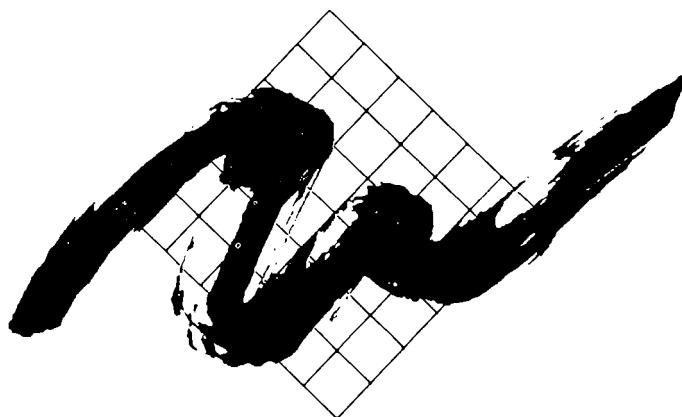


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The New York Times

By the Associated Press

Thursday, January 6, 2000

Keywords

business
corporate culture
gender inequity

Professors: Glass Ceiling in Place

STANFORD, Calif. (AP) — Women may be moving up to corporate boards and chief executive offices, but a national study concludes that at the dawn of the new century, the glass ceiling is still firmly in place.

Women make up just 10 percent of senior managers in Fortune 500 companies, according to a Harvard Business Review article published this week, because barriers to promotion remain widespread.

In "A Modest Manifesto for Shattering the Glass Ceiling," authors Debra Meyerson and Joyce Fletcher said that the way to end workplace discrimination is to stop trying for a revolution.

Instead the women, who are both business professors, suggested a strategy of what they call "small wins" — a series of incremental changes aimed at the subtle discriminatory forces still at work in organizations.

"It's not the ceiling that's holding women back; it's the whole structure of the organizations in which we work: the foundation, the beams, the walls, the very air," said Ms. Meyerson. She spoke from her office at Stanford University, where she is a visiting professor at the Center for Work, Technology and Organization in the School of Engineering.

Specific changes could include scheduling longer job interviews to give job seekers a better chance to explain their strengths and abilities, or devising new ways to let employees get credit for "invisible work" — tasks that are necessary but rarely noticed.

Ms. Meyerson said that because each organization is unique, its expressions of gender inequity are as well.

She and Ms. Fletcher said that a small-wins system must be driven by men and women

together, because both benefit from a world where gender is irrelevant to the way work is designed and distributed.

Ellen Hancock, president and chief executive of Exodus Communications, a leading Internet host for businesses, said that "there is a real problem when there are so few women running the top 500 companies in the U.S."

She urged women "to make sure that the corporate culture of their company supports them," adding: "If not, they should move."

Ms. Hancock also said that women have to position themselves where they'll be seen.

"They have to make sure that they are in significant line positions," she said. "They are often overlooked because they are in a staff role."

A study published in November by the Catalyst group found that some 11.9 percent of the 11,681 corporate officers in America's top 500 firms were women, up from 8.7 percent five years ago.

But the New York-based women's advocacy group also found that women are most likely to be in "staff" jobs such as human relations and public relations and not in "line" jobs. It is from line officer positions — those who run the factories, head the sales staffs and supervise the accounting — that promotions to senior management tend to come, the group said.

Hewlett-Packard Co. chief executive Carly Fiorina, who garnered national attention when she was appointed in July, has said that she believes "competitive industries don't have any time for glass ceilings."

Ms. Fiorina said that while some people said discouraging things to her, she personally never believed them and didn't let them get her down.

Study cited:

A Modest Manifesto for Shattering the Glass Ceiling.
By Debra Meyerson and Joyce Fletcher.
Published by *Harvard Business Review* Vol.78, No.1, January/February 2000.

Available from:

Harvard Business
School Publishing
Harvard Business Review
60 Harvard Way
Boston, MA 02163
Tel: (617) 783-7400

Cost: \$18.00

Her advice: “Believe in yourself and invest in yourself and ignore the naysayers.”

Ms. Fletcher, a professor of management at Harvard’s Simmons Graduate School of Management in Boston, Mass., argues that it takes more than personal confidence.

“Yes, the times are changing. Yes, Carly Fiorina made it through. But when you look at the patterns you see that gender bias is still widespread,” she said. ❖

The New York Times

By the Associated Press

Friday, January 7, 2000

Keywords

education
schools, public

U.S. Public Schools Said Improving

WASHINGTON (AP) — Despite widespread public perception that America's public schools are failing, an analysis of two decades of government data reveals SAT scores are rising, more students are achieving in math and science and college enrollment is up.

A report issued today by the Center on Education Policy and the American Youth Policy Forum compares U.S. schools in the 1980s with classrooms of the mid- to late-1990s and concludes there are many positive trends.

The study, "The Good News About American Education," found that fewer students are dropping out, students are taking more challenging courses and more students with disabilities are finding their way into mainstream classrooms.

"Critics and reformers are overemphasizing the bad and slighting the good. We're saying that of course we have to do better, but we've moved a far distance in 15 years," said Jack Jennings, a former Education Department official who now directs the Center on Education Policy, which advocates for public schools. "The public sounds like it's giving up on the public schools, and we have to take a long, deep breath."

The report acknowledges that much work is yet to be done but was based on statistics from the Education Department that generally paint a brighter picture. The study notes that the overall dropout rate declined by 4 percent and the rate among black youth dropped 8 percent between 1972 and 1997, the latest year for which figures were available.

Among the study's other findings:

—Scores on the math portion of the SAT increased 17 points and verbal scores increased 2 points between 1983 and 1999.

—Scores on standardized science and math achievement tests improved among 9-, 13-, and 17-year-old students between 1982 and 1996.

—14 percent more students went on to college in 1997 than in 1983.

Looking at school crime overall between 1993 and 1997, the study found the rate dropped from 155 to 102 incidents per 1,000 children. Violent crimes dropped by 19 incidents and seriously violent crime decreased by 4 incidents for every 1,000 students, the study said.

The report did not include a recent spate of school shootings in Colorado, Oregon, Arkansas and elsewhere.

"Although recent, tragic school shootings have reminded the nation that violent death at school is intolerable no matter how rare an event, children are safer in schools than in the community or at home," the report concludes.

Samuel Halperin, a senior fellow with the American Youth Policy Forum, said that even if the recent shootings had been included, the crime rate in public schools still would have declined.

"It's always the spectacular thing that gets everyone's attention, but we have to get the whole picture," he said. "This report is not saying crime is not a problem. We're just saying that it's declining."

Jeanne Brennan, a spokeswoman for Education Trust, an advocacy group for poor minority students, said the study is shortsighted on gaps in achievement between minorities and white students.

Halperin acknowledged that the disparity is "much too large" but said statistics show the gap is narrowing. For example, among 9-

Study cited:

Do You Know...the Good News About American Education?

By the Center on Education Policy and the American Youth Policy Forum, January 2000.

Available from:

Center on Education Policy
1001 Connecticut Ave., NW
Suite 619

Washington, DC 20036

Tel: (202) 822-8065

Fax: (202) 822-6008

Web: www.ctredpol.org

Cost: None

Free copy available in full
from the website.

year-olds the difference between black and white students' math achievement scores was an average of 29 points on a standardized achievement test in 1982, while the difference was 25 points in 1996.

"We're not saying by any stretch of the imagination that we're where we ought to be. We're just saying let's stop all the incessant bashing and look at some of the real numbers," he said. ❖

The New York Times

By Elizabeth Becker

Monday, January 10, 2000

Keywords

military
psychology
war

Survey Finds 'Profound Stress' on Armed Forces

WASHINGTON, Jan. 9 — America's armed forces are stressed out, underpaid and worried about the military's ability to meet all of the new demands placed on it, according to a two-year private survey of military personnel to be released on Monday.

Commissioned by the Center for Strategic and International Studies, the survey asked 12,000 members of the military about morale, leadership, readiness, quality of life and commitment to military values.

Their answers have a familiar ring to Defense Department officials who have made improving the quality of life for the military a priority, and to presidential candidates who are debating how to strengthen the armed forces.

"In taking the pulse of today's military this study found a profound stress on the armed forces," said the report, "American Military Culture in the 21st Century."

That stress is rooted in the 300 percent increase in overseas deployments for a force that has been cut by more than one-third over the last decade. The defense budget was reduced early in the decade to reflect the end of the cold war and the breakup of the Soviet Union, leading to cuts the report says were too deep.

Last year the Defense Department had its first real budget increase of the decade, including a 4.8 percent pay increase for the military. But the report claims there are still not enough resources to keep up with technological changes and with the military's new "nontraditional" roles, like peacekeeping, drug interdiction and humanitarian missions.

"It is a thoughtful study and it raises issues that we as a department are focused on day

in and day out," said P. J. Crowley, a Pentagon spokesman.

"When you look back at the decade of the 90's, there is no question that we have undergone a dramatic shift in the way we operate," he said.

Because members of the all-volunteer military tend to be older and more than half of them are married, often to spouses who work outside the home, the questions of pay, housing, health benefits and family stability were at the top of the list of concerns, the survey found.

Those worries translated into lower morale, said Joseph Collins, the project director at the Center for Strategic and International Studies.

"Just at a time when military members are needed at home more and more to share family responsibilities, they are being deployed more often," Mr. Collins said.

The study also found a concern about how the increasing emphasis on minimizing casualties was affecting the military.

"The entire military cultural ethic depends on self-sacrifice, so if you tell the military to go into harm's way but you can't take casualties, you've got a problem," Mr. Collins said.

Two pleasant surprises found in the survey were the strength of those military values in all services and all ranks, and the number of close friendships between members of the military and civilians.

Less welcome were results showing an uneven quality of leadership and questions about the necessity for all the overseas deployments.

Study cited:

American Military Culture in the Twenty-First Century.
By Edwin Dorn et al,
February 2000.
ISBN 0-89206-360-2

Available from:

Center for Strategic and
International Studies
Publications Sales Office
1800 K Street, NW
Washington, DC 20006
Tel: (202) 775-3119
Web: www.csis.org

Cost: \$25.00

The complaints contained in the study read alternately like a plea from the Defense Department for more money and like a campaign stump speech.

In a recent speech, Gov. George W. Bush of Texas, the front-runner for the Republican nomination, sounded a similar note. "Rarely has our military been so freely used — an average of one deployment every nine weeks in the last few years," Mr. Bush said. "Since the end of the cold war, our ground forces have been deployed more frequently, while our defense budget has fallen by nearly 40 percent."

Mr. Crowley, the Pentagon spokesman, said that while there was no question of the increased stress and strain of deployments on the military, the United States has more often been criticized for refusing to intervene overseas, most recently to prevent genocide in Rwanda.

"It's one thing to say in the rhetoric of a campaign there are too many missions," he said. "But when you ask which would you not have done, it becomes much harder." ❖

The Washington Post

By Kenneth J. Cooper

Thursday, January 13, 2000; Page A02

'Best and Brightest' Leave Teaching Early, Study Says

About one in five teachers leaves the profession within three years of entering the classroom, and those who leave are likelier to have entered college with higher test scores than those who keep teaching, according to a new analysis of federal survey data.

That nationwide pattern in teacher turnover suggests that "the best and brightest" abandon the classroom much faster, the trade publication *Education Week* concluded in its annual report on education, "Who Should Teach?"

Among teachers who graduated from college in 1993, those who had left the field by 1997 were about twice as likely to have scored in the top 25 percent nationally on the Scholastic Assessment Test or American College Testing program than those who were still teaching, the study found in its review of Education Department surveys.

Working conditions, student misbehavior and relatively low salaries were the most common reasons that teachers left.

"The best and brightest are most likely to leave. They are the ones who feel they have the least control over the school environment," said Virginia B. Edwards, editor of *Education Week* and the new report.

Such departures damage a national effort to upgrade teacher quality—shown in other studies to be an important factor in student achievement.

Despite the shortages, the gap between teacher salaries and those of other

professionals has been growing, the study found.

From 1994 to 1998, the salaries of teachers with master's degrees increased by less than \$200 a year, after adjusting for inflation, compared to \$17,505 for other workers with the same level of education. About half of teachers have master's degrees.

Even though unionized teachers generally get raises based on seniority, the study found that the salary gap also widens with seniority. Teachers in their twenties earn almost \$8,000 a year less than other graduates the same age, but teachers in their late forties get paid about \$24,000 less than their college-educated age mates.

"It's shocking that the gap is so great," said Bob Chase, president of the National Education Association. "For all the discussions about schools adopting efficient business practices, why should people believe the laws of supply and demand end at the school house door?"

Schools are less responsive to changes in the job market because most are under public control, Edwards suggested.

School systems also evade market pressure to raise teacher pay, she said, by waiving their own job requirements and hiring underqualified teachers. The study found that while 39 states require prospective teachers to pass a basic skills test, 36 permit hiring applicants who have flunked. ❖

Keywords

teachers
workforce, demographics
workplace, environment

Study cited:

Quality Counts 2000:
Who Should Teach?
By Education Week,
January 2000.

