percent and 85 percent. The randomized trial of the vaccine in 254 patients has been accepted for publication in the journal *The Lancet*.

OncoVAX is one of several products in a race to become the first FDA-approved cancer vaccine. Scientists in the rapidly growing field predict that vaccines for malignant melanoma and for small-cell lung

cancer may also be considered by the FDA within the next two to three years. These vaccines are now being tested in large trials to treat patients with advanced disease or to cut recurrence rates after surgery or chemotherapy.

In addition, vaccines in earlier stages of development are being tested to treat other malignancies, including cervical cancer, breast cancer, prostate cancer, pancreatic cancer, kidney cancer and ovarian cancer.

"I think there is real progress being made," said Paul Chapman, head of the melanoma section at Memorial Sloan-Kettering Cancer Center in New York. "A lot of teams are just going crazy with different tumor systems--breast, prostate and others--to identify appropriate targets" for cancer vaccines.

Researchers might even be able to prevent certain types of cancers. A successful vaccine for cervical cancer, for example, would ultimately be used to prevent that disease, a major global killer of women, by protecting against infection with human papillomaviruses, which cause the malignancy. It could make the Pap smear, a common screening test for cervical cancer, obsolete.

Researchers say they expect the pace of cancer vaccine development to accelerate over the next decade as they continue to refine their understanding of why malignant cells develop and how the immune system recognizes cancer.

The cancer for which vaccines have been most extensively tested is malignant melanoma, a frequently fatal skin cancer. More than a dozen scientific teams in the United States, Canada and Europe are currently testing vaccines in melanoma

Study cited:

Active Specific Immunol Therapy for Stage 2 and Stage 3 Human Colon Cancer and Randomized Trial.

By Ian Vermorken *et al.*
Published by *Lancet*, Jan. 30, 1999, Vol. 353.

Available from:

Lancet
655 Avenue of the Americas
5th Floor
New York, NY 10010
Tel: (800) 462-6198
Web: www.thelancet.com

Cost: \$10.00

patients, according to a medical review article published in 1997. At least three melanoma vaccines are currently undergoing large-scale efficacy trials in the United States.

Some of those vaccines contain cancer cells that have been broken up or irradiated so that they cannot reproduce. In some cases, the cells have been genetically modified to produce chemical messengers that tell the immune system, "Come and get me." The hope is that such vaccines will prime the system to destroy melanoma cells throughout the body. Other vaccines, including some now being tested by researchers at the National Cancer Institute (NCI) and at Memorial Sloan-Kettering, contain specific proteins or other molecules similar to those found on melanoma cells and designed to provoke an attack by the immune system.

For instance, a vaccine developed by Sloan-Kettering's Philip Livingston targets GM2, a sugar-and-fat molecule on the surface of melanoma cells. Its effectiveness for reducing tumor recurrences after surgery in high-risk patients is being compared with that of interferon in a multi-hospital trial that aims to enroll almost 600 patients, Chapman said. A parallel trial is taking place in Europe. Results are expected in about two years.

An experimental vaccine developed by Chapman targets a different melanoma surface molecule, GD3. It has shown unexpected promise against small-cell lung cancer, a malignancy whose cells often also contain GD3 on their surfaces. Small-cell lung tumors are rarely operable, and although they shrink in response to chemotherapy or radiation, they almost always recur and kill their victims.

A few years ago, a co-worker of Chapman's tested the vaccine, known as BEC-2, in 15 patients with small-cell lung cancer. All had first received chemotherapy. Seven, in whom the tumor was confined to one side of the chest, had also had radiation therapy.

Those seven did remarkably well, Chapman said. Without the vaccine, "their

expected survival would only be between 5 and 30 percent at three years," he said. But only one suffered a recurrence of the small-cell lung cancer, and one has died of a different kind of lung tumor. The other five are alive and cancer-free an average of two to three years after receiving the vaccine, Chapman said.

The results have prompted a multi-hospital study of BEC-2 in people with small-cell lung cancer, he said. That study began a few months ago and aims to recruit 570 patients.

At the NCI, surgeon Steven A. Rosenberg has been using immune system stimulants to treat melanoma since the 1980s. His current studies focus on vaccines targeting peptides, or small proteins, made by melanoma cells, and his goal is to make tumors shrink or disappear in patients with advanced cases of the skin cancer.

In a study published last March in *Nature Medicine*, Rosenberg reported that 13 of 31 patients with advanced melanoma who received an experimental peptide vaccine in combination with interleukin-2 (IL2), a powerful immune system stimulant, exhibited 50 percent or greater shrinkage of their tumors. "Many of those patients are still alive and disease-free," Rosenberg said in an interview last month.

The 42 percent response rate in patients who got the vaccine plus IL2 was almost triple the response rate previously obtained with IL2 alone, he added. "It shows that there are ways to immunize cancer patients against their own tumors and we just have to figure out how to do it more strongly," Rosenberg said.

Intracel's colon cancer vaccine must be made individually for each patient treated, from cancer cells removed at the time of surgery. The cells are irradiated to prevent them from multiplying and are mixed with bacillus Calmette Guérin (BCG), a bacterial component of some tuberculosis vaccines that is used as an immune stimulator. This vaccine is then administered to the patient.

Cancer of the pancreas is the target of a vaccine being tested by researchers at

Johns Hopkins University School of Medicine. "This is probably one of the worst cancers, in the sense that 30,000 people get it a year and 30,000 die a year," said Elizabeth Jaffee, an associate professor of oncology and immunology. Even among patients whose tumors are removed surgically, she added, the majority suffer a recurrence within about 18 months.

Jaffee is testing a vaccine containing pancreatic cancer cells that have been irradiated and then genetically modified to make them produce a protein that activates the immune system. The vaccine appears safe in early tests, and researchers plan to administer it to additional patients and monitor them to see whether it can reduce the recurrence rate.

Jaffee and other researchers such as Kim Lyerly of Duke University Medical School are also trying a different approach. Instead of giving a vaccine to the patient, they take blood samples and culture the patient's dendritic cells--specialized immune-system cells responsible for recognizing foreign substances--in the laboratory. Then they "vaccinate" the dendritic cells--exposing them to a protein they want the immune system to attack--and put these activated cells back into the patient.

Lyerly and colleagues at Duke are testing this technique in preliminary trials in patients with breast cancer and colon cancer whose risk of tumor recurrence is high. For the breast cancer vaccine, the target is the Her-2/neu protein, which is present in about a quarter of malignant breast tumors.

All of the researchers interviewed said they believe the cancer vaccines currently being tested are first efforts, and that much improvement is needed. But they were optimistic about the eventual success of such therapies.

With current vaccines, "at best we may be able to have an effect, in some cases, on . . . residual disease," said Hopkins' Jaffee. "[But] my fantasy is that before my career is over, we will see prevention as well." ❖

The New York Times

By Jane E. Brody

Tuesday, January 12, 1999

Weighing Caesareans in Dollars and Cents

When my twin sons were born 29 years ago, fetal monitoring was not a routine part of labor and delivery, and there was no way to be certain the babies were doing OK while my uterus tried in vain to expel them. So when the doctor announced after many anxious hours of unproductive labor that he was going to have to deliver them by Caesarean, my response was, "I don't care if I cough them up as long as they're alive and healthy."

WHEN A C-SECTION IS NECESSARY

These medical conditions most frequently result in Caesarean deliveries

MEDICAL CONDITION PERCENT DELIVERED BY C-SECTION

Cephalopelvic disproportion Baby's head is too large to be delivered safely	96.1
Breech presentation Baby arrives feet first rather than head first	83.0
Dysfunctional labor	80.4
Placenta previa Placenta is blocking the baby's exit	77.4
Cord Prolapse Umbilical cord is pinched by baby's head or shoulders	63.9
Abruptio placenta Premature separation of the placenta from the uterine wall	53.8

Source: National Center For Health Statistics

Obstetricians and perinatologists who study childbirth say that such feelings are widely shared by mothers-to-be and their doctors. Anxiety about the well-being of the fetus during labor usually overrides concerns about the cost or consequences of Caesarean surgery and even whether surgery is truly necessary.

Twenty-nine years ago, only one birth in 20 was by Caesarean and there was little reason to question whether some of these operations could be avoided. In most hospitals,

they were done only when a surgical delivery was deemed necessary to preserve the health of the mother or her baby.

But by the 1980s, things had changed drastically. Fetal monitors came into wide use that could indicate, sometimes wrongly, trouble for a fetus awaiting birth, prompting doctors to intervene with an emergency Caesarean. Malpractice suits, too, were on a precipitous rise, prompting doctors to be overly cautious about fetal well-being during labor and a baby's chances of withstanding a vaginal delivery undamaged. And, as more women had surgical deliveries for first births, still further surgeries were scheduled for subsequent deliveries because sometimes the same reason that prompted the first Caesarean was still present and because there is a small but real risk of uterine rupture if a woman with a scarred uterus has a vaginal delivery.

Caesarean rates -- and, consequently, costs of childbirth -- were soaring in most hospitals, peaking in 1988 at a quarter of deliveries. In some hospitals two of five babies were born by Caesarean. Then came pressures from consumer groups, insurers and government agencies to curb unnecessary surgery and the risks it entailed. Guidelines were issued to help doctors more accurately assess the need for Caesareans, and dozens of studies were done demonstrating that most women who had one Caesarean could safely deliver vaginally in later pregnancies.

Still, Caesarean rates nationwide have only inched down -- to 21 percent at last count, far from the target of 15 percent that the government and many experts believe is appropriate. They point out that quite a few hospitals, including some with a fair number of high-risk patients, already have rates at or below 15 percent.

However, last week in The New England Journal of Medicine, four obstetrical specialists from Boston, headed by Dr.

Keywords

birth
caesarean sections
medical research
pregnancy

Study cited:

The Risks of Lowering the Caesarian Delivery Rate.
By Benjamin Sachs and Mary Ames Castro.
Published by *New England Journal of Medicine*, Jan. 7, 1999, Vol. 340 No. 1.

Available from:

The New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115
Tel: (800) 843-6356
Fax: (617) 739-9864
Web: www.nejm.org

Cost: \$5.50

Benjamin Sachs of Beth Israel Deaconess Medical Center, questioned the wisdom of pressing toward a numerical goal without adequately monitoring the consequences to mother and baby of doing fewer Caesareans. They see economic pressures, not concern for maternal and fetal well-being, as the driving force behind efforts to lower Caesarean rates, and maintain that rates should be determined by risks to mothers and babies of vaginal delivery, not by insurance companies' efforts to cut costs. They say much more research is needed to assess the safety of vaginal versus Caesarean delivery under various circumstances.

Clearly, pregnant women are not equipped to be the sole determinants of how their babies should be delivered. While they should be encouraged to express preferences, the final decision should be made in consultation with the attending doctor and sometimes by the doctor alone. To participate intelligently, a woman must be well-informed before she goes into labor about the benefits and risks of the various delivery options under various circumstances.

Caesarean rates are necessarily higher in high-risk pregnancies. These might include mothers with serious health problems like heart conditions or diabetes or with infections that could be spread to the baby during a vaginal delivery. Another consideration is the mother's age. Older women tend to have less efficient labor and more complications. The risk of stillbirth is greater, too. Then, too, many older women

having first babies had great difficulty conceiving and can ill-afford to risk losing a baby and having to try again to get pregnant. Thus, doctors might be more inclined to push for a Caesarean in an older first-time mother than to risk damaging the baby in a vaginal delivery.

Potential problems with babies, such as extreme prematurity, multiple births, breech presentation and poor performance on a fetal monitor, also have to be factored into the delivery decision. Even though obstetricians know that monitors often make mistakes and indicate trouble when the baby is fine, it is hard for a doctor to ignore a monitor that signals that the baby is in danger.

Women who previously had a Caesarean have different considerations. Most doctors and hospitals now encourage such women to attempt a vaginal delivery the next time. And studies have shown that 60 percent to 80 percent of such women who do try to deliver vaginally can do so without mishap. (The babies of those who try and fail are delivered by Caesarean.) However, even in the best of circumstances, in 1 percent of cases where vaginal delivery is attempted following a previous Caesarean, the uterus ruptures along the weakened scar line, resulting in a hemorrhage and sometimes a hysterectomy for the mother and emergency Caesarean to deliver the baby.

In most hospitals that offer courses in natural childbirth, there are also courses in vaginal birth after Caesarean, which goes

by the acronym VBAC. Introductory sessions outline the benefits and risks of vaginal birth for these women and can help them decide whether they want to attempt it. The Boston experts, among others, insist that the decision to attempt a vaginal delivery after a Caesarean should be made by the mother, not the doctor, hospital or insurance company. And if that attempt is to be made safely, the hospital must be prepared to act instantly if uterine rupture occurs.

Women also need to be flexible about their childbirth decisions. Generally, women should strive for a vaginal delivery but never insist on it when the attending physician recommends against it. While a Caesarean clearly has risks, during and after the surgery (anesthesia, infection, pain and longer post-birth recovery), so has a complicated vaginal delivery. When, for example, labor gets sluggish and the baby fails to progress at a reasonable rate through the birth canal, doctors often try to assist the process with a contraction-stimulating drug that has its own potential complications.

And, if the baby has inordinate difficulty getting through the narrowest part of the pelvis, doctors may assist with forceps or, increasingly now, with a vacuum suction device applied to the baby's head. In a small percentage of cases, these instruments cause cranial bleeding or hairline skull fractures and may even damage the baby's brain. So, every procedure has a risk that must be weighed against the benefits to mother and baby. ❖

The New York Times

By David France

Tuesday, January 19, 1999

Keywords

health, women
homosexuality

Fact, Fiction and the Health of Lesbians

After surveying the body of scientific literature on lesbian health and holding workshops with researchers and clinicians, a panel of experts convened by the Institute of Medicine issued a report last week deploring the gaps in reliable information about lesbian health. The panel called for large-scale studies to counter rampant "myths and misconceptions" and to improve the quality of treatment lesbians are receiving.

"In the face of little empirical information, there are numerous beliefs and misconceptions about the health risks of lesbians that can affect their health outcome," said the report, called "Lesbian Health: Current Assessment and Directions for the Future."

Some beliefs are true, but many are not, the report said. For example, lesbians commonly believe they do not need regular Pap tests or routine gynecological care. And many also worry that there is an epidemic of breast cancer among lesbians.

Though there is anecdotal evidence that lesbians experience higher rates of breast and cervical cancers, lung cancer, cardiovascular disease, sexually transmitted diseases, hypertension, and mental health and substance abuse problems, the panel found no reliable research proving that lesbianism itself was a risk factor for disease.

"We still don't know whether they're at higher risk for certain cancers per se, because

many of them have not had children," said Dr. Ann Burgess, a nursing professor at the University of Pennsylvania who headed the panel. Hormonal fluxes of pregnancy can lower the risks of breast and ovarian cancers. Also, as a group, lesbians smoke more and weigh more than heterosexual women, which may explain the higher rates of heart disease.

In addition, the panel noted, lesbians tend to visit their doctors less frequently, either because they fear discrimination or they are less likely to have health insurance because lesbians generally cannot share spousal benefits. Managed care often limits women's ability to choose lesbian-friendly providers.

Lesbian leaders have cheered the report's publication. "This will be a wonderful resource," said Dr. Jocelyn White, co-editor in chief of *The Journal of the Gay and Lesbian Medical Association*. The Institute of Medicine, which is the nongovernmental health policy arm of the National Academy of Sciences, conducted the study for the National Institutes of Health, which provided financing.

The report calls for more research on lesbian health and on ways to improve lesbians' access to care. It also urges researchers studying women's issues to include questions about sexual orientation in study designs. ❖

Study cited:

Lesbian Health: Current Assessment and Directions for the Future.

By Andrea Solarz, ed, 1999.

Available from:

Institute of Medicine
National Academy of Science
2101 Constitution Ave, NW
Washington, DC 20418
Tel: (800) 624-6242
Web: www.nap.edu

Cost: \$25.00

Free copy also available in full from the website.

Preventive Breast Removal: Lowers Risk of Cancer

Study Confirms Surgery's Value for High-Risk Women

For women with a very strong family history of breast cancer, preventive removal of the breasts has long been regarded as a radical measure of uncertain benefit. Such surgery can never catch every last cell that might give rise to cancer, and because there were no good studies on its effectiveness, doctors couldn't tell patients how much protection it might provide.

It's still too extreme a treatment for most women to consider, but after decades of debate a new study has at least shown that it works. Removing the breasts reduces a woman's chances of breast cancer by at least 90 percent, according to a meticulous new study by Mayo Clinic researchers that compared breast cancer incidence in high-risk women who had had the surgery with the disease's occurrence in their sisters.

Researchers say the findings mean that women from very high-risk families can now make a more informed choice among three options--surgery, preventive treatment with the drug tamoxifen, or very close medical surveillance for breast cancer. The study's results are also reassuring news for the thousands of women who have had their breasts removed to prevent cancer since the 1960s, when the availability of breast implants led some doctors to begin offering the procedure.

"We took a chance . . . on whether doing this kind of radical procedure would really save our lives," said Charlynn Ross, 45, of Charlotte, N.C. Ross opted for a bilateral mastectomy at the age of 34, after her mother died of breast cancer when Ross was a teenager and after her two older sisters were diagnosed with the disease within 10 days of each other, at 41 and 39. Ross's

younger sister also chose to have her breasts removed.

"It seemed to me like it made sense," Ross said. "Once my sisters were diagnosed, I felt like [my breasts] were two loaded revolvers pressing against my chest."

Mayo researchers took advantage of the clinic's vast surgical experience and excellent record-keeping to conduct a retrospective study of 639 women who had undergone preventive removal of both breasts between 1960 and 1993. The women had been followed for an average of 14 years after having the surgery.

They contacted the women, questioned them about family medical history and about their own health, and examined their medical records. They used the data to divide the group into 214 women considered to be at high risk of breast cancer and 425 considered to be at moderate risk. (To be considered high-risk, a woman had to have a very strong family history of the disease, such as both a mother and a sister with breast cancer, a family in which cases occurred before age 45, or a family with either multiple cases of breast cancer or both breast and ovarian cancers.)

The 214 high-risk women had 403 sisters, 156 of whom (39 percent) were found to have had breast cancer. With this information, the researchers used three different approaches to calculate how many such cancers would have been expected in the 214 patients if they had not had surgery. The predicted number of cancers ranged from 30 to 53; the number actually diagnosed in women after preventive surgery was three. The operation was calculated to have

Study cited:

Efficacy of Bilateral Prophylactic Mastectomy in Women with a Family History of Breast Cancer. By Lynn Hartmann, et al. Published in *New England Journal of Medicine*, Jan. 14, 1999, Vol. 340 Iss. 2.

Available from:

New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115
Tel: (800) 843-6356
Fax: (617) 739-9864
Web: www.nejm.org

Cost: \$5.50

reduced the women's breast cancer risk by between 90 and 94 percent.

In the moderate-risk women, the researchers used a computer model to estimate breast cancer risk and came up with a similar protective value for bilateral mastectomy.

A total of seven breast cancers had developed in the 639 women who had the procedure. Five were confined to the chest wall and were successfully treated; two had spread and the patients eventually died.

The Mayo patients had an operation called subcutaneous mastectomy, in which the surgeon removes as much breast tissue as possible while leaving the overlying skin and the nipple area intact. This procedure leaves behind some breast tissue underlying the nipple. Now that breast and nipple reconstruction techniques have improved, it has been largely replaced by total mastectomy, said Lynn C. Hartmann, a medical oncologist at the Mayo Clinic

Cancer Center and the study's principal author.

She said the good results of the surgery, after 14 years of follow-up, might influence high-risk women who are seeking long-term prevention. A recent study found that five years of treatment with the drug tamoxifen reduced breast cancer incidence by about half in high-risk women, but no one knows whether such protection continues once a woman stops taking the drug. "I think women, if they're thinking 'prevention,' . . . they're thinking of a permanent effect," Hartmann said.

But Hartmann and other breast cancer experts emphasized that preventive removal of the breasts is an option that should be considered only when there is strong evidence of inherited breast cancer within a woman's family. That isn't usually the case for women who have had a single relative, such as a mother or sister, with the disease--particularly if it appeared after age 45.

"The estimates are that somewhere around 20 percent of women have a family history of breast cancer and maybe around a quarter of those have a really significant family history," said Barbara L. Weber, director of the breast cancer program at the University of Pennsylvania Cancer Center, who wrote an editorial accompanying the Mayo study in last week's *New England Journal of Medicine*.

"If you're worried . . . it probably makes sense to see someone who specializes in cancer risk assessment," she said. She added that the National Cancer Institute's hot line (1-800-4CANCER) offers a directory of cancer risk assessment programs.

Of approximately 175,000 cases of breast cancer diagnosed in American women each year, about 8 percent are "truly hereditary," probably occurring because the women's families carry a genetic mutation that predisposes them to breast cancer, said Susan G. Nayfield, a program director in the National Cancer Institute's division of cancer control. ♦

Breast Cancer Data, Hope, Fear and Confusion

When they are asked to identify the greatest threat to their health, most American women name breast cancer. Most of them are wrong.

Women overestimate their risk of getting breast cancer, researchers say, and they also overestimate the odds that the disease will be fatal. Few feel anywhere near the same dread of heart disease, even though it kills far more women, and few realize that lung cancer surpassed breast cancer 10 years ago as the leading cause of death from cancer in women.

DETERMINING YOUR RISK

A number of factors seem to increase to likelihood of contracting breast cancer.

- Age
- Alcohol use
- Mother or sister with breast cancer
- No children or children after 30
- Obesity
- Having had breast biopsies

RISK THROUGH THE YEARS

- During their 30's 1 out of 250
- During their 40's 1 out of 77
- During their 50's 1 out of 42
- During their 60's 1 out of 36
- During their 70's 1 out of 34
- During their 80's 1 out of 45

Though some women have genes that greatly increase their risk of contracting the disease, the majority do not, and doctors worry that, over all, excessive fear of breast cancer may lead women to neglect the other conditions that are much more likely to kill them: to be cavalier about smoking or lack of exercise, for instance, or to refuse estrogen replacement therapy after menopause.