Available from:

Education Week
Suite 100
6935 Arlington Road
Bethesda, MD 20814-5233
Tel: (800) 346-1834
Web: www.edweek.org

Cost: \$10.00

The New York Times

By Pamela Mendels

Wednesday, January 19, 2000

Keywords

educational attainment
internet
teaching methods

Study on Online Education Sees Optimism, With Caution

After he heard about a speech in which his university's president extolled the possibilities of the Internet's use in higher education, John R. Regalbuto, a chemical engineering professor at the University of Illinois in Chicago, asked himself whether great teaching could occur online.

Regalbuto wrote a letter to the school administration urging the creation of a committee of outstanding teachers at the university to look into the matter. He got his wish.

The result was an unusual yearlong effort by 16 tenured professors at the University of Illinois to examine what works and what doesn't work when classes take place online.

Last week the group issued its Online Pedagogy Report, with conclusions about online education are both cautionary and optimistic.

About half of the group began the endeavor as skeptics of online education; the other half were enthusiastic about its possibilities.

An online class, the report concluded, can be a worthy and in some cases a great educational experience. But to work effectively, online class sizes should be limited. And Internet learning may be inappropriate for certain academic endeavors, most notably, the completion of an entire undergraduate degree program.

"The good news is that online teaching can be done with high quality," said Regalbuto, who was chairman of the group. "But the bad news is that it is inherently more difficult to create and maintain the bond a professor needs to have with his or her class for good teaching to occur. The costs will be higher, and that will disappoint administrators eager to make a lot of money."

Regalbuto and other members of the group are hoping the report will promote discussion about online education not only at the University of Illinois, which launched an online education effort (University of Illinois Online) in 1997, but at the numerous other colleges and universities in the United States that are experimenting with Internet-based classes.

The University of Illinois group dubbed its effort a seminar because the professors say they set out to study and learn before drawing conclusions about technology in the classroom. From September 1998 until April 1999 they heard presentations from numerous outside experts on both sides of the debate.

About half of the group began the endeavor as skeptics of online education; the other half were enthusiastic about its possibilities. Among the participants were Linda C. Smith, a professor in the graduate school of library and information science at the University of Illinois's Urbana/Champaign campus who had already taught several online courses. On the other side of the spectrum was Allan F. Cook, a professor in the department of teacher education at the University of Illinois's Springfield campus, who said he was not at all sure online classes could work in his field.

By the end of their seminar, however, the consensus of the professors was the Internet could be put to good use in higher education. "I came out thinking you can build relationships with students online, you don't necessarily have to be in the same room with them to build the rapport you need in teacher education," Cook said.

The professors said they were impressed by a number of examples of what they considered to be successful online teaching efforts. For example, they decided that a

Study cited:

Report of the University of Illinois: Teaching at an Internet Distance Seminar.
By John Regalbuto,
December 1999.

Available from:

University of Illinois
Chicago, IL 60612
Tel: (312) 996-7000
Web: www.vpaa.uillinois.edu

Cost: None

computer-based geometry program, which allows students to manipulate objects on a computer screen, could help students better grasp geometry concepts.

They also decided that seminar classes could work well online, with e-mail lists or electronic bulletin boards replacing the seminar table. They were impressed by comments from professors who have taught such classes and found that shy students seem more inclined to “speak up” online than they would in person. And one online teaching advocate told the University of Illinois professors that he believed that written, as opposed to oral, discussion lends itself to a more thoughtful exchange of views.

The report cautions, however, that an exclusive load of online classes is no replacement for the bull session give-and-take of undergraduate student life. It therefore argues, with a few exceptions, against offering undergraduate degrees entirely online — though a smattering of online courses in an undergraduate’s

portfolio would be acceptable, as would certain wholly online post-graduate professional degree programs.

And at the same time the report concludes that online teaching requires much more effort on the part of the professors who must keep far-flung and faceless students motivated and feeling part of a learning community. That means, the report concludes, class sizes in the range of 20 or so.

By suggesting a limit to the size of a virtual class, the report waived a red flag in front of some proponents of online education who believe that the one of the cardinal virtues of the Internet is its ability to cheaply reach large numbers of people. Indeed, William A. Draves, president of the Learning Resources Network, a nonprofit group that promotes what it describes as lifelong learning, has suggested that an outstanding professor could handle a class of 1,000 students on the Internet. Draves believes students could conduct intelligent discussions on computer bulletin

boards and the professor could weigh into those discussions.

Draves believes such courses are not only educationally sound but will become needed money savers as more students seek post-secondary education. “Higher education is going to have to educate more students without increasing costs,” he said.

Burks Oakley II, who directs the University of Illinois Online, does not go as far as advocating 1,000 students in an online class, but believes 20 students may be too conservative a number. He says some classes in his program last semester were as small as 9 students and others as large as 35 — and all were successful.

Oakley said he was gratified, however, that the report concluded that there can be such a thing as good online pedagogy.

“There can be a high quality educational experience online,” he said. “And if it’s done right, it is not a second-rate educational experience.” ❖

The Washington Post

By the Outlook Staff

Sunday, January 23, 2000; Page B05

Keywords

child development
educational attainment
teaching methods

The Practice of Social Promotion

DEFINED: Social promotion is the practice of allowing students who have not met academic standards to pass on to the next grade with their peers instead of being held back to master the material. It focuses on a student's social, rather than academic, well-being.

AT ISSUE: The U.S. Education Department calls social promotion a "hidden problem" because most states are loath to admit it or keep track of it. Some indicators the department cites:

- * National assessments of student performance indicate that more than a third of public school students score below the basic level of proficiency.

- * The California State University system reported that in 1998, 54 percent of its incoming freshmen failed to pass an entry-level math placement test. Forty-seven percent failed an English placement test.

- * According to the research organization Public Agenda, 63 percent of employers, 26 percent of teachers, 22 percent of students and 32 percent of parents do not believe a high school diploma guarantees that students have learned the "basics."

ASSESSMENT: While conceding that there is little evidence about how widespread social promotion is, the National Research Council estimates that at least 15 percent and perhaps more than 20 percent of students repeat a grade at some time in their childhood. It contends that retention seldom helps students.

STRATEGIES: According to a 1999 American Federation of Teachers report ("Making Standards Matter," which can be found at www.aft.org/edissues/standards99) 13 states and the District of Columbia have passed laws seeking to end or limit social promotion. Some laws tie promotion

directly to test scores in certain grades, requiring summer school or retention for students who do not pass; others make test scores one of several factors teachers should consider. Not all of the laws have gone into effect.

- * Some U.S. cities also have tackled social promotion. In 1996, Chicago became the first major urban public school district to ban it. Students who have finished third, sixth and eighth grades are required to attend summer school and after-school classes and are held back if they cannot pass skills tests.

- * In North Carolina, beginning next spring, fifth-graders will have to pass math and reading tests to be promoted. The state will spend more than \$100 million on remedial education.

- * In 1999, Texas passed a law sponsored by Gov. George W. Bush ending social promotion. Texas already was one of more than 20 states that have a high school graduation test requirement; its exam recently survived a highly publicized court challenge on behalf of minority students.

- * Last year, the Florida legislature passed a bill to end social promotion of fourth-graders who do not pass the state reading test.

NOT SO FAST: Some jurisdictions that have passed social promotions laws and regulations are finding them difficult to implement.

- * The Delaware General Assembly, which passed a law prohibiting social promotion in 1998, has delayed when it would take effect, under pressure from concerned parents after statewide tests revealed many students would not meet the standards.

- * In Florida, the Education Department estimates that 15 percent of fourth-graders would fail the state's test this year.

Study cited:

Taking Responsibility for Ending Social Promotion.
By the United States Department of Education, July 1999.

Available from:

United States Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-0498
Tel: (800) USA-LEARN
Web: www.ed.gov

Cost: None

Study cited:

Reality Check.
By Public Agenda, 2000.

Available from:

Public Agenda
6 E. 39 St.
New York, NY 10016
Tel: (212) 686-6610
Fax: (212) 889-3461
Web: www.publicagenda.org

Cost: None

Free copy also available in full from the website.

Study cited:

Making Standards Matter.
By the American Federation of Teachers, 1999.

Available from:

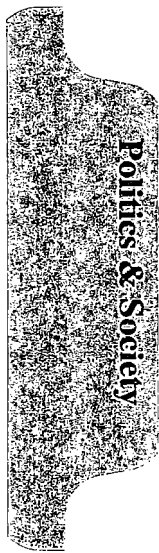
American Federation of Teachers
555 New Jersey Avenue, NW
Washington, DC 20001
Tel: (202) 879-4400
Web: www.aft.org

Cost: None

Free copy also available in full from the website.

* In Chicago, the U.S. Department of Education is investigating parental complaints that the Iowa Test of Basic Skills—used to help determine promotion—is biased against minorities.

EARLY RESULTS: A study released in December revealed that Chicago's program has had little success so far in improving the performance of students who repeat grades, though the threat of retention seemed to have an impact on sixth- and eighth-graders. ❖



The New York Times

By Jane E. Brody

Tuesday, January 4, 2000

Keywords

health
medical research
workplace

New Respect for the Nap, a Pause That Refreshes

You must sleep sometime between lunch and dinner, and no halfway measures. Take off your clothes and get into bed. That's what I always do. Don't think you will be doing less work because you sleep during the day. That's a foolish notion held by people who have no imaginations. You will be able to accomplish more. You get two days in one — well, at least one and a half."

—Winston Churchill

As a short sleeper who is rarely in bed for more than six hours a night, I'm a strong believer in naps for recharging my batteries. Sir Winston and I are in good company. Napping enthusiasts have included Albert Einstein, Napoleon Bonaparte, Thomas Edison and at least three presidents: John F. Kennedy, Ronald Reagan and Bill Clinton. Besides, sleep researchers have shown that regardless of how long one sleeps at night, the human body is programmed to become sleepy in the early afternoon, even without a big lunch.

"Napping should not be frowned upon at the office or make you feel guilty at home," writes Dr. James B. Maas, a psychologist and sleep expert at Cornell. "It should have the status of daily exercise."

In the old days, people would doze for an hour or so after the midday meal, and in some Latin American and European countries siestas are still in vogue. But in most industrialized nations, the usual response to the afternoon sag in energy is to try to jump-start the system with caffeine, a tactic that sleep experts say is actually counterproductive, creating only the illusion of efficiency and alertness and depriving the body and brain of much-needed sleep.

HOW NAPS HELP

Now, however, there is growing evidence that restorative naps are making a

comeback. Recognizing that most of their employees are chronically sleep-deprived, some companies have set up nap rooms with reclining chairs, blankets and alarm clocks. If unions are truly interested in worker welfare, they should make such accommodations a standard item in contract negotiations.

Workers who take advantage of the opportunity to sleep for 20 minutes or so during the workday report that they can then go back to work with renewed enthusiasm and energy. My college roommate, Dr. Linda Himot, a psychiatrist in Pittsburgh, who has a talent for 10-minute catnaps between patients, says these respites help her focus better on each patient's problems, which are not always scintillating. And companies that encourage napping report that it reduces accidents and errors and increases productivity, even if it shortens the workday a bit. Studies have shown that sleepy workers make more mistakes and cause more accidents, and are more susceptible to heart attacks and gastrointestinal disorders.

A NASA scientist's study showed that 24-minute naps significantly improved a pilot's alertness and performance on trans-Atlantic flights. (The co-pilot remained awake.) Dr. David Dinges, a sleep researcher at the University of Pennsylvania, is a strong advocate of prophylactic napping — taking what he and others call a "power nap" during the day to head off the cumulative effects of sleep loss. He explained that the brain "sort of sputters" when it is deprived of sufficient sleep, causing slips in performance and attentiveness and often resulting in "microsleeps" — involuntary lapses into sleep, in which accidents can occur.

A brief afternoon nap typically leaves people feeling more energized than if they had tried to muddle through without

Study cited:

Crew Factors in Flight Operations IX: Effects of Planned Cockpit rest on Crew Performance and Alertness in Long Haul Operations (NASA Technical Memorandum 108839).
By David Dinges, et al, 1994.

Available from:

NASA
Ames Research Center.
Mail Stop 262-4
Moffett Field, CA 94035
Tel: (650) 604-0658
Fax: (650) 604-2177
Web: <http://human-factors.arc.nasa.gov>

Cost: None

sleeping. Studies have shown that the brain is more active in people who nap than in those who don't sleep during the day.

Dr. Maas, the Cornell psychologist and author of "Power Sleep" (Villard Books, 1998), points out that naps "greatly strengthen the ability to pay close attention to details and to make critical decisions." He also states that "naps taken about eight hours after you wake have been proved to do much more for you than if you added those 20 minutes onto already adequate nocturnal sleep."