Even though estrogen is strongly recommended for women at risk for cardiovascular

disease, some who would probably benefit from it turn it down, preferring to take their chances with a heart attack or stroke rather than accept what so far appears to be a small increased risk of breast cancer linked to the hormone.

Advanced heart failure "sounds like something you can live with, even though it's a fatal disease," said Dr. Barbara Weber, director of the Breast Cancer Program at the University of Pennsylvania Cancer Center in Philadelphia. "It sounds less painful than breast cancer. And taking blood pressure medicine and nitroglycerin doesn't sound so bad. But chemotherapy is frightening."

A study published this month reflected the lengths to which women would go in hope of avoiding the disease: The study included 639 women at high risk who chose to have both breasts removed while they were still healthy. The surgery, not commonly performed, did yield an 80 percent to 90 percent reduction in cases and deaths from breast cancer -- but only 18 lives were saved, meaning that many of the women who had their breasts removed may have survived without the drastic procedure.

Of course, some fear of breast cancer is still not unreasonable. The numbers are daunting: 178,700 new cases in 1998, 43,500 deaths. Nearly every woman knows someone, or knows of someone, who died of breast cancer. In women's minds, the disease and the treatments for it are inextricably tied to disfigurement, suffering and death.

CHANCES OF A LIFETIME

Researchers in Canada analyzed public health statistics to estimate how a woman's risk of contracting cancer changed over her lifetime and how deaths from breast cancer would compare with those from other causes, on average, among 1,000 women.

Study cited:

Prophylactic Surgery Study.
*By Barbara Weber and
Timothy Rebbeck.*

Available from:

Breast Cancer Program
University of Pennsylvania
Cancer Center
15th Floor Penn Tower
3400 Spruce Street
Philadelphia, PA 19104
Tel: (215) 898-0247
Web: www.med-upenn.edu

Cost: Study ongoing.

Contact University of
Pennsylvania for more
information.

AgeAlive at beginning of intervalCases of breast cancer Deaths from breast cancer Deaths from cardiovascular disease Deaths from other causes.

Women also associate breast cancer with dying young. Although more women die of heart disease every year -- it accounts for 30 percent of all deaths among women, as opposed to 3 percent from breast cancer -- it is also true that in some of their most vibrant years, their mid-30s to mid-50s, more women die of breast cancer than heart disease. Early deaths among family or friends loom large in many women's memories.

Some of the women who die young, particularly in families with many cases of breast cancer, may have carried a gene that predisposed them to the disease. Studies during the past decade have identified mutations in two genes, known as BRCA1 and BRCA2, that greatly increase a woman's risk of breast cancer, but inherited breast cancer is still thought to account for only 10 percent to 15 percent of cases.

Nevertheless, well-meaning public health campaigns may have made some of the fears even worse than they should be. The prediction that one in eight women in the United States will develop breast cancer is one of the most quoted and, to many women, most alarming statistics ever promoted by the National Cancer Institute and the American Cancer Society.

The number is technically correct. But it is also confusing and misleading, and it may serve to make a disease that is already bad enough sound even worse. When cancer specialists sit down with a woman to estimate her personal risk, one in eight is not the statistic they use.

"It's a double-edged sword," said Dr. Weber. "It has heightened women's awareness, and it's probably responsible for getting them to have mammograms and breast examinations. It may have helped get money for research. But the downside is that many people are overly frightened, and overestimate their risk."

Virtually every healthy woman she counsels about risk, Dr. Weber said, has an exaggerated notion, sometimes wildly so, of her own peril from the disease.

The one-in-eight statistic derives from research on large populations of women, studied from birth to death. When all the cases of breast cancer, including those in women who live past 85, are added up over the years, one in eight women, or 12.5 percent, get the disease.

But the one-in-eight figure does not mean that any individual woman, at any given time, has a one-in-eight risk of getting cancer that year -- or even in the next 10 years. Rather, the figures apply to the population as a whole, and cannot predict individual variation in risk from one woman to another due to genetic and environmental differences, like obesity and alcohol intake.

In addition, the single lifetime statistic does not reflect the fact that a woman's risk actually changes with time.

Most important, doctors emphasize, is that the statistic does not mean that women have a one in eight chance of dying from breast cancer.

"Getting breast cancer is not the same as dying of breast cancer," said Dr. Kathy Helzlsouer, director of the Breast and Ovarian Surveillance Service at the Oncology Center at Johns Hopkins University. "We lose sight of that sometimes."

When the disease is treated early, before it can spread, 97 percent of patients are still alive five years later, according to the American Cancer Society. But if the cancer reaches lymph nodes, the five-year rate is 76 percent, and if it invades bones or other organs, the rate is only 21 percent.

Among all women with the disease, at all stages, 50 percent to 60 percent survive 15 years. But in women who are treated early, survival is higher.

The death rate actually declined 5.6 percent from 1990 to 1994, a drop that researchers attributed to better detection and treatment, and that some thought would turn out to be just the beginning of a major decrease in deaths.

National Cancer Institute A computer program created at the National Cancer Institute estimates breast-cancer risk based on a woman's answers to a series of questions.

When it comes to estimating individual risk, even some doctors have trouble understanding statistics and explaining them to patients. In a recent issue of The New England Journal of Medicine, researchers from Toronto recommended that doctors move beyond the one-in-eight lifetime statistic to a set of numbers that would make more sense to most women and that would be closer to the figures that cancer experts cite when they advise women about risk.

Instead of calculating lifetime risk, this approach figures the odds that a woman will develop cancer during the next five years, or the next decade. It does that by comparing her to a large group of women her age whose breast cancer rate during the time interval in question is known.

The method is based on actual rates of breast cancer in women of various ages in Ontario in 1995, which are comparable to those in the United States. The researchers used those rates to create a table showing how many new cases would be expected in 1,000 women at five-year intervals from birth through the age of 85 and beyond. The figures show that risk increases with age: It is very low in women in their 20s and 30s, and then begins rising.

The table can be used to calculate a woman's odds of developing breast cancer in a particular decade: That is done by dividing 1,000 by the number of cases of cancer during that decade.

The technique shows that, contrary to what many women have been led to believe, there is no decade in which a woman's risk is one in eight. For women entering their 30s, it is 1 in 250, and for those in their 40s it is 1 in 77. It never exceeds 1 in 34, which occurs during a woman's 60s and 70s.

Dr. Julia Knight, an author of the journal article and an epidemiologist at Cancer Care Ontario, a government agency, said many people were overwhelmed by the one-in-eight lifetime statistic. "Most people aren't used to dealing with numbers like that," she said. "I worry about the fear factor."

Dr. Knight said public health campaigns based on the one-in-eight statistic could have the unintended effect of making some women so frightened of breast cancer that

they would go into denial about the disease and give up on tests aimed to detect it early. She said she and her colleagues had tried to develop a means of communicating risk that would be more realistic and also less threatening.

The table, she said, "is reasonable for a ball-park number."

Although the table reflects increased risk with age, Dr. Knight and her colleagues acknowledge that it represents the average woman and does not take into account individual differences, especially in women who have a higher than average chance of developing breast cancer.

Other researchers also agree that it makes more sense for women to look at their risk in 10-year intervals, rather than trying to

make sense of their lifetime odds. For women with family histories or personal histories of breast problems that suggest a higher than average risk of the disease, some medical centers have created special clinics to provide risk assessment, counseling and extra examinations and mammograms when they are needed.

In one such program, at the University of Pennsylvania, Dr. Weber said she and her colleagues started with population figures like those in the table created by Dr. Knight, and adjusted them for individual histories.

"Our approach to a patient at 35 will be different than at 85, and we hope that what we know will be different by then, too," she said. "So, we take everything a step at a time." ❖

THE WALL STREET JOURNAL

By Ron Winslow

Friday, January 29, 1999

Caesarean Sections May Reduce Risk Of Transmitting HIV to Newborns

Pregnant women infected with the virus that causes AIDS can significantly reduce the risk of passing the virus to their newborns by undergoing a Cesarean-section delivery before the onset of labor, researchers said.

The findings, from a study involving more than 8,500 mothers and their babies, provide a significant new strategy for pregnant women with human immune deficiency virus, or HIV, to prevent their children from developing AIDS.

Indeed, the results were considered so powerful and significant to public health that editors at the New England Journal of Medicine took the unusual step of releasing the report two months before its scheduled publication on April 1.

"The results show there is a very strong relationship between how you deliver the baby and transmission," said Jennifer S. Read, a pediatrician at the National Institute of Child Health and Human Development, part of the National Institutes of Health. "This information should be included in counseling of HIV-infected women during pregnancy."

Under current treatment standards, pregnant HIV-infected women are given the antiviral medicine AZT during pregnancy and delivery. It is also given to the infant after birth. A previous study demonstrated that this regimen can reduce the rate of transmis-

sion to about 8%, compared with 25% for women not taking the drug.

The new study, coordinated by Dr. Read, was based on an analysis that combined results of 15 studies from North America and Europe. In the new study, the rate of transmission for women who had neither treatment was 19%.

The study found that when women had both an elective C-section before labor and drug therapy, the rate of HIV transmission was reduced to 2%, an 87% reduction compared with women who had neither the drug therapy nor an elective C-section.

For those with elective C-section but no drug therapy, the transmission rate was 10.4%. AZT therapy without a C-section led to a 7.3% transmission rate.

Use of elective C-sections for HIV-infected women is much higher in Europe than in North America. Dr. Read said, because previous studies there have shown the benefit of the strategy, while earlier studies in the U.S. and Canada haven't.

Dr. Read said the findings of the new report underscore how critical the period immediately prior to delivery is in preventing HIV transmission, but noted that elective C-sections carry their own risk of complications. ♦

Keywords

birth
caesarean sections
HIV

Study cited:

The Mode of Delivery and the Risk of Vertical Transmission of Human Immunodeficiency Virus Type-1: A Meta-Analysis of 15 Prospective Cohort Studies. By *International Perinatal HIV Group*. Published in *New England Journal of Medicine*, April 1, 1999.

Available from:

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Cost: \$12.00

Hearing Loss Touches A Younger Generation

With Rise in Noise, More Seeking Help

Tomi Browne listens to people's ears. To how they hear and what they don't. And for most of her 22 years as an audiologist, her clients have been overwhelmingly older -- stereotypically so. Seniors pushing 70 or beyond. The hearing-aid set.

But lately, surprisingly, Browne's contemporaries have been showing up at her Northern Virginia office.

These are men and women in their forties to early fifties, baby boomers. They confess that they strain to catch words in crowded restaurants or meetings, or that the television suddenly needs to be turned higher. Loud sounds really hurt their ears, and maybe they've noticed an incessant buzzing.

Some walk out with the startling news that they've permanently lost hearing. More than a few return to get fitted for hearing aids.

"I'm seeing more of my classmates . . . as patients, rather than them bringing in their parents," said Browne, 44. "Sometimes they're even bringing in their teenage kids."

Other audiologists report the same sobering age shift, and statistics are starting to corroborate the anecdotal evidence. Data from the National Health Interview Survey indicate that significantly more Americans are having difficulties hearing. From 1971 to 1990, problems among those ages 45 to 64 jumped 26 percent, while the 18 to 44 age group reported a 17 percent increase.

California researchers found an even sharper rise in hearing impairment among more than 5,000 men and women in Alameda County, with rates of impairment for those in their fifties increasing more than 150 percent from 1965 to 1994.

With people living longer than ever, "This has to be viewed as a very serious health and social problem," said Sharon Fujikawa, president of the American Academy of Audiology. "It really behooves us to conserve our hearing as much as possible or risk isolation."

Marilyn Pena, a secretary from Germantown, was about 47 years old when she first learned her hearing was deficient. She ignored the diagnosis. Soon she also was ignoring her alarm clock -- because she couldn't hear its wake-up beep -- and resorting to lip reading at work. "People at work would come up and whisper in [my] ear because they didn't want others to hear, and I couldn't hear, either," she said.

After seven years, pushed by frustrated friends, Pena finally hooked a hearing aid behind her left ear. She no longer guesses in vain at conversation or asks, "What?" countless times a day. "Since I started wearing it, I'm much more observant. It's amazing how many people wear them."

Worrisome changes also are taking place among children and teenagers, who are growing up with rock concerts far more deafening than those the Woodstock generation attended, along with the megavolumes of everything from video arcades to boomboxes. A study published last year in the *Journal of the American Medical Association* showed that nearly 15 percent of children ages 6 to 19 tested suffered some hearing deficit in either low or high frequencies. Other research has identified pronounced differences among high-schoolers compared with previous decades.

The main culprit, many suspect, is noise -- not just the noise blaring from the headsets

Study cited:

Prevalence of Hearing Loss Among Children 6 to 19 Years of Age.

By A.S. Niskar.

Published by *Journal of the American Medical Association*, April 4, 1998, Vol. 279.

Available from:

Journal of the American Medical Association

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that seem permanently attached to teenagers but the noise from their parents' surround-sound stereos, which can rival small recording studios. Add the barrage to moviegoers' ears during flicks such as "Armageddon" and "Godzilla" (prompting enough complaints that the National Association of Theater Owners convened a task force), and the blast from leaf blowers, mowers, personal watercraft, power tools, even vacuum cleaners.

Technological advances they may be -- powerful conveniences for daily life -- but they produce decibel levels that can prove downright dangerous to the ears over time.

"We've grown up in a sort of turned-on, switched-on society," said Carole Rogin, president of the Hearing Industries Association. The group, in partnership with the National Council on the Aging, just completed a survey of the social, psychological and physiological impact of hearing loss. It's telling that the two organizations decided to drop the age of those polled from 65 to 50.

For the estimated 28 million Americans with a hearing loss, noise is a leading cause, experts say. Once that would have traced back to the machinery din of mills and factories, but federal regulations have helped protect workers in industrial settings. Now it's more the hours away from work that are the problem. There's even a term for those who study excessive noise from leisure-time pursuits: recreational audiologists.

Dick Melia, of Arlington, never paid much attention to how annoying the lawn mower or tools were that summer during graduate school when he worked for a contractor. The same goes for the civil rights demonstrations he participated in during the 1960s, and later, the pro basketball games at which he cheered. He'd leave the arena with his ears ringing.

But during his forties, he noticed other things: how he'd replay his voice mail several times to get all of a message, how he'd race to keep up in discussions, wondering what words he had missed. Then, one night at his office, a fire broke out. The alarm went off. "I never heard it," Melia recounted.

His procrastination ended; at 50, he got hearing aids. "There is a problem of

stigma," said Melia, who directs disability and rehabilitation research within the U.S. Department of Education. "There is something about hearing aids and the way society over the years has characterized hearing loss."

For one, the subject is freighted with fears about growing old. But some scientists and audiologists question whether diminished hearing is an unavoidable consequence of aging, or rather the cumulative assault of a cacophonous world. Both loud, sustained sound and extreme, sudden sound can damage and ultimately destroy the delicate hair cells in the inner ear that translate sound waves into nerve impulses. High-frequency sounds are usually the first casualty -- consonants such as S and F and children's and women's voices. The ability to distinguish sounds and block background noise also deteriorates.

Because all that generally occurs over time, the onset of hearing loss is slow and insidious.

"People aren't concerned if it doesn't happen now," said Laurie Hanin, who leads the audiology department at the League for the Hard of Hearing in New York City. The league is analyzing voluminous data from 20 years of screenings in the New York metropolitan area, and Hanin expects to find a decided decline in hearing acuity.

Hanin, 42, sometimes has trouble understanding conversation, an unwelcome portent of the future. "My hearing tests normally, but I'm starting to have some problems," she said.

Last month, the National Institute on Deafness and Other Communication Disorders gathered 100 representatives of medical, research, volunteer and union organizations to talk about noise-induced hearing loss -- how it occurs and how it can be prevented. The institute plans to launch a public awareness campaign on the issue in the spring.

Prevention and education were an ongoing effort at the Environmental Protection Agency until its Office of Noise Abatement was eliminated in 1982. That's about the time a push to require decibel labels on lawn equipment gave way to voluntary notices, which were "a miserable failure," in Kenneth Feith's view, and explain why instructions on lawn mowers or leaf

blowers virtually never advise hearing protection.

"I think we're going to see a population suffering from hearing loss that will impair learning, impair our ability to carry out tasks," said Feith, an EPA senior scientist and policy adviser who headed the Office of Noise Abatement.

Musicians may be getting the message faster than others, thanks to groups such as Hearing Education and Awareness for Rockers. The 10-year-old nonprofit California organization was founded by Kathy Peck, 39, whose bass career ended the morning after her band opened for Duran Duran. "I had ringing in my ears that lasted three days. It felt like a bongo drum was in my head." She sustained substantial, irreversible damage.

Early on, HEAR gained visibility when Pete Townshend of the Who wrote it a \$10,000 check and publicly acknowledged his own hearing loss. It soon will begin examining audiograms, demographic data and questionnaires from thousands of patients seen at HEAR's clinic in San Francisco. Most have been in their twenties and thirties.

Nightclubs such as the Capitol Ballroom and the 9:30 Club in the District now offer foam earplugs to patrons. Symphony orchestras increasingly make earplugs and plexiglass screens available to their musicians, especially those sitting within or near the percussion and brass sections. As part of the Navy bands' hearing conservation program, specially designed plugs are handed out even before a musician gets an assignment.

In the meantime, despite many people's refusal to admit they need help, sales of hearing aids are booming. Nearly 2 million were purchased last year, almost 25 percent more than in 1996, at a cost of \$600 to \$3,100 each. The most expensive are individually programmed digital devices capable of processing sounds 1 million times per second. When fitted within the ear canal, they are literally invisible.

One buyer in 1997 was President Clinton, who attributed his situation to an adolescence spent playing in school bands and rocking at concerts. According to staff members, the country's most prominent baby boomer wears his hearing aids

sporadically. He is most likely to insert them for ceremonies or political gatherings, where he finds it harder to distinguish sounds.

Stephen Wells, a Washington lawyer who recently received bad news of his own, is weighing his options. Because of a childhood spent around tractors and harvesters on his family's Idaho farm, his right ear measures only borderline. And that's his better ear.

"My wife has been saying for a long time that I ought to see about a hearing test," said Wells, 51. He compares hearing aids to glasses in function but is uncertain how well they'll work for him day to day. "I expect that I will at least try them."

SAY AGAIN?

A number of conditions may disrupt the hearing process and lead to hearing loss. How the ear works and what commonly causes damage:

HOW THE EAR HEARS

1 The outer ear collects sound waves and funnels them into the ear canal.

2 Sound waves strike the eardrum, causing it to vibrate.

3 Three tiny bones conduct the vibrations to the cochlea in the inner ear.

4 Tiny nerve endings in the cochlea, called hair cells, become stimulated. They transform the vibrations into electrochemical impulses.

5 These impulses travel to the brain, where they are deciphered into recognizable sounds.

NOISE-INDUCED HEARING LOSS:

Such loss is caused by one-time exposure to extremely loud sound or sustained exposure to sounds at high decibels. Both damage hair cells in the inner ear.

Symptoms of hearing loss:

The following are frequent indicators of hearing loss. Persons experiencing any of these symptoms should make an appointment with a hearing professional.

Straining to understand conversations

Misunderstanding or needing to have things repeated

Turning up TV or radio volume to a point where others complain

Having constant ringing or buzzing in the ears

MEASURING SOUND:

The loudness of sound is measured in units called decibels. Experts agree that continued exposure to noise above 85 decibels eventually will harm hearing. The scale increases logarithmically, meaning that the level of perceived loudness doubles every 10 decibels.

Softest audible sound: 0 decibels

Normal conversation: 40-60

City traffic noises: 80

Rock concert: 110-120

Sound becomes painful: 125

Jet plane: 140

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The Washington Post

By Barbara Vobejda and Judith Havemann Saturday, January 2, 1999

Keywords

children
welfare

'Child-Only' Cases Rise on Welfare Rolls

Parents Ineligible or Absent; A Policy Debate Is Reborn

In a growing number of states, nearly half of those who remain on the welfare rolls are children whose parents do not qualify for public assistance and in many cases do not even live in the same home.

Known as "child-only" cases, they represent a variety of families, but the largest group is children being raised by grandparents or other relatives because their parents are in jail, are on drugs or have lost custody as a result of abuse or neglect. In California, New York and other states, they include children of illegal immigrants, because the children are eligible for welfare by virtue of being born in the United States.

Unlike the millions of other families on assistance, these children have been largely untouched by welfare reforms that have swept the country in recent years. While work mandates, time limits on benefits and other requirements were designed to push adults into jobs, the adults in these households technically aren't on the rolls -- only the children are -- and so they are exempt from the requirements. In each case, monthly welfare checks are sent to adults in the household as compensation to help them care for the children, but the benefits are lower than traditional welfare benefits. In most cases, there is no job-training or other help to enable the caretakers to become self-sufficient.

As millions of other Americans are catapulted off public assistance by the twin engines of welfare reform and a booming economy, these children -- roughly 1.8 million of them -- are left behind. They now seem likely to become a permanent welfare stratum, destined to remain in place even as a tide of new reforms washes many others off the rolls.

At the same time, they are becoming more conspicuous: Just 10 percent of the national welfare caseload a decade ago, they now constitute more than double that. And a Washington Post survey of states found much higher proportions in pockets around the country: In Alabama, they make up 51 percent of the remaining welfare cases; in South Carolina, the figure is 49 percent; in Mississippi, 47 percent; and in Florida, 38 percent.

Locally, child-only cases constitute 31 percent of the caseload in Virginia, 25 percent in Maryland and 19 percent in the District.

At a time when welfare is fashioned as a program to move adults into jobs, the child-only cases are prompting a renewed wave of emotional debate in state capitals: What are these children doing on welfare if their parents don't qualify, destined to live below the poverty line for their entire childhoods, with no hope of rising toward the middle class? Should they be moved instead into some version of foster care, since many are in the custody of relatives because of parental neglect? If grandparents get welfare for taking in children, but aren't required to work, does that create perverse incentives for mothers to abandon all responsibility to avoid the welfare rules?