There are two kinds of naps: brief ones taken to revive the brain and long ones taken to compensate for significant sleep loss. The reviving workday nap should not be longer than 30 minutes; any more and the body lapses into a deep sleep, from which it is difficult to awake.

HOW AND WHEN TO NAP

Long naps help when you've accumulated a considerable sleep debt — for example, when the previous night's sleep was much shorter than usual, or when you know you will have to be alert and awake considerably later than your usual bedtime.

I usually try to nap for an hour or more before attending a play, concert or late party. But long naps have a temporary disadvantage: they cause what researchers call sleep inertia, a grogginess upon awakening that can last about half an hour. Also, long naps can affect the body's clock, making it more difficult to wake up at the proper time in the morning.

As Dr. Maas maintains, "Brief naps taken daily are far healthier than sleeping in or taking very long naps on the weekend." They are also far better than caffeine as a pick-me-up. "Consumption of caffeine will be followed by feelings of lethargy and reduced R.E.M. (or dream) sleep that night," Dr. Maas writes. "A debt in your sleep bank account is not reduced by artificial stimulants."

He suggests that naps be scheduled for midday because late-afternoon naps can cause a shift in your biological clock, making it harder to fall asleep at night and get up the next morning. To keep naps short — 15 to 30 minutes, set an alarm clock or timer. Westcloc makes a gadget called Napmate, a power-nap alarm clock that has a one-button preset so you can program your nap to last for a specific number of minutes. If you can lie down on

a couch or bed, all the better. If not, use a reclining chair. You need not follow Churchill's advice to get undressed, but make yourself as comfortable as possible. Lap robes are very popular and inexpensive; if a blanket helps you to doze off, use one.

Try to take your nap about the same time each day. Dr. Maas recommends a nap eight hours after you wake up (in the middle of your day, about eight hours before you go to bed at night). Even on days when you don't feel particularly sleepy, he suggests taking a rest rather than a coffee break at your usual nap time.

There are special cases. People who have trouble falling asleep at night might be wise to avoid daytime naps. Parents of newborns should nap when the baby does, rather than using all the baby's sleep time to do chores.

Finally, naps are often essential for people trying to work through illness, injury or chemotherapy, even if they get adequate sleep at night. A woman I know who continued working while receiving cancer therapy napped each day on the floor under her desk. Like so many workplaces, hers had no suitable place to rest. ❖

The New York Times

By the Associated Press

Monday, January 10, 2000

Keywords

crime statistics
elderly

Study: Older Americans Avoid Crime

WASHINGTON (AP) — Elderly Americans are far less likely than younger men and women to be attacked by violent criminals, and the Justice Department says it may well be because older people stay home at night more often.

Each year from 1992 through 1997, there were an average of 5.3 violent crimes for every 1,000 U.S. residents aged 65 or older, the department's Bureau of Justice Statistics said Sunday.

That was less than one-tenth the rate of violent attacks on younger Americans; those aged 12-64 suffered an annual average of 56 violent attacks for every 1,000 residents during each of the same six years.

The data was based on Census Bureau interviews every six months during the period with 85,000 Americans 12 and older. In 1997, the elderly, defined by the report as those 65 or older, made up 12.7 percent of the U.S. population but accounted for only 7 percent of the crime victims identified in the interviews.

The report's author, statistician Patsy A. Klaus, said differences in lifestyle appeared to play a major role in the incidence of violent crime.

"Elderly victims of nonlethal violence were less likely than younger victims to go out at night," she wrote. About 22 percent of elderly violence victims reported they never went out at night for entertainment, shopping or other activities. By comparison, only 3 percent of violence victims under age 50 stayed home at night.

Klaus also found that the elderly were less likely than younger people to fight back when attacked. Only 49 percent of elderly violence victims reported arguing with the assailant, running away, calling for help or attacking the offender. By comparison, more than 70 percent of those under age 50 took some self-protective step.

Crimes against the elderly were more likely to occur in or near their homes and in the day rather than the night, compared with crimes against younger victims. Among elderly victims of violent crime, 70 percent of the attacks occurred in daytime. For all younger victims, daylight attacks comprised less than 60 percent of the total, and for those aged 25-49 less than 50 percent.

Violent attacks near home represented 43 percent of those against the elderly, but only 26 percent of those against younger people.

The elderly had lower victimization rates than younger people for every type of violent and property crime measured by the victimization interviews: rape, robbery, aggravated assault, simple assault, household burglary, auto theft and theft.

The Census Bureau does no victimization interviews in institutions, so crimes against people in nursing homes are not counted in the estimates, the Justice Department noted. In 1995, 4 percent of the elderly, or 1.4 million people 65 or older, were in nursing homes or long-term care institutions.

The interviews also do not cover fraud and thus do not measure the high rate at which elderly people are victimized by crooked telemarketers.

Of all crimes reported by older people during the six-year period, 92 percent were property crimes, compared with 72 percent for younger Americans.

During the study period, the elderly suffered an annual average of 2.5 million burglaries, thefts and auto thefts; 46,090 purse snatchings or pocket pickings, 165,330 non-lethal violent crimes and 1,000 murders. The murder data comes from FBI statistics reported by police departments.

Of the annual average of 165,330 older people who suffered non-lethal violence, 22 percent were injured and 6 percent received

Study cited:

Crimes Against Persons
Age 65 or Older, 1992-97.
*By the United States
Department of Justice,
Bureau of Justice Statistics,*
January 2000.

Available from:

Bureau of Justice Statistics
U.S. Department of Justice
810 Seventh Street, NW
Washington, DC 20001
Tel: (202) 307-0765
Web: www.ojp.usdoj.gov

Cost: None

Free copy also available in full from the website.

treatment at a hospital. Among victims of violence, the rate of serious injury — gunshots and stab wounds, broken bones, unconsciousness — was about the same, 13 percent, for the elderly as for the overall population. ❖

The New York Times

By the Associated Press

Thursday, January 20, 2000

Keywords

domestic violence
international comparisons
sexual abuse

Study: Third of All Women Abused

BALTIMORE (AP) — One of every three women worldwide has been beaten, raped or somehow mistreated, according to a sweeping new report that says violence against women should be treated as a global health problem rather than just a law enforcement matter.

"I see the health care setting as an opportunity — and right now, it's an opportunity lost," said co-author Lori Heise, who visited at least 20 countries during the past decade, collecting data from 2,000 domestic violence studies. "It's an opportunity to perhaps prevent a health problem from materializing."

Authors of "Ending Violence Against Women," released Thursday by the Johns Hopkins School of Public Health and the Center for Health and Gender Equity, say it is the first study to take a worldwide look at violence against women.

Besides immediate physical injuries, abuse has also been linked to problem pregnancies, substance abuse, gastrointestinal disorders and chronic pain syndromes, perhaps due to anxiety, the study said.

"Women who have a history of abuse are at much higher risk of having these chronic conditions than other women," said Heise, the co-director of the Center for Health and Gender Equity.

Anywhere from 22 percent to 70 percent of the women interviewed had never told anyone about abuse they suffered, according to the studies compiled in the report.

Heise also said the report included studies that, for the first time, linked child mortality to mothers' abusive relationships.

A Nicaraguan study concluded that children of abused women were six times more likely than other children to die before age 5. An Indian study also found that women who had been beaten were more likely than other women to face miscarriages, stillbirths or infant deaths.

Other studies linked abuse to miscarriages, premature labor and fetal distress.

"We don't understand what's operating there because people are just beginning to look at it," Heise said.

The report said that the health care system is the only institution that interacts with nearly all women during their lives, giving health professionals an ideal vantage point to identify and assist victims of abuse.

Dr. John Nelson, a gynecologist and spokesman for the American Medical Association, said he agreed "unequivocally."

"The bottom line is physicians and all health care workers are in a unique position to determine if inappropriate relationships exist and intervene very early in the game," Nelson said.

Cincinnati Police Lt. Kathleen Howard, who has taught classes on domestic violence at the police academy for more than a decade, acknowledged the limitations of law enforcement in addressing the problem.

"The problem is we're reactive," Howard said. "Until an incident happens, we can't go there and watch them. We can't take any action until they do something." ❖

Study cited:

Ending Violence
Against Women.

By Lori Heise *et al.*

Published by the Johns
Hopkins Population
Information Program, 2000.

Available from:

Johns Hopkins University
Center for
Communications Programs
111 Market Place
Suite 310
Baltimore, MD 21202
Tel: (410) 659-6300
Fax: (410) 659-6266
Web: www.jhuccp.org

Cost: None

Free copy also available in
full from the website.

The New York Times

By the Associated Press

Thursday, January 20, 2000

Keywords

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Networks Cut Back Campaign Coverage

NEW YORK (AP) — Despite competitive races in both parties, network evening newscasts spent far less time covering the presidential campaign in 1999 than they did four years earlier, a study concluded.

ABC, CBS and NBC nightly news programs had 45 percent fewer minutes of campaign coverage last year than in 1995, when President Clinton was readying his re-election effort against eventual GOP nominee Bob Dole, according to the Center for Media and Public Affairs.

"This is the election that the big broadcast networks decided they are no longer the whole ballgame," Robert Lichter, president of the Washington-based think tank, said Thursday.

The news landscape has changed markedly in four years. This is the first presidential campaign covered by three cable news networks, and there is more Internet coverage than ever before.

One expert suggested that the center's conclusions about the evening news may be misleading.

Lichter said he would have anticipated more network campaign coverage in 1999, given that there are no incumbents and that the primary season is starting earlier and is more compressed than before.

The cable news networks — CNN, Fox News Channel and MSNBC — have been covering the campaign extensively. Early debates, in particular, have drawn big ratings for the news networks.

"The downside is the inadvertent viewer doesn't get educated," Lichter said. "The stuff is still out there for the junkies, but the average viewer isn't going to run across it."

NBC's "Nightly News" devoted 184 minutes to presidential politics in 1999, down 37 percent from 1995. The "CBS Evening News" had 144 minutes, down 55 percent from four years earlier. ABC's "World News Tonight" had 141 minutes, down 39 percent.

Oddly, NBC had the most evening news coverage on the campaign even though it is the only one of the three tied to a cable news network, MSNBC.

"NBC News reaches more people today with its news coverage than it did four years ago," spokeswoman Barbara Levin said. "A news organization's depth of political coverage must now be measured by not only its broadcast reporting but its cable news and Internet coverage as well."

There were no immediate comments from CBS and ABC officials.

Andrew Tyndall, a consultant who studies evening news content, suggested the center's 1995 tally of campaign stories may be inflated by including news on the aftermath of the 1994 GOP takeover of Congress. Tyndall's own study shows a less marked drop in coverage.

The evening newscasts had more presidential coverage last year than they did in 1991, Tyndall said, suggesting there is no long-term shift away from presidential politics.

The Center for Media and Public Affairs found that a candidate for Senate — Hillary Rodham Clinton — drew more evening news coverage last year than any of the presidential candidates. ❖

Study cited:

Political Newswatch.
By the Center for Media and Public Affairs, 2000.

Available from:

Center for Media
and Public Affairs
2100 L St., NW, Suite 300
Washington, DC 20037
Tel: (202) 223-2942
Web: www.cmpa.com

Cost: None

Free copy available in full
from the website.

The Washington Post

By Marc Kaufman

Friday, January 28, 2000; Page A01

Keywords

behavior
drug use
smoking

Many Trying Tobacco in Grades 6-8

Survey Is a First For Middle Schools

The first national survey of tobacco usage in middle schools has found that one in eight students are experimenting with it—the first hard evidence that many children pick up the habit even before they attend high school.

While cigarettes were the most popular choice—with almost 10 percent smoking them within the past month—surprisingly high numbers of middle school students smoked cigars, bidis and kreteks, inexpensive tobacco products from Asia scented with chocolate, mango or cloves.

The new findings from the federal Centers for Disease Control and Prevention in Atlanta, collected in collaboration with the American Legacy Foundation, also came to the conclusion that African American middle school students were using tobacco at the same rate as whites and Hispanics. This was a unpleasant surprise, researchers said, because considerably fewer African American youngsters have traditionally used tobacco.

While numerous previous surveys have found disturbingly high rates of tobacco use among teenagers in high school, the new survey—the broadest effort ever undertaken to examine adolescent tobacco use—is the first to collect similar information about younger children in grades six through eight.

“As a parent, I find it shocking that in this group of young, middle school children, so many are smoking cigarettes and using tobacco,” said Michael Eriksen, director of the CDC’s Office on Smoking and Health.

The survey, in which 15,000 students were questioned at 130 locations in September and October, was also the first to quantify the use of cigars, pipes, smokeless chewing

tobacco, bidis and kreteks among middle and high school students. The children were asked whether they had used the tobacco products once or more within the preceding month.

“The good news is that the survey supports other research finding that cigarette use for [high school students] has plateaued, or is declining,” Eriksen said. “But the bad news is that use of non-cigarette tobacco products is fairly high.”