Also, because some are the children of undocumented immigrants, should public money be going indirectly to the adults, or should counties be forced to follow the letter of the law and report the parents to immigration authorities for possible deportation?

"This is the next-generation welfare issue," said Sheri Steisel, human services director for the National Conference of State Legisla-

Study cited:

Welfare Special Report.
By The Washington Post,
1999.

Available from:

The Washington Post
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tures. "It's the next set of issues to think through."

In rural Craven County, N.C., one of a few communities around the country that have studied this group, officials were determined to learn more about their 327 child-only cases, a substantial portion of their total caseload of 800 families. One goal of the study was to answer a fear -- that mothers may be turning over their children to relatives to avoid the new work requirements mandated by welfare.

"I started out thinking we might find fraud, but when I saw what was coming back, I said whew!" said Nancy Coston, former head of social services in the county and now a state administrator. She discovered that two-thirds of the children were in the care of relatives, mostly grandmothers, where they had landed after being abused by their parents, abandoned, left homeless when a parent went to prison or shuffled aside by drug-abusing adults.

"I don't want to do anything to punish these grandmothers who have stepped up to the plate," Coston said.

But if the county discovered that many of the families were deeply poor and equally troubled, it also found that a handful of these grandmothers were middle class, a group quietly labeled "country club" grandmothers, legally entitled to assistance because the relatives they have taken in are destitute. And other communities have discovered that many are under age 40, young enough to be able to work.

Propelled by these findings, some states have designed new programs, using the funds and freedom they were granted when the 1996 welfare reform law was enacted.

Two states -- Wisconsin and Florida -- are moving some or all of their child-only families off welfare and into a new program that pays relatives to care for children. By creating a separate category in Wisconsin, state officials simply eliminated a substantial portion of their welfare cases by relabeling them. And this way, they also ensured that these children or their guardians are not enmeshed in a program that otherwise requires work in exchange for welfare benefits.

The search for ways to address this group isn't new. Even back in 1994, when

President Clinton was designing his welfare proposal, administration aides were considering whether they could force these grandparents to work or take into account their income to avoid the "country club" grandmother problem.

The proposals were rejected then, but they are rising with a new urgency now, as states compete to push their welfare rolls closer and closer to zero.

FIVE IN A BATTERED TRAILER

In a backwoods corner of Craven County, N.C., Katie Bell Oliver, a former cook, is rearing her four grandchildren in a decrepit trailer while her daughter searches aimlessly for a permanent place for the children to live.

The battered front door of Oliver's trailer, third back on a narrow plot, swells in a light rain, and the handle dangles loosely from where it has been ripped out of the wood. Inside, Deshawn, 3, Xavier, 2, and Kayakeneia, 5, are lined up on one of the two couches. Eight-year-old Demetrice, who has a severe mental disability, clings to his grandmother and demands attention, raking her arms with his fingers, uttering more and more urgent sounds.

"It's like you're living in Vietnam," Oliver said. "Something has got to give before I have a nervous breakdown."

Oliver, who is 57, receives a check for \$272 a month to raise the three youngest. Demetrice is entitled to disability payments, leaving the family income still well below the official poverty line.

Families like Oliver's were one of the targets last year when Craven County put together a commission to design a start-from-scratch welfare plan, aimed in part at addressing the needs of grandmothers raising young children on their own.

Officials quickly recognized that many of these families were fragile, the grandmothers near the end of their rope, struggling to raise a second, or occasionally even third, family in abject poverty. Furthermore, welfare checks were dispatched month after month with virtually no oversight from the county.

But officials also knew that without Oliver and similar relatives, the children could become part of the foster care system, at far greater cost to the taxpayer. Craven County has only 70 accredited foster families, and the county would be swamped if overburdened grandmothers simply gave up and turned the youngsters over to child protection officials.

Oliver has no intention of giving up her grandchildren to the state. But she also despairs that the children's mother, her 29-year-old daughter, Emma, doesn't take responsibility for her family's life. "She takes off," said Oliver. "I don't know where. . . . These young girls have these babies, and they just don't think. I have called the sheriff to have her come home and help."

If Oliver were a licensed foster parent, she would get four times as much money, but she'd have trouble meeting the requirements: For one, her trailer, with its cramped space and rusty well water, would likely fail the health department inspection.

The trailer leaks, the floor is about to cave in. The furniture is in tatters, but she has food in two freezers for the children. Alternately proud and threatening, she brags about the two boys, noting that the 3-year-old learned his ABCs before many of the other children in Head Start, and then taught his 2-year-old brother. Both boys are wiggling with energy on the couch. "You see this switch?" She brandishes a thin tree branch. The children fall silent.

Periodically, she threatens to call the county and turn the children over to social services. "I'm human," she says. "You gets tired of them."

This seaside county at the base of the Outer Banks, where the economy runs on tourists, agriculture and the Cherry Point military base, has struggled to design a program aimed at families like Oliver's. At first, it planned to establish a system that would have paid them slightly more than they now receive but also would have poured on the services when necessary and subjected child-only families to inspections to determine that the children were well cared for. And the program would have tried to lure grandparents like Oliver to

parenting classes with a \$100 incentive payment.

As it turned out, the proposal was never put in place because the state legislature drew names from a hat and Craven County lost its bid to test its own welfare design.

But the questions raised about these families linger.

"I feel like the grandparents need all the support they can get," said Craven County Commissioner Johnnie Sampson. "They're working on minimum-wage jobs themselves. They have bills they have to pay."

Sampson's arguments were countered by conservative officials in the county who believe that some mothers are leaving children with relatives to avoid welfare's new work requirements. Others complain that some grandparents don't need the money. "If you go back 30 years to my childhood, grandparents did not get compensated for taking care of their grandchildren. It's not something we want to perpetuate," said Michael Gorman, vice chairman of a community board overseeing social services in the county. "I believe that government should only do those things for us that we cannot reasonably do for ourselves."

'COUNTRY CLUB' GRANDMOTHERS

When conservatives in Craven County spoke of "country club" grandmothers, they may have had families like Alice "Gail" Brinson in mind.

Brinson doesn't belong to a country club, but she lives with a friend who parks his power boat in the front yard, moors his dory in the back and stores his plane at the Craven County Airport.

A judge awarded Brinson legal custody of her grandson, Aaron, 6, after she convinced the judge that her son and his girlfriend were unfit parents and had failed to provide Aaron a home.

Unlike Oliver, who was disabled in a fall several years ago, Brinson, 54, is healthy and could work full time. In fact, she said she's hoping to get full-time hours at her current job, a secretarial position for the state liquor board.

In the meantime, she lives in a spotless bungalow overlooking the Neuse River,

with a tire swing in the back yard, a puppy bounding around outside the sun room, and Aaron's toys and clothes arranged neatly in his own room.

The house belongs to her friend, Phil Bowie, a graphic artist and photographer. And with Bowie, Brinson has whisked Aaron away to Disney World and Busch Gardens, and to Cape Canaveral to watch the space shuttle take off.

"I want to open up his horizons," said Bowie. "I want to try to keep him away from drugs. I want him to know there are alternatives. I want to be a good friend to him."

Brinson supports Aaron on the \$161 she earns every two weeks from her part-time job and \$181 monthly in welfare payments from the county. She tries to contribute to the household expenses as best she can.

Brinson hesitated to ask for welfare for several years after Aaron came to live with her, she said, but she needed the help and knew the money was available, and her friends urged her to apply.

Now, Aaron leads a solidly middle-class life, comfortable and loving, full of karate lessons and homework help and what would look like unimaginable advantages to the typical child growing up on welfare.

But Brinson and Aaron are guests in Bowie's home. "I have no hold on him," said Bowie, referring to Aaron. "I'm not related to him in any way."

"I am just grateful to Phil for taking us in," Brinson said.

OTHER TOOLS FOR CHILD-ONLY CASES

With all of the instruments of welfare reform aimed at getting adults to work, state and local officials agree that, for many, the challenge now is to find other tools to tackle their child-only cases.

In North Carolina, the state laid out its priorities last month in a meeting with county officials, telling them they must first get as many welfare adults as possible into jobs, but with any additional funds could concentrate on helping the child-only families.

Counties are now free to provide job training, counseling or other services to grandparents and other relatives to help them become self-sufficient, said Coston, now the state's deputy director of social services.

Not only are the counties very aware of the growing dominance of child-only cases, they worry that their numbers could grow if more welfare mothers turn their children over to relatives after losing welfare benefits.

"I don't think there's any doubt that this is an area we're all going to have to address as we move forward in welfare reform," Coston said. "Just the fact that they're becoming almost half of the population, you feel you have to spend some time figuring out what these families need."

WHEN PARENTS DO NOT GET AID

A growing share of the total welfare caseload in this country is made up of children who receive aid when their parents do not. They can be families in which the parents are ineligible for aid because they already receive disability benefits, or have been kicked off the rolls for failing to comply with rules, while the children remain on. The parents may be ineligible because they are undocumented immigrants, but their children are U.S. citizens. And in many cases, the children live with grandparents or other relatives.

Proportion of overall welfare caseload made up of "child-only" cases, selected states

Alabama	51%
South Carolina	49%
Mississippi	47%
South Dakota	43%
Arkansas	41%
North Carolina	41%
Florida	38%
Nevada	36%
Oregon	32%
Virginia	31%

CHILDREN ON WELFARE

Tennessee	30%	A growing share of the total welfare caseload in this country is made up of children who receive aid when their parents do not.	
Ohio	29%		
California	28%		
Texas	28%	Percentage of overall welfare caseload made up of "child-only" cases (Washington metro area)	
Arizona	27%		
Maryland	25%	Virginia	31%
Nebraska	24%	Maryland	29%
D.C.	19%	District	19%
Illinois	17%	SOURCE: Washington Post survey of state welfare offices ❖	

SOURCE: Washington Post survey of state welfare offices

THE WALL STREET JOURNAL

By John Connor

Monday, January 4, 1999

Keywords

finance
taxation

Manhattan Leads in Probes Initiated by IRS, Study Says

WASHINGTON -- New York City's borough of Manhattan led the Internal Revenue Service's 33 national districts in the total number of criminal investigations initiated over the fiscal 1992-97 period, according to a new study.

The study also found the IRS's Southern California district led the nation in the total number of taxpayer audits over the same period, with 322,480 audits.

Conducted by the General Accounting Office, the study didn't explain the reasons for the primacy of the Manhattan and Southern California districts in these categories. It did say, however, that variations across the country in audit, criminal investigation initiation, and other such categories should be treated with caution.

"Some factors fall outside IRS's direct control, such as the location of taxpayers' noncompliant behaviors," the GAO, a congressional watchdog agency, said. "Other factors are more subject to IRS's direct control, such as how many auditors and criminal investigators it assigns to a location," the agency said.

James White, director of tax policy and administration for GAO, said his agency didn't try to assess the underlying causes for the way enforcement statistics broke out in various districts.

Mr. White cited a concentration of wealth and of major corporations in Manhattan as

possible factors in helping to explain that district's lead standing in terms of criminal investigations initiated, with 1,493 over fiscal 1992-97. The IRS's Pennsylvania district ranked second in this category, with 1,457 criminal investigations initiated over the same period.

These rankings were reversed for the total number of criminal investigations referred for prosecution by district, with the Pennsylvania district leading the country over 1992-97 with 1,104 such referrals and Manhattan second with 1,083.

The bulk of the GAO's study was devoted to assessing questions raised on Capitol Hill and elsewhere about whether the IRS disproportionately audits or pursues criminal investigations in the South. The study specifically focused on how the IRS's Tennessee-Kentucky district stacks up in this regard.

The GAO found the annual audit rates for the Tennessee-Kentucky district were "approximately at or below the national average, and the South's annual rate was approximately at the national average." It also found the combined criminal-investigation initiation and referral rates for the Tennessee-Kentucky district were below the national average, and that the South's rates in these categories were about the national average. ♦

Study cited:

Financial Audit 1997
Consolidated Financial
Statements of the United
States Government.
*General Accounting
Office*, March 1998.

Available from:

GAO
441 G Street Nw
Washington, DC 20306
Tel: (202) 512-6000
Web: www.gao.gov

Cost: None

The New York Times

By Michael M. Weinstein

Monday, January 4, 1999

Keywords

economy
income

5 Problems Tarnishing a Robust Economy

It might seem churlish to find fault with a best-in-a-generation economy. Unemployment and inflation rates are at record lows, and low-paid workers are, for the first time in decades, receiving wage increases that outpace price increases. But despite the benefits of a temporarily buoyant economy, deep-seated problems remain.

Frank Levy, an economist at the Massachusetts Institute of Technology, notes that the best time to tackle problems is when the economy is flush. He points to increasing inequality at a time of stagnating wages in his new book, "The New Dollars and Dreams" (Russell Sage Foundation, 1998). Borrowing a phrase from Sen. Daniel Patrick Moynihan, D-N.Y., Levy warns against "defining deviancy down -- accepting economic outcomes as normal today that would have been seen as pathological 10 or 20 years ago."

ECONOMY & INDUSTRY

The new year is traditionally the time for making lists. So here are five profound problems facing the U.S. economy:

INCOME INEQUALITY:

A study by Sheldon Danziger of the University of Michigan shows that from 1969 to 1997, when the earnings of college graduates rose briskly, the inflation-adjusted median earnings of white male high-school graduates 25 to 34 fell nearly 30 percent. An economy that was supposed to lift everyone to new highs of income and consumption instead pushed the least skilled workers down.

Danziger points to a stunning statistic: the earnings of these less skilled white workers fell so far that they earned less in 1997 than their black counterparts, a notoriously underpaid group, had earned almost 30 years earlier. And those black male high-school graduates fared almost as badly. From 1969

to 1997, their inflation-adjusted earnings fell 25 percent.

Levy's data show that the richest one-half of 1 percent of American taxpayers account for about 11 percent of aggregate income, and about 5 percent of households take home 20 percent of total income. The share of income captured by the bottom 60 percent of households is falling. Only college graduates, about a quarter of the work force, are racking up significant wage gains.

There is substantial evidence that the nature of technology in an information-intensive era is stacked in favor of workers with college-level verbal and math skills. That leaves at least half of the work force behind.

The United States, the richest country in history, has a fifth of its children in poverty. That this has taken place when the national unemployment rate hovers around 4.4 percent raises the question: What will happen when the next recession strikes?

WEALTH INEQUALITY:

The only sure way for a country to grow and prosper is for its citizens to save and invest, in education, highways, research, machinery and other wealth-creating activities. But data from Edward Wolff of New York University show a country where few people save. That leaves them with skimpy bank accounts and meager holdings of stocks, bonds, real estate or other forms of wealth.

Nearly 20 percent of American households, Wolff contends, possess no net wealth (the value of their liabilities, like mortgage debt, offsets the value of assets) or negative net wealth (their liabilities exceed their assets). The bottom 40 percent of households control a meager 0.2 of total wealth. By contrast, the wealthiest 1 percent of households control nearly 40 percent of the total wealth.

Study cited:

The New Dollars and Dreams: American Incomes and Economics Change.

By Frank Levy, November 1998, pp.256.

Available from:

Russell Sage Foundation
112 East 64th Street
New York, NY 10021
Tel: (212) 750-6000
Fax: (212) 371-4761
Web: www.russellsage.org

Cost: \$16.95

The picture looks even grimmer if the value of housing -- a form of wealth that cannot be bought and sold quickly and is, therefore, largely unavailable for solving many financial emergencies -- is subtracted from the calculations. By this measure, the bottom 40 percent of families have more debt than assets. And from 1983 to 1995, the poorest 40 percent of households lost 80 percent of their wealth, while the wealthiest 1 percent of households gained 17 percent.

Members of minority groups did much worse. In 1995, Wolff reports, for example, the typical black household held only 12 percent as much wealth as the typical white household. Subtract housing, and that figure falls to 1 percent. More than 30 percent of black households, but only about 15 percent of white households, have no net worth.

SLUGGISH PRODUCTIVITY:

Over the long sweep of history, wages rise only about as fast as productivity -- the value of output per hour of work by all workers. If productivity rises by, say, 3 percent a year, employers can raise wages by 3 percent without sacrificing any profit. But if wages rise faster, workers' extra income can only come out of payments that would otherwise go to investors and creditors, a process that cannot continue indefinitely.

During the halcyon days of the 1950s and 1960s, productivity rose by an average of 3 percent a year. At that rate, wages could double in 20 years or so. But since the 1970s, productivity has been crawling along at a 1 percent annual clip, taking about three times as long to double. The productivity numbers have improved recently, but there is scant evidence that the new numbers will be permanent.

It is one thing for an economy, as is currently the case, to operate close to capacity, thereby reducing unemployment

and driving up employment and wages. But to keep wages rising thereafter requires harnessing technology to expand the economy's productive capacity.

On this score, the lessons of history are sobering. For much of the last 100 or so years, productivity has been rising at the seemingly slow pace of about 2 percent. The fast pace of the 1950s and 1960s was anomalous. At the very least, it would take stiff increases in savings and corporate investment to return the economy to fast growth, but, according to Wolff's data, Americans appear unconvinced that they need to make such sacrifices.

EDUCATION GAP:

Investing in training and education is a possible cure for sluggish productivity and rising inequality. Indeed, the hiring practices of employers increasingly reward employees with college-level verbal and math skills, a trend caused by skill-biased technology. In 1978, male college graduates 25 to 34 earned about 15 percent more than recent high-school graduates. Now the gap is about 50 percent.

Yet college and, therefore, access to high-income jobs remain beyond the reach of many families. In 1992, about 40 percent of high school seniors from the 25 percent poorest families did not enroll in post-secondary education. By contrast, only 10 percent of students from the 25 percent richest families failed to enroll in college or other post-secondary education.

Employers are turning increasingly to college-educated workers. Over the last 20 years, the number of full-time workers who are college graduates has risen from about 20 percent to almost 30 percent. Many unskilled male workers have become so discouraged that they have dropped out of the labor force, increasing the fraction of nonworking male high-school dropouts from about 25 percent in 1975 to 35 percent in 1995. The current employment

rate of high school dropouts, 40 percent, is only about half that of college graduates.

Given the huge earnings increase associated with college attendance, it is no surprise that college enrollments are rising. About 65 percent of whites in this country now acquire some college education. But black attendance rates are about 10 percentage points lower. Hispanic students are about four times as likely to drop out of high school as are whites.

The obvious explanation for these wide gaps in college attendance -- the ability of the family to cover tuition and living expenses -- may not be accurate. James Heckman of the University of Chicago argues that the income of parents at the time their children leave high school has less impact on the decision to attend college than do long-term factors, such as the economic and social circumstances of the family when the child was young. The time to intervene, Heckman argues, is early in a child's life.

TATTERED SAFETY BLANKET:

Millions of adults have dropped out of the labor force because they cannot afford to replace their government-paid health insurance with a private policy. Nor can they afford day care for their young children. The percentage of the population without health insurance has risen to about 16 percent and is nudging higher. An ominous trend is that workers are increasingly turning down offers by employers for insurance.

The economy has turned quickly and viciously against unskilled workers, leaving many of their families adrift. Fifty years ago, low-paid workers could seek their fortunes by migrating out of Southern agricultural areas and into Northern manufacturing cities. Today, escape routes are far more difficult to find. As Levy of MIT notes, "getting an education is harder than getting on a bus." ❖

The Washington Post

By R.H. Melton and Craig Timberg Thursday, January 7, 1999; Page

Keywords

income distribution

Income Gap Widens

Northern Virginia comes out on top -- again - in a new study of household incomes around the state, which was recently performed by a research arm of the University of Virginia.

The survey by the university's Weldon Cooper Center for Public Service found that the disparity between rich and poor Virginians has increased dramatically, as incomes in major central cities and many rural areas lagged behind those in the flourishing suburbs.

Of course, the findings have political implications. The vote-rich and wealthier suburbs are a linchpin of the Republican strategy to win total control of the General Assembly this fall on the strength of the GOP's lower-tax message.

The five localities with the highest median incomes for couples were all in Northern Virginia -- \$73,785 in Fairfax County alone, a staggering figure when contrasted with the \$22,969 median in Lee County in the state's far southwestern tip.

The other suburban winners were Falls Church, \$69,402; Loudoun County, \$69,152; Arlington County, \$62,617; and Prince William County, \$59,624.

A CHANGE IN MANAGEMENT

The long-troubled Northern Virginia Mental Health Institute, a 148-bed state facility in Falls Church, has a new medical director in John Follansbee, officials have announced.

The facility where a patient died last summer is in the final stages of hiring six new psychiatrists, two psychologists and a psychology supervisor.

Follansbee "is an excellent clinician and manager who will provide the leadership needed by the institute to assemble a top-

notch medical team," said John Russotto, who oversees the institute.

Follansbee used to be a consultant psychiatrist with the private St. Andrews Hospital in Northampton, England. During Operation Desert Storm, he worked at the Gulf War Health Center at Walter Reed Army Medical Center in Washington.

Gov. James S. Gilmore III (R) wants to pour millions of new dollars into what he says is a dilapidated mental health system and to return many more patients to their home communities.

HIGH-STAKES TECHNOLOGY

VIVA LAS VEGAS!

Gilmore heads tonight for the nation's casino capital to speak to what is one of year's largest high-technology trade fairs.

Gilmore has spent the past year reaching out to the high-tech community, much of it based in Northern Virginia, and sources said he may spend some time wooing companies now based in California's Silicon Valley.

BEYER RETURNS TO CAPITOL

Former lieutenant governor Donald S. Beyer Jr. returned to Richmond for the unveiling of his portrait in the Senate Chamber on Tuesday. Flanked by his wife and three daughters, Beyer was in good form -- gracious and funny even as he noted gently that the honor was a dubious one.

Beyer, a Democratic lieutenant governor from 1990 to 1998, once dreamed of his portrait hanging a couple floors higher -- outside the governor's office. That distinction, of course, will go to his Republican opponent in the 1997 election, Gov. James S. Gilmore III.

Study cited:

Virginia Adjusted Gross Income in 1996.

By John Knapp, Jan. 1999.