The survey found that almost 35 percent of high school students use tobacco in some form.

Because the survey was the first of its kind, Eriksen said it could not be conclusively used to monitor trends in tobacco use. But he said the survey generally supports other research, which has found a recent small decline in cigarette use in teenagers.

“The study appears to confirm that there has been a meaningful drop in tobacco use in teens over the past two years,” said Matthew L. Myers, president of the Campaign for Tobacco-Free Kids. “But still, smoking rates remain at near record levels.”

Myers said that new data showing that African American middle school students were smoking as much as whites “is extraordinarily disturbing.” While black high school students were found to be half as likely to smoke as whites, black middle school students were just as likely to smoke cigarettes as whites.

“In the past decade, we have seen an increasing refinement in the tobacco industry’s ability to target populations,” Myers said. “These high levels of smoking by African American middle school students certainly could be related to that.”

Study cited:

The 1999 National Youth Tobacco Survey.
By the Centers for Disease Control and Prevention, 2000.

Available from:

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
Tel: (404) 639-3311
Web: www.cdc.gov

Cost: None

Mark Smith, a spokesman for Brown & Williamson Tobacco Co., said his company is actively trying to prevent smoking among middle school students. He said that research has long found that middle school is where many children begin to experiment with tobacco, and that the survey found "a pretty disturbing rate of usage."

He also said that his company has been concerned about the growing teenage use of bidis and kreteks. He said makers of both were "irresponsible" because they added sweet flavors that appeal to children.

While public health officials have been increasingly concerned about the growing teenage use of non-cigarette tobacco, there had been few statistics to prove it. Eriksen said the survey showed that cigar use (15 percent in high school and 6 percent in middle school) was "of epidemic proportions," and that teenage smoking of bidis and kreteks (both about 5 percent in high school and 2 percent in middle school) is widespread.

"It's looking less like a passing fad, and more like a public health concern," he said.

The tobacco use survey will be repeated in the spring, and then every two years afterward.

AN EARLY TASTE

Percentage of middle school (grade 6-8) and high school (grade 9-12) students using tobacco products.

	White	Black	Hispanic	Total
Cigarettes				
Middle	8.8%	9.0%	11.0%	9.2%
High	32.8	15.8	25.8	28.4
Cigars				
Middle	4.9	8.8	7.6	6.1
High	16.0	14.8	13.4	15.3
Bidis (Indian)				
Middle	1.8	2.8	3.5	2.4
High	4.4	5.8	5.6	5.0
Kreteks (Indonesian clove-flavored)				
Middle	1.7	1.7	2.1	1.9
High	6.5	2.8	5.5	5.8
Using any tobacco products*				
Middle school students				
11.6%	White			
14.4%	Black			
15.2%	Hispanic			
12.8%	Total			
High school students				
39.4%	White			
24.0%	Black			
30.7%	Hispanic			
34.8%	Total			

* Includes pipes and smokeless tobacco, in addition to the forms listed. ❖

The Washington Post

By Megan Rosenfeld

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Keywords

behavior
men
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The Male Animal

Two Scientists Explain Rape as a Natural Behavior and Cause an Unnatural Uproar

Randy Thornhill believes in science with unrestrained enthusiasm. As a biologist and high-ranking professor at the University of New Mexico, he has devoted his 32-year career to it, and he is convinced that science can solve any problem, untangle all knots, lift any cloud.

Recently he turned his attention to an issue as old as time: rape. "If you've got a social problem, science is the only thing that can give us the answer," he says.

The answer science gave him and co-author Craig T. Palmer, a University of Colorado anthropologist, is that men rape women because evolution has programmed them to do it. Rape is a "natural" and "biological" phenomenon, "along with courtship, sexual attraction and other behaviors related to the production of offspring," they write in the current edition of the *The Sciences*, an academic journal.

The article is titled "Why Men Rape" and is subtitled "Prevention efforts will founder until they are based on the understanding that rape evolved as a form of male reproductive behavior." It is excerpted from their forthcoming book "A Natural History of Rape: Biological Bases of Sexual Coercion," dedicated to the "women and girls" in their lives.

Predictably, their work has prompted controversy—and not just from the "rabid women's studies people" Thornhill said picketed one of his lectures on the subject and tried to cancel another. For the last week Thornhill has been deluged with media attention, and MIT Press has alertly decided to move up the original April publication date and get the book to stores by Feb. 1 instead. Behavioral experts of all kinds and political stripes have been probed

for reaction, calling the theory everything from irrelevant piffle to groundbreaking. "It makes me sick," said one scientist who did not want to be identified. "Brilliant," said another.

"We're looking to raise the public discussion of rape to a higher plane," Thornhill says, meaning "scientifically informed."

It is difficult, of course, to convince a lot of non-scientists that the words "natural" and "rape" have any business appearing in the same sentence, even if they know Thornhill and Palmer are using the words in a scientific context—meaning simply that something occurs in nature—and even though the authors jump through linguistic hoops to explain that they don't mean "the behavior is justified or even inevitable." Nor is their theory particularly new—similar ideas have been advanced since at least 1983—but Thornhill and Palmer decided to kick it into high gear.

Attitudes about rape have changed dramatically over the eons. At one time it was considered a crime against the victim's husband or father, not the woman herself. In the post-Freudian age, rapists were thought to be mentally ill, compulsive sex fiends, not criminals, and women were told to "lie back and enjoy it." It wasn't until feminists began writing on the subject (most notably Susan Brownmiller, author of the seminal "Against Our Will: Men, Women and Rape," published in 1975) that the legal system stopped requiring the victim to prove she had not consented, and began to shield her past as irrelevant to the crime at hand.

Now, at a time when taking women by force and exalting pulchritude are major themes in popular culture, it is the fear that victims will again be blamed for causing rape, just

Study cited:

A Natural History of Rape: Biological Bases of Sexual Coercion.

By Randy Thornhill and Craig T. Palmer.

Published by MIT Press, January 2000.

Available from:

Major Bookstores

Cost: \$28.95

by being biologically present—or that rapists will somehow be excused by a Darwinian imperative—that is causing the uproar. Rape was not a sexual crime, Brownmiller and others argued, but an act of aggression that served to intimidate all women.

Much of this long-running debate sounds like another skirmish in the war between sociobiologists (It's evolution, of course!) and social scientists (No! It's conditioning!). The layperson is left on the sidelines wondering what this means to the estimated 1 million women, men and children every year who are forced to copulate, penetrated with foreign objects, assaulted anally and orally, or suffer from attempts to do so.

For all his love of the precision of science, Thornhill, 55, is hard put to describe how his and his co-author's theory could be used to prevent rape, other than to suggest that every male should complete a program that teaches him, in order to get a driver's license, to "restrain his sexual behavior." Women would be taught how to reduce their risk by not wearing "provocative clothing" and avoiding situations like drunken fraternity parties.

And yet Thornhill is quite, quite certain that he has the answer to why men rape, that it has little to do with all the theories about domination and power, and that this scientific knowledge could help prevent the crime.

LOOK TO THE SCORPION FLY

Science is so elegant, so uncluttered by emotion and politics. But people are so messy.

The underpinning of the Thornhill-Palmer thesis goes back to the evolutionist-biologist interpretation of human sexuality that says men ensure the continuation of the species by impregnating as many women as possible, thus being promiscuous, less emotionally involved in sex, and inclined to take it by force if they can't get it with charm. Women, given their childbearing realities, have a greater stake in being choosy about selecting a mate, particularly one who has a good job hunting and gathering.

If you buy into all this, it then follows that, historically, rape is "an adaptive

reproductive strategy." They are not saying that spreading the seed is what drives men to rape today—just that that is how rape was invented in the olden days.

They cite a variety of evidence. For one, that rape occurs in other species. Three million of 25 million animal species have been studied, Thornhill says, and rape occurs in most. He cites in particular the scorpion fly, which he has studied. Generally, the male tries to mate by offering the female a "nuptial gift" of hardened saliva or a nice dead insect. But when he can't acquire such loot, he rapes. He even has a special body part—the notal organ—to clamp the female to him. This organ has no other purpose than forced copulation.

"Human males obviously have no external organ specifically designed for rape," the two scientists write. "One must therefore look to the male psyche—to a potential mental rape organ—to discover any special purpose adaptation of the human male to rape."

They add: "The common thread that binds nearly all animal species seems to be that males are willing to abandon all sense and decorum, even to risk their lives, in the frantic quest for sex."

They see other validation of the reproductive strategy in statistics and studies that show women of childbearing years have a higher rate of being raped than either girls under 12 or post-menopausal women, that these women are more traumatized by the rape, and that a minority of rape victims are subjected to more violence than is necessary to complete the rape. In other words, rape is more about sex than it is about domination.

This is where the political element of the controversy comes in. Thornhill says the theory that rapists prey on women out of a pathological desire to control them became popular largely "because it was thought to be a good political position in the feminist movement."

In particular, he cites Brownmiller's book, which has had enormous influence in changing the old attitudes that blamed the victim rather than the rapist. (Although not completely, as a Montgomery County judge named Durke G. Thompson proved

recently when he said an 11-year-old girl was partly to blame for having been molested by a 23-year-old man.)

"Our argument is simply that the theory behind her program is scientifically bankrupt," Thornhill says.

Furthermore, he says, the feminist hold on social-science theory has created a climate in which his work, and that of others advocating Darwinian perspectives, has been suppressed. "Why have pickets and audience protesters caused public lectures on the evolutionary basis of rape to be canceled or terminated?" he and Palmer write. "Why have investigators working to discover the evolutionary causes of rape been denied positions at universities?"

Asked for specifics, he says "rabid women's studies" advocates organized to protest a lecture at a college he would not name, forcing him to speak in a basement hall to an invited audience rather than in a lecture hall for a general audience. And placard-bearing women barred his entrance to a hall at Simon Fraser University in British Columbia, then interrupted him (and his former wife and collaborator, Nancy Thornhill) with loud catcalls.

Charles Crawford, the professor of evolutionary psychology who sponsored the lecture, confirmed that the incident happened—at least 10 years ago.

A LECTURE AT DMV

"I never said it didn't have to do with sex," Brownmiller says. She has been out promoting her latest book, "In Our Time: Memoir of a Revolution." Her robust voice crackles with indignation over the phone. "Thornhill gives sociobiology a bad name. . . . Rape is a crime of violence that has mostly to do with young male aggression and also with cultural attitudes that kind of indicate to young men that it is a macho act to force yourself on women.

"The scorpion fly? I mean, he doesn't have much in the way of examples besides a couple of ducks and an orangutan or two. . . . Let's stick with the chimpanzees or the bonobo monkeys—they are so peaceful."

Several experts contacted over the past week have questioned the reproductive-strategy theory by pointing out that

considerable numbers of rape victims are not obviously impregnable—children and post-menopausal women, men, Muslim women draped in garments that reveal nothing of either beauty or age—why are they raped? And how does he explain the large numbers of rapists who fail to ejaculate, or those who have a regular sexual partner? Thornhill says these examples are “incidental, functionally.” That men will have intercourse with animals, blow-up dolls—or infertile females or men—is merely a byproduct of their indiscriminate sex drive.

Denise Snyder, executive director of the D.C. Rape Crisis Center, says the idea that women of childbearing age experience more trauma than those who are not does not correspond with her 11 years of counseling victims. “Of course, the potential of pregnancy will add a layer of concern. But a 75-year-old could have been assaulted in a way the AIDS virus could have been transmitted, so that trauma is there.”

She also says the fact that comparatively few victims suffer injuries beyond the rape itself does not mean it is not a crime of aggression.

“Rape is not about the same type of aggression as a fistfight,” says Snyder. “It’s about domination over another person. Rape is a far more effective way to leave a person disempowered than beating somebody.”

On the other hand, one psychiatrist says neither theory is significant to the question of how to prevent rape. “The argument over whether it’s a misogynistic expression of power or sexual release is not important,” says Sally Satel of the conservative Ethics and Public Policy Institute. “It’s both, and in degrees depending on situation.”

One thing nearly everyone dismisses, however, is Thornhill’s idea that a lecture tied to getting your driver’s license would help prevent rape.

“It borders on the absurd,” says Satel. “First off, by approaching this as ‘psycho education’—like teaching bipolar people they have an imbalance—they are estranging the recipients of this message from the event, making it more sterile.”

Lionel Tiger, the anthropologist and author of last year’s “The Decline of Males,” agrees with Thornhill and Palmer on the basics, but he, too, thinks their license proposal is pointless. “Given the experience most of us have had at the motor vehicles bureau, this would be a disaster . . .”

Thornhill and Palmer’s license lesson would teach young women that “because selection favored males who had many mates, men tend to read signals of acceptance into a woman’s actions even when no such signals are intended.”