Available from:

Weldon Cooper Center for Public Service
University of Virginia
918 Emmet Street North
Suite 300
Charlottesville, VA 22903
Tel: (804) 982-5551
Web: www.virginia.edu/coopercenter
Email: knapp@virginia.edu

Cost: None

The portrait, the work of Arlington artist Danni Dawson, shows a pensive Beyer in profile, hands in the pockets of his dark suit.

"Life's sweet irony is that this portrait is going to be mounted on the Republican side of the gallery," joked Beyer, a Northern Virginia car dealer. "If it goes as it should, that every lieutenant governor wins his run for governor . . . I should be up there for a long time."

AMBITION AMONG FRIENDS

Speaking of the ambitions of lieutenant governors, current Lt. Gov. John H. Hager has his big annual fund-raiser tonight at the elegant Jefferson Hotel in Richmond. Guess who's on the guest list? His likely Republican rival for governor in 2001, Attorney General Mark L. Earley.

The two Republicans have been working to raise their profiles in anticipation of what observers expect will be a hard-fought race.

Perhaps to show there's no hard feelings -- or more likely to garner some exposure for himself -- Earley's political action committee plunked down a cool \$1,000 for an entire table at Hager's event.

"That's extremely funny," laughed Hager's new chief of staff, Jim Dornan, a political operative most recently seen managing Ellen R. Sauerbrey's unsuccessful run for governor in Maryland. "Mark and John are extremely good friends. I don't think there's any animosity between them."

The guest list is expect to reach 550 at the black-tie event, but Hager's office was disappointed by news that its featured speaker, Sen. John D. Ashcroft (R-Mo.), announced Tuesday that he would not run for president, as had been widely speculated.

Hager hopes to raise \$250,000. Part of the take will go to retire \$40,000 in debt from his 1997 campaign. Earley ended his campaign debt-free. ♦

Clinton Presidential Records

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Of Interest

Divider Title: _____

THE WALL STREET JOURNAL

By Ruth R. Wisse

Thursday, January 7, 1999

The Virtue of Virtue

Keywords

feminism
morality
women's movement

Thirty years ago, Betty Friedan unleashed a tidal wave of dissatisfaction in American women, arguing that womanhood was but a "mystique," a construct designed by men and advertised by capitalist markets to keep females in servitude. Applying the Marxist model of class struggle to gender, the women's liberation movement radicalized Ms. Friedan's idea of female oppression and sought equality through a redistribution of power that would break down the "meaningless" differences between women and men.

The remedy proved far worse than the disease. Technological progress had indeed given American women undreamed of opportunities -- by almost eliminating infant morality, controlling reproduction and easing traditional tasks. But greater choice created its own frustrations, and these could scarcely be assuaged by a politics of resentment.

The modern feminist misdiagnosis, in fact, cost this country dearly. Deprive women of the support of husbands through their child-bearing years and you foster a society of impoverished single mothers. Liberate women from the protection of men, release men from the civilizing restraint of women, and the cry of rape will be heard in the land. Equalize biological opposites by denying their differences and lying becomes a universal principle. The ideology that claimed to champion the feminine cause has doubtless advanced the careers of many individual women, but only by stripping the sex of the security and sanctity it once enjoyed.

But America is a democratic country, and just as Betty Friedan inspired a revolution, Wendy Shalit can try to undo the damage. Barely out of college, yet already tested in the culture wars, Ms. Shalit draws on her own experience, in the way Ms. Friedan

once did, to document how much women have been harmed by the movement that was launched in their name. Her first protest, against co-ed bathrooms, appeared in *Commentary* when she was still an undergraduate. In "A Return to Modesty" (Free Press, 291 pages, \$24), her first book, she reasons that the nature of womanhood is particular and very real. This requires restating much that is obvious. But like the child who informs us that the empress is naked, Ms. Shalit may become proverbial for readmitting what has been denied.

Ms. Shalit suggests that the woes besetting the modern young woman -- sexual harassment, stalking, rape and battered self-esteem -- "are all expressions of a society which has lost its respect for female modesty." This disrespect begins with early sex education. When fourth-graders in mixed classes are told that female masturbation is simply part of the natural functioning of the body, and that talking about private parts is "no different from talking about an elbow," they may well infer: "What's really so terrible, after all, in making someone touch or kiss your elbow?" Encouraged to ignore the differences between the sexes, boys who treat girls to their own kind of verbal and physical sparring are ill-prepared for the accusation that they are engaging in sexual violence or harassment.

"A respect for female modesty was a woman's natural bodyguard, invisible and free of charge." The attack on modesty deprives young women of that protection. Once sex is declared unexceptionable, how can a young woman justify to herself, let alone to any man, not wanting to engage in intercourse without love and before marriage? The most poignant sections of this book expose the anxiety of young women who must try to satisfy the

"demystified" idea of their nature. If Ms. Shalit's evidence is to be trusted, girls are subject to crueler opprobrium today for their sexual modesty than ever they were for engaging in sex out of wedlock. Their thwarted feminine nature reasserts itself in such "grotesquely distorted forms" as eating disorders and self-mutilation.

Ms. Shalit marshals impressive evidence from philosophers as well as the tabloids to make her case for a return to modesty -- as both a sexual ideal and a strategy for greater pleasure. Whereas exposure neuters the erotic potential of male-female attraction, modesty keeps romantic allure alive. But modesty cannot be simply a private virtue, because few girls have the confidence to withstand the shame that is directed against it. Just as communism, in its insistence that there was no God, felt obliged to destroy the churches, modern feminism feels obliged to destroy the sanctity of sex in order to prove that gender differences are socially determined.

In this serious yet bouncy study, Ms. Shalit insists that she is concerned only with culture, not politics. To prove her own political neutrality, she admonishes "conservatives" for a variety of sins, like ignoring the seriousness of date rape and equating male gentleness with femininity. But the caricature undermines her argument. Modesty cannot be discussed in a strictly cultural context because the attack against femininity was launched in a bid for political power. The assault on modesty must be countered by a competing political ideal that reclaims the virtues inherited from generations past. One suspects that Ms. Shalit knows this and that hers will be one of the strongest voices in the struggle ahead. For the moment, her "discovery of a lost virtue" is gift enough. ❖

The New York Times

By Anne-Marie Schiro

Monday, January 11, 1999

Keywords

professional women

Clare Potter, Who Set Trends in Women's Clothes, Dies at 95

Clare Potter, a leading American fashion designer of the 1930's and 40's known for imaginative use of color and simplicity of line, died Jan. 5 at her home in Fort Ann, N.Y. She was 95.

Along with Claire McCardell and Tina Leser, Ms. Potter was one of the designers credited with inventing American sportswear, a style that has influenced designers all over the world. She was a featured designer at Lord & Taylor when the store was headed by the legendary Dorothy Shaver, and received the first Lord & Taylor Design Award in 1938 for "distinguished designing in the field of sports clothes for women." She also received a Neiman Marcus Award in 1939 and a Coty Fashion Critics Award in 1946. In 1939, she designed a blue wool dress for Eleanor Roosevelt to wear to meet King George VI and Queen Elizabeth of England.

Several of Ms. Potter's designs are in an exhibition called, "Designing Women: American Style 1940-1960," at the Wadsworth Atheneum in Hartford.

"She was incredibly important," said Richard Martin, the curator of the Costume Institute of the Metropolitan Museum of Art. "She was one of that first group in the 1930's of designers recognized by name. She was recognized by American women for getting rid of ornamentation. She wasn't the boldest, like Claire McCardell, but she was known for color and simple textures, for a discreet style of dressing, for sophisticated sportswear."

An aristocratic-looking woman who loved

sports, particularly horseback riding, Ms. Potter designed for women like herself who favored casual clothes that were simple yet sophisticated. "Large numbers of American women want clothes that are refined," Ms. Potter said in a 1948 interview with The New York Times. "I aim to give them in a medium-priced, ready-to-wear costume what they would find in custom-made styles."

Among the styles she was known for were the two-piece swimsuit consisting of a bra and bloomers, the evening sweater and the sidesaddle-draped skirt. Even for evening, her designs tended to be as casual as a shirt and skirt or pants and a tunic. One outfit of the 1940's combined a rose-colored blouse, a pale blue floor-length skirt and a green belt.

"She did forward-looking active sports clothes, sundresses, trousers, bathing suits and evening sweaters," said Valerie Steele, the chief curator of the Museum at the Fashion Institute of Technology. "She wasn't influenced by Paris, but by the modern American leisure life style."

Ms. Potter was born in Jersey City in 1903. Her affinity for color could be traced to an interest in art she developed while in high school, where she was art editor of the school paper, and continued with studies at the Art Students League. Although she did not know how to sew, she took a draping course and produced what she later described as "my first weird costume," consisting of a long, slinky red wool dress with huge silk sleeves that she dyed to match.

She went on to study at the Pratt Institute in Brooklyn and after graduation found a job with a dress manufacturer. In 1948 she went into partnership with Martha Stout, a former magazine editor, in a ready-to-wear company called Timbertop. The name came from the turkey farm in West Nyack, N.Y., where Ms. Potter lived with her husband, J. Sanford Potter, an architect.

By the mid-1950's she was in business on her own, working from a barn on her farm with her husband drafting the patterns for her clothing. "It was very chic to go out there and buy things in a lovely spot," recalled Virginia Wagoner Booth, who was then a buyer for Lord & Taylor and became a lifelong friend.

In the late 1950's, Potter designed and built a Japanese-style house in Fort Ann on Lake Nebo, where the couple grew camellias and raised Dalmatians.

"They kept horses down in Virginia," Ms. Booth said, "and went down every weekend in the fall to hunt. Clare remained physically active almost until the end. When she took to her bedroom, she could look out at the lake and see the birds. She loved to watch and feed the birds."

"When Sandy died four years ago," she added, referring to Potter, "we scattered his ashes on the property. We'll do the same thing with hers."

Ms. Potter left no survivors. ♦

The Washington Post

By Marylou Tousignant Tuesday, January 19, 1999; Page A01

Keywords

child development
children
parenting

A Whining, Dining Doll

Amazing Amy Has Girls Scrambling

Company is coming up the driveway, and a mini-crisis has erupted at the Duncan home in Great Falls. Amy has awakened from her afternoon nap with a fever.

"I need medicine. I need you now, Mommy," she cries as Natalie Duncan scrambles around helplessly, a cookie in one hand, a tumbler of juice in the other. But she can't find the medicine, and Amy is inconsolable. "I need medicine!" she bleats at 10-second intervals, while Natalie becomes increasingly discombobulated.

As the look on 5-year-old Natalie's face shows, sometimes it's exhausting being the "mommy" of Amazing Amy, the world's most technologically advanced interactive doll. Hailed by her California manufacturer, Playmates Toys, as "the first virtually real little girl," Amy skyrocketed to the top of the sales charts after her debut in the fall, notwithstanding the fact that even her creators admit she can fray your nerves a little.

A day with Amy, they say, "is like a day with a real-life toddler."

Imagine: Parents willingly shelling out \$60 to \$80 for the privilege of bringing the closest thing to a cloned kid into their house, a child who will awaken them -- like clockwork, literally -- at dawn, ask for stuff all day long, whine when she doesn't get it, eat incessantly and occasionally say she loves them. Well, at least they don't have to save for her college tuition.