Jonathan Stillerman, co-executive director of the Men’s Rape Prevention Project in Washington and a clinical psychologist, said he is not opposed to linking a rape prevention course to getting a driver’s license, but fears that Thornhill’s message is the wrong thing to teach. The article “comes dangerously close to blaming women for being sexually assaulted, and disempowering and demeaning men by suggesting we are sort of helpless in the face of our biological destiny. . . . More than likely men will come out of it with another reason to justify forcing themselves on someone because their ancestors did it.”

“What about the men who don’t drive?” asked Brownmiller.

LEGAL PRESUPPOSITIONS

Thornhill and Palmer want nothing less than to change the culture of thinking about rape. And, as much as they decry the politicization of rape theory, it is clear that what they want to supplant are the “Brownmillerites,” as Thornhill called them.

But what is at risk here? They do not advocate going back to blaming women, or lessening criminal penalties, or viewing rape less seriously. Nor are accused rapists likely to use a Darwin-made-me-do-it defenses.

“Only someone ignorant would think this would afford a rapist a genetic defense,” said Owen Jones, a law professor at Arizona State University who specializes in the legal implications of human biology, and admires Thornhill and Palmer’s work.

Crawford, the Canadian professor who has also written on the subject, envisions that the definition of rape would change somewhat, depending on whether it was a “date” or acquaintance rape or a stranger-who-draws-you-behind-the-bushes rape. Standards of proof would be tougher in the former.

Jones thinks the book could change attitudes about training, and about deterrence. For example, if you think rape is about sex, you are more likely to believe that chemical castration as a term of parole would be effective, he said. If you think it’s about dominance, you’d be more likely to think “chemical castration would have no effect because he could just use a hammer instead of a penis.”

Jones contends that the 1994 Violence Against Women Act would be in for a major overhaul if Thornhill and Palmer’s theories become mainstream. “[It] is built on a presupposition that crimes of violence against women are essentially hate crimes in the same way cross-racial crimes are hate crimes,” Jones said. “If that presumption is wrong, then the efforts to use the mechanism of law to prevent rape will be less effective than everyone wants them to be. . . . There is an incredible amount of money designated in the VAWA for teaching prosecutors, etc., about the ‘real’ causes of rape. This is Congress adopting a single view about the causes of rape and devoting federal funds to spreading that idea, which may be fundamentally flawed.”

But until someone designs an actual program or proposes an actual change in the law, the reproductive-strategy theory of rape will be just another academic firestorm. Interesting—yes, plausible—possibly, but behavior-changing?

Doubtful.

“I have been working in this field for 15 years and I would lay my life on the line that the vast majority of the women I have worked with across the country would turn themselves into pumpkins if it meant we could reduce sexual violence,” said Denise Snyder. “I don’t care who would come up with whatever ideas—if there was something out there—it would happen in the snap of a finger.” ♦

The Washington Post

By E.J. Dionne Jr.

Sunday, January 30, 2000; Page B01

The Politics Of Youth? Filled With Qualifications

HANOVER, N.H.—The New Hampshire primary once was, for a brief moment in American politics, synonymous with youthful activism and idealism. One of the cliched stories of the 1968 presidential campaign featured the hordes of college students who descended on this state, cut their long hair to become "Clean for Gene" and walked country roads on behalf of the anti-war candidacy of Sen. Eugene McCarthy.

In 1972, New Hampshire saw a repeat of youthful outpouring on behalf of another opponent of the Vietnam War, Sen. George McGovern. McGovern lost here to Sen. Edmund Muskie, but ran "better than expected" (his campaign may have invented that hoary political phrase) and went on to win the Democratic nomination.

Three decades later, it's possible to see that those two campaigns were aberrations, that "children's crusades" (as McCarthy's effort here was called with both admiration and condescension) were thoroughly unusual political events. But because presidential politics is so inextricably bound to this state, it's still a good place to test the current theories being tossed around about the relationship (or lack of it) between America's youth and America's politics.

Here's a place to start: The latest generation of young people is defiantly unlike its activist '60s brethren, and also unlike the image that we older adults impose upon it as a disengaged, disenchanted and disheartened crowd.

You cannot turn around these days without banging into a new survey on the political alienation of the young. Earlier this month, Northwestern University's Medill School of Journalism released a report containing another raft of sad statistics: 58 percent of 18- to 24-year-olds say they don't pay

attention to political stories in the newspapers or on television. One-third said they rarely or never follow what's going on in government. Another 37 percent said they do so only occasionally. Nearly half said they felt disconnected from government.

There are other studies showing the same thing, including a widely noted one by the National Association of Secretaries of State last year. But that study, and another by a group called Public Allies, revealed something unexpected: This disenchanted generation is a volunteering generation. Many in its ranks are civic-minded without being political. There's an abundance of hope and charity, but not much faith in conventional politics. The young are socially concerned, but lack confidence that government or political action can lead to the social improvement they're seeking.

Even more striking is the quantity and quality of self-criticism and self-awareness in a generation raised on the "we're all in on the joke" irony of the late TV age. My own unscientific survey in Iowa and New Hampshire—especially during a sojourn at Dartmouth College, where I was teaching a few classes last week—suggests that whatever else is true of the new generation, it is less smug than advertised. It also disdains the kind of pandering ("Oh, we must talk more about young people's issues") that studies and reports so often recommend. Note to civic engagement types: If you want to involve the younger generation in politics, don't treat it as an interest group to be soothed and stroked, but as a community of serious citizens prepared to respond to a challenge.

But first, remember it's a competitive world out there and for many students politics doesn't hold the allure it once did. Consider a group of Dartmouth students who gathered this past week for dinner at Murphy's, a

Keywords

demographics
political participation
voting

Study cited:

New Leadership for a New Century: Key Findings From a Study on Youth, Leadership, and Community Service.

By Peter D. Hart Research Associates, August, 1998.

Available from:

Public Allies
1015 18th Street, NW
Suite 200
Washington, DC 20036
Tel: (202) 293-3969
Fax: (202) 822-1196
Web: www.publicallies.org

Cost: None

Free copy also available in full from the website.

Study cited:

Y Vote 2000.
By Ellen Shearer, January 2000.

Available from:

Y Vote 2000
C/O Medill News Service
1325 G Street, NW
Suite 730
Washington, DC 20005
Tel: (202) 347-8700
Fax: (202) 662-1814
Web: www.yvote2000.com

Cost: None

friendly Main Street bar and grill. The real contest, argued Casey Sixkiller, a senior from Seattle, is not between good politics and bad politics. "The real drive is to make a lot of money and retire by the time you're 32," Sixkiller said. "People face a choice: I can make no money and work on Capitol Hill. Or I can get into an Internet company or a dot com."

In this age of the young millionaire, a life in public service can seem gray and tired. "You're sitting on a couch drinking your beer," said Stephanie Chen, a senior from Park Ridge, Ill., "and you see a guy on television say, 'I earned my first million when I was 21' and you say to yourself: 'What am I doing?'"

Among those who graduate from expensive four-year colleges, there is pressure to convert \$100,000 in tuition and living costs into quick returns. When it comes to public service or politics, says Michael Bern, a junior from Fort Lauderdale, Fla., "the price tag of Dartmouth College discourages people from doing that."

Yet many in this group said they were prepared to buck the trend and go into public service anyway—though not necessarily into electoral politics. In 1968 and 1972, political activism was seen as the province of the bold and the committed. In 2000, many students see it as, well, uncool. "I think it's the norm on campus to be politically involved and be able to talk about the campaign and what's going on," says Thad Glowacki, a 21-year-old senior who plans to work next year at Morgan Stanley. "But people who take it one step further and want to hold a sign at a rally are viewed skeptically and almost comically."

Collin O'Mara, a junior from Syracuse, N.Y., is one of those students willing to take the barbs that will accompany a leap into politics. He's the campus coordinator for Sen. John McCain's campaign here, and proudly appeared in a blue suit and tie when he introduced the man he called his hero to his fellow students during the Republican candidate's appearance on campus Monday night.

The word "comic," O'Mara said with a wry grin, is one of the nicer insults hurled at political activists on campus. "The words we hear more often are self-serving, slimy and hungry," he says. "If you say

you're going into public service, people will say: 'Great!' If you say you're going into politics, they say: 'Why?'"

It's worth noting that these students grew up in an age when the term-limits movement was gathering steam. The message of that cause: Elective office is not a career. The students are also coming of age at a time when economic markets, not politics, are seen as where the action is. In light of this, it's remarkable how many in this generation still harbor some hope for public service.

Both McCain and Democratic presidential candidate Bill Bradley draw the interest of many younger voters not because they say politics is evil, but because they explicitly argue that politics should be more honorable and inviting than it is. McCain especially has struck a chord with his critique of selfishness. Two 18-year-old high school students, Matthew Ball of Ware, N.H., and Ryan Fredrickson of Concord, N.H., both cited McCain's call to young people to reach beyond themselves as a central reason that they support him. Ball quoted some of McCain's words almost verbatim, something several other students did, too. "He's inspirational," Ball said. "He addressed the youth directly and said he wanted to inspire them to causes greater than their own self-interest."

The reasons most young people cite for being turned off by politics are often the same reasons cited by their elders: a dissatisfaction with negative politics, unhappiness with the way the mass media cover politics and an overpowering sense—often learned in their political science classes—that electoral politics is ineffectual.

Pete Fritz, a senior from Meridan, Conn., took professor Lynn Vavreck aback during her government course the other day when he said that the university's approach to political science may reduce rather than increase a student's proclivity to enter political life. "Every one of my courses has dealt with constraints on government rather than the potential of government," Fritz said. (For the record, Vavreck, an ebullient lover of politics, sees her work a bit differently.)

The lords of the nation's news organizations would cringe at how the media's role in politics is viewed. Many

students say the press presents a contorted view of the political process and thus drives good people (including, potentially, themselves) out of the political field. Elizabeth Kavanaugh, a sophomore from Dartmouth, Mass., says one advantage of going to college in New Hampshire is the chance to see the presidential candidates in person. She learned that they can give rather extensive and thoughtful answers to questions. "It's a side you don't see in the media," she said. "What you see in the news is when they screw up."

As a result, even students with a strong interest in public issues find themselves shrinking from electoral politics, especially at the national level. "Having studied politics for four years, I can tell you I don't want to work in government because it is too oriented to PR and how you look on television and not about what you want to see changed in the country," said Chen. She's leaning instead toward human rights or civil rights groups that work to change government from the outside.

Nonetheless, the current crop of students is vastly more interested in public issues than were its counterparts from the late 1980s and early 1990s, several Dartmouth faculty members argue. "They are less passive than they were a decade and a half ago," says Dean Spiliotes, a government professor. "But they don't get involved in parties. They get involved in issues or grass-roots organizations." Political parties, Spiliotes said, are seen as "something that their parents did."

I came away from my conversations with dozens of thoughtful students believing that the answer to all the hand wringing about youthful disengagement is to stop wringing our hands about what narrow fixes, gimmicks or "youth-oriented messages" might engage the young. When candidates behave differently, young people notice and respond. When a candidate like McCain calls on them to think of something "beyond their own self-interest," they're prepared to listen. But when politicians shout at each other, or when the news media and academia send a steady stream of signals that nothing in politics can ever be inspiring or on the level, they turn off and tune out.

Treating the young as some special interest group is exactly the wrong way to get them interested in politics. Far better that

they be challenged (or better still, challenge themselves) to live up to their own social commitments and to reform a system that isn't quite working. Pandering to them is a problem, not a solution. ❖

Family Life

The Washington Post

By Maria Coder

Saturday, January 1, 2000

Eating Home-Cooked Meals Less Common

NEW YORK — If it seems like you hardly eat at home any more — you're right.

While the home-cooked meal is not yet an endangered species, the number of meals prepared and eaten at home is at an all-time low, according to the 14th annual NPD Group report on Eating Patterns in America.

And, not surprisingly, the number of meals purchased in restaurants is at a record-breaking high, the market research firm reported.

The November study found that the average American consumed 917 home-cooked meals and 139 restaurant meals during the year ending in February, the period tracked by the report.

In 1990, the average person ate 933 home-cooked meals and 122 restaurant meals. That means that there has been a 14 percent increase in the number of restaurant meals during the decade.

Fast food restaurants captured more than 80 percent of the growth in restaurant meals in the past five years.

NPD Vice President Harry Balzer, who has been monitoring national eating patterns for 20 years, believes consumers are more concerned with their time and money than they are with maintaining a balanced diet.

"After years of attempting to eat our way to better health, with the only tangible result

being a heavier American, we are back at looking for the easiest and cheapest way to take care of feeding ourselves," he said.

And people aren't shy about admitting they eat out.

"By the time I get home I'm exhausted," Kathleen Ignozzi, a student in the New York area, explained as she looked over a Chinese food menu in Manhattan.

Alan Dayton, a lawyer in Salt Lake City, visiting New York's Rockefeller Center, said he too prefers to eat his meals outside the home. "I eat cheap food out a lot. I don't know how to cook and Doritos every night is really gross."