A marriage of centuries-old dolly tradition and modern-day gee-whiz technology, Amazing Amy is the Wunderkind of interactive toys, a furless Furby whose assortment of nurturing needs and communication skills put her atop the holiday wish list of many girls last month. Even her relatively hefty price tag did not

deflate demand. Nearly all 300,000 dolls sold, ranking Amy as one of the top 10 new toys of 1998 and the best-selling special-feature doll in the \$22.5 billion U.S. toy industry, according to market analysts.

Playmates, which unleashed the Teenage Mutant Ninja Turtle phenomenon on the public a few years ago, developed Amy by incorporating the time-based technology popularized recently in the Tamagotchi and Giga Pet toys, the popular palm-sized virtual pets. The result is a three-dimensional doll, available in black or white, with a built-in clock and sensors that regulate her moods and cycles -- making her eerily lifelike.

"When she asks for something, you have to give it to her right then and there," said Amy Duncan, 8, Natalie's older sister, emphasizing that she and Amazing Amy share no traits. "I think they should change her name to Annoying Amy. That would fit her better."

A Silver Spring 5-year-old put her Amy in "timeout" for being too bossy. Other Amys have been banished to the basement as parents' patience began to wane.

But Amy is not without her admirers as a worthy descendant of Chatty Cathy and Teen Talk Barbie on the talking-doll family tree.

"It's hard being a mommy," said 5-year-old Brandi Settle after just a few days of taking care of Amy -- a lesson in mothering and responsibility her own mother thinks was well worth the money.

Fans marvel at Amy's twin-microprocessor brain capable of uttering more than 10,000 attention-craving phrases such as, "Whoa! My nose says it's time to change my diaper!" or, "Put on my play dress,

Mommy." They wonder how she knows when her hair is being brushed, or whether her child-mommy is feeding her a plastic banana or trying to slip her a spoonful of liver ("Yuck," she says), to name just two of the 15 "feeding, drinking, wellness and hygiene accessories" that come with her. Sensors in the doll's body and mouth connect with sensors on her clothes and plastic "food" to trigger responses.

A clock embedded in Amy's chest wakes her up between 6 and 9 a.m., governs her eat, sleep and play cycles and then puts her to sleep again at night -- assuming she has been programmed correctly by her mommy's parents. Ignore her demands five times and, unlike most real toddlers, she will take a nap. Mercifully, it's a long nap. (She also has an off-switch in her back -- along with a hot line number -- for times of true desperation.)

Playmates Vice President Gina Beebe, who has two real children and one Amy doll at home, said, "Our mission was to make Amy as real as can be."

Mission accomplished. But although some parents, toy marketers and child development experts praise Amy's humanlike behavior, others find her a bit much.

Crystal Butts returned the doll she bought her daughter, Quishima, after they both decided she was too needy. "She kept on hollering and asking for food every minute," said Quishima, who lives in Virginia Beach and turns 10 this month. "I always had to scramble to get her stuff." Butts said her daughter couldn't keep up with Amy and was becoming stressed out.

The morning after Christmas, with not a creature stirring in her home, Jennifer Duncan was awakened at 7 a.m. by Amy

chirping. "It's time to get up! Wake up, Mommy!" in daughter Natalie's bedroom. Duncan jumped out of bed and scurried down the hall. There was Natalie, "stumbling around her room, half asleep, trying to find the doll's bottle. She looked like the mother of a newborn," Duncan recalled. "I grabbed the doll and told Natalie to go back to bed. Then I carried Amy back to my husband and said, 'Please figure out how to shut this doll up.' "

Andrew Wilks, 37, a computer programmer from Austin, went on the Internet to describe the scene at his brother's house at Christmas. When his niece first tried to show him her new Amy doll, Amy refused to wake up. The next morning, the doll got up sick, then wanted her medicine, milk, juice and cereal in rapid-fire order.

"I gave her peas," Wilks said. "She said, 'I don't want peas. I want cereal.' I said, 'You should have thought about that when you didn't finish your peas for dinner last night.' "

On a more serious note, Wilks said in an interview, he found the doll overbearing and rude. "In today's society, there are many families where basically the child runs the household, and this teaches children that that's okay." What's more, he said, Amy turns child's play on its ear. "There's no way for the child to tell the doll what to do, because the doll is always telling the child what to do."

Others see possible benefits to Amy's incessant ways.

Shelia Williams, 44, a receptionist who lives on Capitol Hill, said her daughter, Terrin, 8, was thrilled to receive Amy for Christmas. "It's teaching her responsibility, and I liked it for that reason," said Williams, adding that the doll might impart a lesson about the realities of parenting, especially at a young age.

Other parents concur. Peggy Hernandez, 28, and her daughter, Sierra, 6, were having dinner one night recently when Amy piped up to say she needed a fresh diaper.

"Sierra's response was: 'This baby's got to learn. I'm eating my dinner.' It was hysterical," said Hernandez, of Silver Spring. "I told her, 'You either take care of her or pay a babysitter.' "

Sierra's grandfather said the doll would "corrupt her imagination," Hernandez said. "My response was, maybe, but think of the responsibility she will learn."

Explaining the popularity of interactive toys, Cliff Annicelli, associate editor of Playthings magazine, said they bring an "added dimension to the play pattern. Instead of just cuddling with the toy, you're actively involved in almost raising it. It's magical for kids."

Even so, Amy may be "too much to handle" for some children, especially those

younger than 6, said Stevanne Auerbach, director of the Institute for Childhood Resources in San Francisco. Auerbach is the author of 14 books on child care and play and writes a nationally syndicated column under the name Dr. Toy.

"Children need time to develop their own nurturing experiences and language skills," said Auerbach, who reviews toys on her Web site (www.drtoy.com). "Give the doll to teenagers, and let them walk around with Amy for a few weeks. Six-year-olds need a simpler, not-so-stressful situation."

Robert C. Pianta, a professor at the University of Virginia's Curry School of Education who has studied children's development, said that Amy seems harmless but that parents should remember she's just a doll, not a substitute for real-life interactions with others. "It's a novel interactive game," he said. "People shouldn't attribute too much meaning to it."

Meanwhile, back on the assembly line at Playmates Toys, things are humming. Coming next fall to a toy store near you: Amazing Ally. A little older than Amy. A little smarter. "She's a 'virtual little friend' for girls," Beebe said.

Maybe she and Amy can sit in timeout together.

To hear a sound bite of Amazing Amy, call Post-Haste at 202-334-9000 and press 2330. ❖

NIH to Fund Controversial Research on Human Stem Cells

The National Institutes of Health has decided to fund research on human embryonic stem cells -- recently discovered cells that appear to have great therapeutic potential but have also stirred controversy because they are derived from intentionally destroyed human embryos.

The decision, announced yesterday by NIH Director Harold Varmus at a Washington meeting of the National Bioethics Advisory Commission, makes the \$14 billion federal agency a reluctant participant in the nation's long-running battle over abortion rights and embryo research just a month before Congress starts considering appropriations for the 2000 fiscal year.

Varmus told the presidentially appointed commission that the general counsel of the Department of Health and Human Services had determined that research on the embryo-like cells does not constitute research on human embryos. Under that interpretation, he said, the research is not subject to a four-year-old congressional ban on federal funding of human embryo research.

"We have made a determination of law that it is appropriate for NIH to support this research, and we intend to do so" as soon as clarifying rules are drawn up, Varmus told the commission, which is preparing a report on the science and ethics of human embryonic stem-cell research at President Clinton's request.

Scientists and patient advocates, many of whom believe that embryonic stem cells will someday be coaxed to grow into replacement tissues for people with Alzheimer's disease, Parkinson's disease, heart disease, diabetes and a host of other ailments, cheered the decision, saying the research will pay off much more quickly

with its expansion beyond the handful of privately funded laboratories now pursuing the work. They encouraged Congress not to argue with HHS's interpretation of the ban.

"It is vitally important that the view expressed by Dr. Varmus today should prevail in federal policy," said Daniel Perry, executive director of the Alliance for Aging Research.

Praise also came from Sen. Tom Harkin (D-Iowa), ranking minority member of the appropriations subcommittee that funds NIH. Harkin had lobbied HHS Secretary Donna Shalala in support of stem-cell research.

"I look forward to working with NIH to ensure that the federal government does everything possible to advance this type of research," said Harkin, who has argued that the regulatory oversight that comes with federal support helps ensure that ethical standards of research will prevail.

But the announcement was criticized by antiabortion activists and others who believe embryo cells should have special moral status. They argued it amounted to an end run around the congressional ban on human embryo research. Although federal researchers would still be precluded from destroying human embryos to retrieve stem cells, critics said, their ability to conduct studies on such cells retrieved by others would create a market for -- and lend credibility to -- the mass destruction of human embryos.

"The Clinton administration now seeks to do indirectly what Congress has forbidden it to do directly: Provide federal support for research in which human embryos are created and destroyed," said Richard M.

Doerflinger of the Washington-based National Conference of Catholic Bishops. Congress has banned the use of federal funds for human embryo research since 1996. But the wording of that ban -- known as the Dickey-Wicker Amendment, for coauthors Jay Dickey (R-Ark.) and Roger Wicker (R-Miss.) -- did not anticipate last year's discovery of human embryonic stem cells.

The ban precludes the use of federal funds for research in which human embryos are "destroyed, discarded or knowingly subjected to risk of injury or death. . . ." That wording raised the question of whether federal funds could be used for research on human embryonic stem cells.

Those cells were first isolated last year by privately funded researchers from surplus human embryos that were about to be discarded by a fertility clinic. They have many of the properties of embryos, including the capacity to grow into virtually any kind of human tissue when cultured under the right conditions. But they do not have the potential to grow into an entire person.

After examining the issue for two months, HHS lawyers told Varmus last week that human embryonic stem cells "are not a human embryo within the statutory definition." In a five-page letter to Varmus dated Jan. 15, NIH General Counsel Harriet S. Rabb wrote that the cells "do not have the capacity to develop into a human being, even if transferred to the uterus." Thus, Rabb said, their destruction in the course of research would not constitute the destruction of an embryo.

The letter does not address a point raised by some ethicists and others: that the NIH may be held "complicit" in the destruction of embryos by making use of the products

of their demise. That question has been raised before in the context of whether doctors today should make use of medical information gleaned from horrific Nazi experiments on unconsenting people.

"It's a debated question within the ethics community whether you have to take into account how you got the stem cells," said LeRoy Walters, director of Georgetown University's Kennedy Institute of Ethics.

Varmus denied that federal support of stem-cell research would create a market for the destruction of embryos or fetuses, which are also a source of stem cells. "The supply of these cells is far in excess of demand," Varmus said in an interview. "This would not drive or increase the use of either in vitro fertilization or abortion for research purposes."

Varmus said he hoped to have guidelines ready within the next several months describing conditions under which human embryonic stem cells could be studied with federal funds. If those rules parallel those now in force for federal research on human fetal cells, they will require that researchers be certain that the cells were gathered in an ethically appropriate manner.

Under current rules, for example, a woman's decision to have an abortion must be made prior to and independent from any solicitation by scientists for her to donate fetal tissues for research. That is designed to ensure that the research does not affect her decision to abort or the "timing or manner" of the abortion. ❖

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