Balzer believes that while supermarkets and food manufacturers may be feeling the pinch from the growth in the restaurant industry, home-cooked food may make a comeback if it comes down in price and is made easier to prepare.

Other findings show that "heat and eat" meals are becoming increasingly popular.

In 1999, 34 percent of all home-cooked meals included at least one item where the preparation was just "warmed" or "heated."

The NPD's annual report is based on information provided by 15,000 households where nearly 40,000 individuals complete food and beverage consumption journals for a two-week period. ❖

Keywords

diet
families
health
lifestyles

Study cited:

Fourteenth Annual Report on Eating Patterns in America.

By the NPD Group, Inc.,
January 2000.

Available from:

The NPD Group, Inc.
900 West Shore Road
Port Washington, NY 11050
Tel: (516) 625-0700
Fax: (516) 625-2347
Web: www.npd.com

Cost: \$2,250-\$15,000

The New York Times

By the Associated Press

Tuesday, January 11, 2000

Keywords

health, children
medication

Nasal Spray Lowers Ill Kids' Anxiety

CHICAGO (AP) — A nasal spray containing a drug similar to Valium reduced anxiety in children undergoing painful cancer treatments, according to a study in this month's issue of the journal *Pediatrics*.

The study of 43 cancer-stricken Swedish children found that those given midazolam in a nasal spray prior to having a needle inserted into them for intravenous treatments were calmer and more comfortable than children given a placebo.

Although the drug was tested only on children with cancer, researchers said it could be used to ease anxiety in youngsters facing procedures for other medical problems.

"It's interesting for children who are very much afraid, where you otherwise would have to hold them down to carry through the procedure or immunization or whatever," said Dr. Gustaf Ljungman, lead author of

the study and a pediatric cancer specialist at Uppsala University Children's Hospital in Sweden.

In the study, the spray or a placebo was given before a needle was inserted in an intravenous port, an opening left in cancer patients to avoid having to insert an IV each time doctors need to administer a drug.

The children were later asked whether the spray had a calming effect, whether it bothered them and if they would want the medication again. Parents and nurses helped the children answer the questionnaires.

The main drawback to the spray, Ljungman said, is that some children reported a burning sensation.

The study also noted that midazolam only reduced the children's anxiety and not the pain associated with the treatment itself. ❖

Study cited:

Midazolam Nasal Spray
Reduces Procedural
Anxiety in Children.

By Gustaf Ljungman et al.

Published in *Pediatrics*
Vol.105, January 2000.

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: \$5.00

The New York Times

By the Associated Press

Thursday, January 13, 2000

Tall Guys Get Girls, Have More Kids

Keywords

gender roles
marriage
reproductive, health
sexual behavior

If it seemed as if the tall guys got all the girls in high school, it wasn't your imagination. New research suggests taller men are more likely to marry and tend to have more children than short guys.

What's behind the phenomenon — whether women prefer taller men or those men are simply more outgoing — is up for debate. But the numbers clearly stack up against shorter guys.

Polish and British scientists studied the medical records of about 3,200 Polish men ages 25 to 60 and found that childless men were on average 1.2 inches shorter than men who had at least one child.

Bachelors were about an inch shorter on average than married men. That was true even after researchers took into account the fact that men's heights increased in recent decades because of better nutrition and health care.

The records, which were collected in Wroclaw, Poland, from 1983 to 1989, showed that tall men in their 20s, 30s and 40s all had more children than their shorter peers.

Height didn't seem to matter for men in their 50s. Robin I.M. Dunbar of the University of Liverpool said that is because those men came of age after World War II — a catastrophe that claimed the lives of many Polish men and reduced women's mating options.

However, Dunbar said the numbers clearly show that women favor taller men — something that other research suggests is true across all cultures.

"Basically, height is a proxy for other variables that women find desirable — men who can protect them, provide them with resources, have good social status and aren't easily dominated by other men," said

Dunbar, a professor of evolutionary psychology and the study's co-author.

The findings were published in today's issue of the journal *Nature*.

Out of the military service records of 4,400 men, the researchers excluded men who were abnormally short or tall. The average height of the 3,200 men whose records were part of their final sample was 5-foot-6.

The researchers meant to study men whose height and reproductive success were not so gargantuan, or so small, as to have skewed their results. Their methodology would have excluded someone like Wilt Chamberlain, the 7-foot-1 basketball star who bragged of sleeping with 20,000 women.

While other studies have shown that taller-than-average men have higher incomes and social status than shorter men, this study is the first to demonstrate a direct link between height and reproductive success, said David Buss, a professor of psychology at the University of Texas at Austin.

Buss, who has written two books on human mating habits, said the female preference for taller males harkens back to the earliest stages of human evolution. That was a time when prehistoric women chose mates who could offer them the best protection and provide for their needs.

"This study shows that even in modern times the kind of selection we might think of as prehistoric continues to operate," he said.

Dunbar said he undertook the research after noticing that in personal ads men advertised their height only if they were tall or taller than average.

"You didn't see any advertisements saying, 'I'm 5-foot-3, give me a call,'" he said. ❖

Study cited:

Tall Men Have More Reproductive Success.
By Robin Dunbar et al.
Published in *Nature*,
Vol.403, No.6766,
January 13, 2000.

Available from:

Nature America, Inc.
PO Box 5055
Brentwood, TN 37024-5055
Tel: (800) 524 0384
Fax: (615) 377 0525
Web: www.nature.com

Cost: \$10.00

The New York Times

By the Associated Press

Thursday, January 13, 2000

Keywords

behavior
child development
psychological disorders

Antisocial Behavior in Boys Studied

CHICAGO (AP) — Very aggressive boys have been found to have lower-than-expected levels of a stress hormone in their saliva, suggesting that their behavior might be biologically based and hard to treat with counseling, researchers reported Thursday.

The researchers reported in the January issue of the *Archives of General Psychiatry* that extreme antisocial behavior in boys ages 7 to 12 appears to be related to low cortisol levels.

Cortisol is typically released in response to fear, such as fear of punishment for misbehaving. Its low levels in the antisocial boys might indicate that they do not fear the possible consequences of their actions, said Keith McBurnett, a child psychologist at the University of Chicago medical school who led the study.

"Perhaps what we're dealing with here is a biological propensity that's resistant to treatment, which is very troubling," he said.

"The implication is that we may need to discard our traditional notions of treatment with these kids in favor of trying to help them fit in and find a niche in society where their aggressiveness and lack of a sense of danger is an asset."

McBurnett said a more appropriate treatment might include drugs similar to those given to hyperactive children.

The four-year project studied such symptoms as starting fights, using weapons, stealing and forcing sexual acts. McBurnett acknowledged that the sample was small — just 38 boys — but said the correlation between cortisol and "childhood-onset conduct disorder" was very strong.

The disorder is characterized by severely antisocial behavior such as animal cruelty and weapon use that shows up before age 10. Children with the disorder often grow up to account for a disproportionate percentage of crimes, the researchers said.

More than a third of the boys with low cortisol were labeled by peers as the meanest in their class. The 12 children with the lowest levels of cortisol averaged 5.2 symptoms of conduct disorder, while the 26 with higher levels averaged 1.5 symptoms. And 11 of the 12 with low cortisol developed aggressive symptoms before age 10.

Dr. James M. Dabbs, a Georgia State University psychologist who has studied hormones in saliva, said he found the report somewhat surprising but saw no reason to doubt its findings.

"Low cortisol would make you bold," he said. In youngsters with low levels of the hormone, "it doesn't bother them when you do things to them. It's hard to make them behave." ❖

Study cited:

Low Salivary Cortisol and Persistent Aggression in Boys Referred for Disruptive Behavior.
By Keith McBurnett et al.
Published in the *Journal of General Psychiatry*, Vol.57, No.1, January 2000.

Available from:

American Medical Association
PO Box 10945
Chicago, IL 60610,
Tel: (800) AMA-2350
Fax: (312) 464-5831
Web: www.ama-assn.org

Cost: \$15.00

Baby's Emotional Development Is Foundation for Adult Skills

That title, well, them's fightin' words.

With publication of "The Myth of the First Three Years," author John T. Bruer has gotten quite a bit of attention (including in this column). Bruer's bottom line: The common belief that new research has discovered just how a baby's brain best develops is baseless. There is no new science. There was only overblown media treatment. So parents can forget about "critical periods" for learning.

That the media ran wild with such stories is not disputed.

However:

"He didn't go into the things that are the most relevant to the first three years of life—emotional development," prominent child psychiatrist Stanley Greenspan says.

There is overwhelming evidence "that emotional development in the early years is the foundation not just for social skills and emotional skills but intelligence as well. . . . Unless you go into these emotional interactions, you're not going to know the importance of the early years," Greenspan said.

And the title: It implies that the first three years are really no big deal. If not, Greenspan says, "Then why the title of the book? . . . By titling it 'The Myth of the First Three Years,' he is making a statement," and Greenspan thinks it's utterly misleading.

Greenspan, who practices in Bethesda, is the author of many books, including "The Growth of the Mind." He has a new one coming out within the next month that takes the opposite point of view from Bruer's and refutes in great detail Bruer's stance.

Greenspan's book is "Building Healthy Minds: The Six Experiences That Create Intelligence and Emotional Health in Babies and Young Children," to be published by Perseus.

There are indeed critical skills acquired in the first years, but they have nothing to do with toys or music lessons, Greenspan says:

"The capacity to relate to others with warmth and intimacy," the ability to communicate, and the ability to think.

All these depend on what kind of care the baby has—what the parents and the sitter do, and how cued in they are to the child.

When children are lucky, there are people who gush over them when they are babies, play funny face and, later on, co-host a tea party for a visiting zebra—"seemingly natural experiences."

An unlucky child, though, may have a single mother who is depressed—quite a different situation.

"If you're talking about the basics, all these core experiences have to take place in the first three or four years. And every time they don't, kids are in hot water," Greenspan says.

Children can be helped with therapy, but it takes years of it, "and then only sometimes with good results."

So Greenspan is in direct opposition to Bruer, who does not see any evidence of an early critical period, cases of neglect or abuse aside.

He's with Bruer, though, on this:

"On the other hand, if you're talking about your ability for academic subjects, such as

Study cited:

The Myth of the First Three Years : A New Understanding of Early Brain Development and Lifelong Learning.

By John T. Bruer.

Published by Free Press, September 1999.

ISBN: 0684851849

Available from:

Major Bookstores

Cost: \$25.00

math or reading, your musical abilities, your attitudes and values, those are all learned throughout life.”

After reports of babies’ synapses crackling and connecting, and now with Bruer suggesting an easygoing approach, parents are bound to be confused—misled, really, Greenspan says.

“There are two wrong things parents are being told to do. One is to just relax and do routine care. People don’t have a definition of what that means anymore. That’s too laissez-faire. Parents need the knowledge of what kinds of interactions or relationships promote healthy brain development.

“The other extreme—educational toys, music lessons—doesn’t work either. That’s not where the action is. That doesn’t work in building either IQ or building a healthy intelligence, or social-emotional skills. We’re missing the boat in either extreme.” ❖

THE WALL STREET JOURNAL

By the Associated Press

Wednesday, January 5, 2000

Keywords

cancer, cervical
medical research
testing

Pap-Smear Alternative Shows Promise in Studies

CHICAGO — A test for the human papilloma virus that doesn't require a pelvic exam may soon rival the Pap smear as an accurate way of screening for cancer and precancerous conditions in the cervix, researchers say.

However, the test produced far more false-positives than the Pap smear, causing many more women to need further testing, according to two studies in Wednesday's *Journal of the American Medical Association*.

Whether the HPV test's widespread use will ever be feasible, affordable and effective at reducing cervical cancer deaths remains to be seen, said an expert who was not involved in the work.

As a screening technique, the test may be most applicable in developing countries, where pelvic exams and lab exams of cervical cells are often unavailable, said the expert, Dr. Jack Cuzick of the Imperial Cancer Research Fund in London.

But the lead author of one of the studies said the test's false-positive rate may be much lower among U.S. women, and similar to that of the Pap smear, because they have much lower rates of sexually transmitted diseases than the African and Central American women studied.

"I think for women over age 35 to 40, HPV testing will end up, in the near future, replacing a regular Pap smear," said the author, Dr. Thomas C. Wright Jr. of Columbia University.

The HPV test is now licensed in the U.S. only as a follow-up to an abnormal Pap smear. It has not been approved for routine

screening, though it is available for that purpose in other countries.

The test is based on the discovery that the sexually transmitted human papilloma virus, or HPV, causes almost all cases of cervical cancer.

HPV infects an estimated 40 million Americans and many more worldwide. Though most of HPV's 80 strains cause no permanent harm, perhaps 1% of infected people get a strain that can cause cervical cancer.

World-wide, almost 360,000 cases of cervical cancer were detected in 1990, with 190,000 women dying of the disease.

The Pap smear, which costs \$25 to \$35, is the most widely used screening test. It requires a skilled professional to do a pelvic exam and scrape cells from a woman's cervix. The cells are then analyzed under a microscope.

"A single Pap smear misses about 40% of cervical disease, which is why women are told to have yearly Pap smears," Dr. Wright said.

In HPV testing, which costs \$45 to \$60, women themselves can collect a sample of cervical tissue at a clinic or doctor's office using a small brush or cotton swab. The tissue is then analyzed for DNA from 13 types of HPV considered to be the main culprits in cervical cancer.

Dr. Wright's team and colleagues from AVSC International and the University of Cape Town screened and followed 1,365 black South African women ages 35 to 65. The researchers found that the HPV test

Study cited:

HPV DNA Testing of Self-Collected Vaginal Samples Compared With Cytologic Screening to Detect Cervical Cancer.

By Thomas Wright, Jr. et al.
Published in the *Journal of the American Medical Association*, Vol.283, No.1, January 5, 2000.

Available from:

American Medical Association
PO Box 10945
Chicago, IL 60610,
Tel: (800) AMA-2350
Fax: (312) 464-5831
Web: www.ama-assn.org

Cost: \$15.00

identified 37 of 56 women with high-grade cervical disease or cancer, for a detection rate of 66%.

The Pap smear identified 38 of the 56 women, a rate of 68%. But the false-positive rate for the self-collected HPV test was 17%, vs. only 12% for the Pap smear.

In the other study, led by Dr. Mark Schiffman of the National Cancer Institute, researchers screened 8,554 women in Costa Rica ages 18 years and older. A total of 138 cases of high-grade cervical disease or cancer were found, with the HPV test detecting 88% and the Pap smear 78%. But HPV had almost twice the rate of false-positives, 11%, vs. 5.8% for Pap smears. ❖

THE WALL STREET JOURNAL

By Laurie McGinley

Monday, January 10, 2000

Keywords

health care costs
Medicare

Medicare Could Save Over \$100 Million If It Covered Drug for Dialysis Patients

WASHINGTON — Medicare could save more than \$100 million a year if it covered payments for the oral form — rather than just the more-expensive injected version of a calcium supplement used by kidney-dialysis patients, says a new congressional study.

Kidney failure can often result in dangerously low calcium levels, resulting in bone loss and fractures. To treat the problem, many people on dialysis are prescribed a calcium supplement known as calcitriol.

The injectable version, called Calcijex, is delivered intravenously during dialysis and made by Abbott Laboratories in North Chicago, Ill. The oral version, called Rocaltrol, is taken by capsule or in an oral solution, and is manufactured by Hoffmann-La Roche Inc., the Nutley, N.J., unit of Switzerland's Roche Holding Ltd. Both versions are designed to increase the body's ability to absorb calcium and strengthen bones.

But Medicare, by law, is generally barred from covering prescription drugs that patients administer themselves. Thus, it doesn't pay for Rocaltrol, but it does cover Calcijex. Most dialysis patients using the supplement take Calcijex, not Rocaltrol, because of the reimbursement policy.

But that policy results in increased Medicare costs, according to the study by the Democratic staff of the House Committee on Government Reform. The report estimates that about 89,000 kidney-dialysis patients use Calcijex, at a cost of \$2,065 a year per patient. About 23,000 use Rocaltrol, at a cost of \$438 a year per patient. If all the patients on Calcijex switched to Rocaltrol, Medicare would save \$110 million, according to the report.

"It makes no sense that Medicare covers one form of this drug and not the other," said Rep. Rush Holt (D., N.J.) who requested the study. "It's an irrational government policy that delivers a kidney punch to taxpayers."

Patients using the calcium supplement also would save millions of dollars in co-payments if they used the cheaper oral drug, he said.

A spokesman for Mr. Holt said the lawmaker would push for legislation to cover the oral form of the drug. The aide said that Mr. Holt believes such a change could be made even in the absence of a wholesale changes in Medicare drug coverage. Congress, in the past, has approved Medicare reimbursement for the oral versions of certain cancer drugs and anti-nausea drugs. Hoffmann-La Roche isn't located in Mr. Holt's district, though it is in his home state.

The Democratic staff that prepared the report has done several other studies on Medicare drug pricing, including a series that showed that senior citizens pay higher prescription drug prices than do other purchasers.

About 304,000 Americans suffer from kidney failure, also known as end-stage renal disease. Under a 1972 law, these people are considered disabled and eligible for Medicare, regardless of age. A spokesman for the Health Care Financing Administration, which runs the health program for the elderly and the disabled, said that the study points up the need for a comprehensive Medicare drug benefit, as proposed by the White House.

Abbott declined to comment on the report. ❖

Study cited:

Irrational Medicine:
Limitation on Medicare
Direct Coverage for Kidney
Patients Cost Taxpayers
Millions of Dollars.
*By the Democratic Staff
House Committee on
Government Reform,
January 2000.*

Available from:

Committee on
Government Reform
2157 Rayburn House
Office Building
Washington, DC 20515
Tel: (202) 225-5074
Web: www.house.gov

Cost: None

Researchers Link Marijuana to Cancer

Study Suggests Drug's Popularity in Recent Years Could Have Long-Term Impact

Current and past smokers of marijuana are at increased risk of developing cancer of the head and neck, including tumors of the mouth, throat and larynx, a new study has found.

The study, the first to link marijuana with such cancers, suggests that the drug's popularity in recent decades could have serious long-term health consequences for some users. The generation of Americans who were teenagers in the 1960s, when recreational use of marijuana became widespread, is reaching the age when many types of cancer start to become more common.

Marijuana smoke is higher in tar and carcinogens than tobacco smoke, and previous research has shown that marijuana smokers, like cigarette smokers, can develop precancerous changes in cells lining the respiratory tract. Researchers said they therefore were not surprised at the news that smoking marijuana predisposes users to head and neck cancers, and they predicted it will likely be found to increase the risk of lung cancer as well.

"It's what I expected to see," said Li Mao, an associate professor of medicine at M.D. Anderson Cancer Center in Houston, who has followed research in the field. "It appears marijuana [smoke] is a stronger carcinogen than cigarette smoke."

Nevertheless, the independent effect of cigarette smoking on an individual's cancer risk is probably greater than that of smoking marijuana, noted Eugenia Calle of the American Cancer Society (ACS), "because people just smoke so many more cigarettes."

Researchers have estimated that 31 percent of Americans who were over 11 years old in 1992 have tried marijuana. However, Mao

said, few studies have examined marijuana's impact on long-term cancer risk. He added that because the drug is illegal, it is more difficult to get people to be honest about their past marijuana use than about their cigarette-smoking history.

"It probably will be much harder than [with] cigarette smoking to prove" a link between marijuana and lung cancer, Mao said.

Cancers of the mouth, throat or larynx occur in 40,400 Americans annually and cause 12,300 deaths. Cancers in these areas are often curable if caught early. Smoking (of cigarettes, pipes or cigars), chewing or sniffing tobacco, and drinking alcohol are proven risk factors.

Lung cancer is the number one cause of cancer mortality, striking 171,600 Americans and killing 158,900 annually. Tobacco smoking is estimated to cause 80 percent of all lung cancers. Asbestos, radon and occupational exposure to certain carcinogens are also recognized risk factors.

Researchers decided to investigate the possible role of marijuana in head and neck cancers because marijuana smoke is high in tar and people who use the drug tend to inhale deeply, depositing four times more particulate matter in the mouth, throat and windpipe than cigarette smokers, said Zuo-Feng Zhang, a professor of epidemiology at the University of California at Los Angeles School of Medicine and principal author of the new study. "If marijuana smoking has anything to do with smoking-related cancer, the oral cavity would be the first site being affected," he said.

For the study, performed while Zhang was working at New York's Memorial Sloan-Kettering Cancer Center, researchers enrolled 173 patients with head or neck cancer as

Study cited:

Marijuana Smoking and Increased Risk of Squamous Cell Carcinoma of the Head and Neck.

By Z. Zhang *et al.*

Published by *Cancer Epidemiology Biomarkers and Prevention*, Vol.8, No.12, 1999.

Available from:

Cancer Epidemiology Biomarkers and Prevention
Subscription Office
PO Box 11806
Birmingham, AL 35202
Tel: (800) 633-4931
Fax: (205) 995-1588
Web: www.aacr.org

Cost: \$25.00

well as a comparison group of 176 cancer-free blood donors of similar age and sex. All study participants were questioned about their past use of marijuana, tobacco and alcohol, workplace and environmental exposure to possible carcinogens, and other aspects of their background and lifestyle. Frequency of marijuana use was categorized as never, less than or equal to once per day, and more than once per day. Duration of use was categorized as never, one to five years and more than five years.

Among those who had ever used marijuana, the risk of head and neck cancer was 2.6 times greater than among those who had never used the drug. (Researchers arrived at this figure after adjusting for the effect of other risk factors, such as smoking and alcohol.) They also observed a dose-response effect of marijuana, with heavier users at higher cancer risk. Among people who reported smoking marijuana once per day, the risk of head and neck cancer was 2.1 times that of someone who never used it, while among those who reported smoking it more than once per day, the risk was 4.9 times that of those who had abstained.

Furthermore, people who were current smokers of both tobacco and marijuana had by far the highest risk of head and neck cancer, indicating that the two substances work together synergistically to promote cancer development. Current users of both substances had 36 times the risk of head and neck cancer found in people who used neither.

Calle, who is director of analytic epidemiology at ACS, said the new

findings underscore the long-term danger of smoking marijuana and the need for research into better ways of delivering the drug's active ingredients if it is to be used by people with chronic illnesses to relieve pain, nausea, muscle spasms and other symptoms, as some have advocated. "ACS is supportive of research into the benefits of cannabinoids [marijuana's active ingredients]," she said, "but . . . they do not advocate the use of inhaled marijuana."

Should current or former marijuana smokers have special checkups? Considering the new findings, Calle said, they might be wise to follow current ACS guidelines on head and neck cancer for tobacco smokers. The society suggests that smokers stay on the lookout for any unusual sores, lumps or patches on lips or in the mouth, tongue, cheek or neck; ask their dentist or dental hygienist to check the mouth and tongue closely at each visit; and consider having a doctor examine the mouth and neck area annually or twice a year.

HEAD AND NECK CANCERS AT A GLANCE

FREQUENCY

Cancers of the mouth, tongue and throat: 29,800 new cases per year; 8,100 deaths.

Cancer of the larynx: 10,600 new cases per year; 4,200 deaths.

SIGNS AND SYMPTOMS

Mouth or throat cancer: A sore in the mouth that does not heal (most common

symptom); a lump or thickening in the cheek; a white or red patch on gums, tongue, tonsil or lining of mouth; sore throat or feeling that something is caught in throat; difficulty chewing, swallowing or moving jaw or tongue; numbness in the mouth; swelling of jaw; loosening of teeth; jaw or tooth pain; voice changes; a lump in the neck.

Cancer of the larynx: Hoarseness lasting more than two weeks; lasting cough or sore throat; difficulty or pain with swallowing; ear pain; trouble breathing; a lump in the neck.

RISK FACTORS

Tobacco use and alcohol consumption (especially heavy drinking) are risk factors for both mouth cancer and cancer of the larynx. Poor nutrition, a weakened immune system and infection with certain human papilloma viruses (the family of viruses that cause warts) have also been implicated in both. A new study suggests current or past marijuana smoking is also a risk factor.

For mouth cancer, additional risk factors include sun exposure (to lips) and possibly high-alcohol mouthwash and poorly fitting dentures.

For cancer of the larynx, frequent or severe heartburn (reflux of stomach acid into the throat) is a risk factor.

TREATMENT

Varies depending on tumor stage. Many of these cancers can be cured if caught early. ❖

Down Syndrome-Cancer Link Studied

LONDON (AP) — While people with Down syndrome have a high chance of developing childhood leukemia, a new study shows they have only half the normal lifetime risk of getting other kinds of cancer.

Experts already knew about the leukemia risk faced by people with Down syndrome, but the study by Danish scientists is the first to estimate their chances of developing other cancers.

The study, published in this week's issue of *The Lancet* medical journal, suggests those with Down syndrome may be protected because they have an extra copy of a chromosome that contains cancer-fighting genes.

Normally, people have two copies of each chromosome — one from each parent — but those with Down syndrome have three copies of chromosome 21, which has at least one gene linked to leukemia.

Scientists suspect the 10-fold increased risk of leukemia among those with Down syndrome could be related to having the extra copy of the gene.

The researchers could not say why people with Down syndrome appeared to be less vulnerable to other cancers, but scientists have identified several genes on chromosome 21 they suspect could help curtail the growth of cancerous tumors.

The findings provide a clue that there might be more protective genes on chromosome 21 to identify.

"Further studies on these putative genes may have implications for the understanding of (how cancer develops) and eventually the prevention of cancer in the general population," said the study's leader, Dr. Henrik Hasle, a childhood cancer specialist at Skejby Hospital at Aarhus University in Denmark.

In the study, the occurrence of cancer in 2,814 people with Down syndrome was compared to that in the general Danish population. The research looked at cancer occurring at any time from birth to old age.

Those with Down syndrome tend to die early, partly because they have heart defects and develop Alzheimer's disease much sooner than normal. Many die before they reach the age when tumors commonly develop.

But the study found that even after adjusting for their shorter life expectancy, those with the syndrome had a 50 percent lower risk of non-leukemia cancers, compared with their counterparts of the same age.

The advantage remained consistent regardless of their age.

"The finding that the decreased risk persisted in the older age groups is of considerable importance for the future," said Charles Stiller, an epidemiologist at the childhood cancer research group at England's Oxford University, which was not connected to the study.

"Long-term survival in Down people is more common these days, and this study suggests that Down syndrome people with a normal lifespan will be less vulnerable to cancer than other people," Stiller said. "Once one is past the period of raised risk of leukemia in childhood, the overall cancer risk is appreciably lower than in the general population."

The most significant advantage was seen in breast cancer, according to the study. The scientists expected to see seven cases among the Down syndrome group, based on what occurs normally, but they found none.

They found no new cases of leukemia after the age of 29.

Study cited:

Risks of leukaemia and solid tumours in individuals with Down's syndrome.

By *Henrik Hasle et al.*

Published in the *Lancet*, Vol.355, No.9199, January 15, 2000.

Available from:

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

Cost: \$10.00

The researchers acknowledged that the drop in risk for some of the cancers could be due in part to non-genetic reasons such as a healthier lifestyle. ❖

Infertility. Excess Hair. Unexplained Weight Gain.

Doctors are linking these symptoms to a hormonal imbalance that has severe lifelong consequences.

New treatments may provide some relief.

As she looks back, Christine Gray realizes that the signs of her illness had been obvious since puberty. She always had irregular periods, embarrassing hair growth on her arms and legs, and she tended to gain weight more easily than most of her girlfriends.

At the time, it never dawned on Gray, pictured at left, that these seemingly unrelated teenage worries were hallmarks of a potentially serious ailment, one that strikes about 5 percent of women. It's called PCOS, or polycystic ovarian syndrome, a poorly understood hormonal imbalance. Not only is the syndrome now seen as a major cause of infertility, but emerging evidence suggests that women with PCOS are at increased risk for such chronic illnesses as heart disease, high blood pressure and diabetes.

"I knew something was truly wrong when I was about 27 and I started to gain weight out of control," says Gray, 34, a Mount Prospect, Ill., product manager.

Gray gained about 70 pounds, weight that would not come off no matter how little she ate, it seemed. She was eating one nonfat granola bar for breakfast and another one for lunch. Dinner was a small serving of pasta without a drop of butter or cream. Little did she know — nor did anyone else seven years ago — her seemingly healthful low-fat diet wasn't good for her.

Then she noticed even more hair growth, particularly on her upper lip. "And my periods were so irregular. I never had a clue when they were coming. I got married at 26 and started trying to get pregnant without any success. But the doctors told me everything was fine."

Things were far from fine. Finally, after seven years and \$30,000 worth of fertility treatments, Gray searched the Internet for information and support.

"I began participating in an infertility support group online," she says. "One day a woman posted something about 'polycystic ovarian syndrome' and described her symptoms. . . . I immediately identified with her."

Gray says her doctor later said he knew she had PCOS but hadn't mentioned it because "it's no big deal."

Sometimes ovarian cysts are no big deal—upwards of a quarter of premenopausal women have them. But sometimes they are a big problem. A necklace of cysts—doctors say they look like a strand of pearls hugging the ovaries—can be a clue that a woman has PCOS.

The classic signs include weight gain, menstrual irregularities, excess body hair (or thinning hair on the top of the head) and adult acne. Some women are also prone to "skin tags," teardrop-shaped pieces of skin, about the size of raisins, that hang in the armpits or other parts of the body.

For years doctors thought women with PCOS were unlucky, but not unhealthy. Now PCOS is regarded as a significant health issue for many women, affecting their lives throughout the childbearing years and well after menopause.

Scandinavian studies suggest that women with PCOS are five times as likely to get diabetes as other women. Even thin women

Study cited:

Polycystic-Ovary-Syndrome - Lack of Hypertension Despite Profound Insulin Resistance.

By Zimmermann S, Phillips RA, Dunaif A et al.

Published by *Journal of Clinical Endocrinology and Metabolism*, Vol.75.

Available from:

Polycystic Ovarian Syndrome Association
P.O. Box 7007
Rosemont IL 60018-7007
Tel: (877) 775-7267
Web: www.pcosupport.org.

Cost: None

with PCOS sometimes get diabetes, according to a 254-woman study by Richard Legro, associate professor of obstetrics and gynecology at Pennsylvania State University College of Medicine in Hershey, Pa.

PCOS is “clearly the largest cause of ovulatory dysfunction and may be the single largest cause of female infertility,” Legro said. Research into PCOS is also pointing toward a fresh approach to treatment—with drugs and possibly a high-protein diet—that not only helps diminish the embarrassing symptoms but may also prevent the chronic health problems.

MANY SYMPTOMS, ONE SOURCE

PCOS is a devious disorder. Few women who have it realize they are at risk. It's easy to dismiss facial hair and weight gain as cosmetic problems, not reasons to get a medical checkup. Plus, many doctors don't think of PCOS when they treat women with irregular periods who also have acne or hirsutism (excess body hair).

While medical tests can produce a definitive diagnosis for many diseases, detecting a syndrome is a different matter. It takes an astute clinician to pull all the clues together, and in the case of PCOS, the clues often seem like a hodgepodge of annoyances.

“PCOS is probably one of the most common, yet least understood, endocrine disorders affecting women in the developed world,” says Legro. “Although specialists are very aware of the syndrome and its health consequences, there are many doctors who still do not realize that all the symptoms are related and emanating from a single syndrome.”

Armand Newman, a dermatologist in Beverly Hills, Calif., who specializes in PCOS, said women who don't suspect PCOS often see a dermatologist, primarily to treat hirsutism or acne. Few dermatologists ask women with these symptoms about their menstrual cycles or fertility, he said.

Even the name of the illness is misleading. It harks back to the 1930s when doctors thought PCOS patients had a lot of untreatable cosmetic ailments stemming

from cysts on the ovaries. Now doctors say cysts from PCOS are just one manifestation of hormones gone awry. Some doctors suspect there are even a few women who suffer from the syndrome but do not have any cysts.

As doctors unravel more clues about PCOS, they are detecting it in more women. They say women can have the syndrome and the long-term consequences without all the symptoms. Not all PCOS women, for example, are obese. Not all have facial hair. Yet they may all have the same underlying hormonal imbalance and many may face the later health risks.

“I thought I had four or five different things going on,” said Patricia Barfield Hicks, 33, of Lexington, Ky. “The weight gain, the infertility. It was such a relief to finally find out it's all tied together. Ideally it can be taken care of with the right combination of medicine.”

Hicks, like many women, was told by her physician that nothing was wrong except that she was too fat. It was not until last year, after she saw a television show about PCOS, that she found help. She switched doctors and insisted on trying one of the new treatments. Since then, many of her symptoms have faded.

Some scientists speculate that women with PCOS are born with a faulty gene or set of genes that trigger abnormally high levels of male hormones. That explains the “male” features, such as body hair and thinning hair on the scalp, and perhaps even the infertility. While all women have a bit of testosterone, too much of the hormone botches the messages between the ovary and brain.

Many PCOS women also tend to be resistant to their own insulin, the hormone that clears sugar from the blood, and this may explain the tendency for weight gain and the link to diabetes. Whether these two imbalances—testosterone and insulin—stem from one flawed gene or whether one causes the other is hotly debated among doctors studying PCOS. Tantalizing evidence suggests a link, because treatments targeted at insulin cause testosterone levels to plummet.

A study published last year in the *Proceedings of the National Academy of*

Sciences suggests that the follistatin gene may be linked to PCOS. Interestingly, follistatin has at least two functions: It is necessary for the ovaries and for the insulin-making system.

“Follistatin is particularly intriguing because it could play a role in both the reproductive and the metabolic features of the syndrome,” said Andrea Dunaif, the senior author of the paper and the chief of the Division of Women's Health at Brigham and Women's Hospital in Boston. “Follistatin could explain some cases of PCOS; however, it is likely that at least several other genes are involved.”

GETTING A DIAGNOSIS

Traditionally women treated symptoms of PCOS individually. They used electrolysis or tweezing to remove facial hair. With fertility drugs they increased their chances of becoming pregnant. And they confronted their weight problem with diets galore. But it's now clear that none of these measures tackled the root of the problem or addressed the serious later effects of PCOS.

“When I was a teenager I was having wacky periods—every 10 days—and I had some of the hair problem,” said 30-year-old Suzanne Cerquone, of Philadelphia. “My doctor said I probably had cysts on my ovaries and here's a package of birth control pills to regulate your periods. He said I had the facial hair because my testosterone was too high.”

“It wasn't until last year when I got on the Internet that I found out all the new treatments and diets. Because the majority of the symptoms are cosmetic, no one considers it a serious thing, but the underlying thing is it's not just cosmetic.”

The challenge lies in distinguishing healthy women who just have a few extra pounds to lose and an occasional irregular period from those whose hirsutism and menstrual irregularities signal a disorder that may require treatment.

In a study published in 1998 in the journal *Fertility and Sterility*, Ricardo Azziz, a professor of obstetrics and gynecology at the University of Alabama at Birmingham, looked at 132 women with too much body hair who thought they were having regular

periods. By measuring their progesterone levels, he found that 40 percent of them actually ovulating irregularly. That suggests PCOS.

A Harvard study found that 80 percent of women with fewer than six periods a year had abnormally high levels of male hormones. They, too, may be PCOS women.

"These were women not going to the doctor to complain," said Dunaif. "The most frequent thing the doctor would say was, 'You are too fat, lose weight,' or 'Take a birth control pill.' The disturbing thing is that not only do the irregular periods need to be taken care of because of the increased risk of endometrial cancer, but women need to be treated because of all of the other health consequences associated with PCOS."

There is often no simple proof that a woman has polycystic ovarian syndrome (PCOS); diagnosis is based primarily on a woman's medical history and tests for insulin resistance. But the presence of several of the symptoms—infertility, hirsutism, menstrual irregularities and insulin resistance—is strong evidence.

Doctors advise any woman with menstrual irregularities—which are signs of a metabolic problem—to consult an endocrinologist or gynecologist and insist on a thorough examination, including blood tests to measure hormone levels. Those who think they may have PCOS should also be checked for diabetes.

Kristin Chapman, 32, of Atlanta, found out about PCOS when her ovaries nearly burst after a fertility treatment. "The doctors told me they blew up to the size of cantaloupes," she says. Chapman, like many other women with PCOS, had ignored her other symptoms until she wanted to have a baby.

Chapman was hospitalized and the fluid was drained. Two subsequent attempts to get pregnant were unsuccessful—the culmination of six years of failed attempts with fertility drugs. She and her husband had had enough. Then Chapman attended a seminar by Mark Perloe, director of reproductive endocrinology and infertility at the Atlanta Medical Center. He talked about metformin, a diabetes drug, which

apparently corrects the insulin defect in some women with PCOS and helps to restore ovulation.

As a last-ditch effort, Chapman went through a series of tests and learned that she was "borderline" insulin-resistant. She opted to try the drug, which is marketed as Glucophage. "It was refreshing to hear this approach," says Chapman. "It wasn't treating the symptoms but treating the PCOS."

Chapman started metformin in January 1998, got pregnant the first time she ovulated in April and gave birth to a daughter this past January.

TREATMENT WITH DRUGS AND DIET

No one knows why metformin or another insulin-sensitizing drug, troglitazone (Rezulin), seem to promote ovulation. But since word of these treatments hit cyberspace, women with PCOS-like symptoms are demanding prescriptions. Experts warn that many women on the drugs do not get pregnant, but they have been hyped nonetheless as a diabetes-fertility cure that also helps you lose weight. What could be better?

The drugs "offer exciting possibilities," said Brigham and Women's Dunaif. "However, I don't think we yet have enough information to recommend them for all women with the syndrome. That caution is especially appropriate for women with PCOS who want to get pregnant, because there is very little data on the safety of these drugs on the developing fetus."

In addition to the few experimental drugs under study, low-carbohydrate diets—the kind touted in the popular protein-power books—are gaining a reputation for relieving many PCOS symptoms. No formal studies support this impression, but many women who changed their eating habits say they lost weight and got pregnant. (See "Low Carbohydrate PCOS Diets: Hype, Hoax or Cure?" Page 15.)

While much research remains to be done on the causes and treatment of the syndrome, one encouraging sign for women who have it is the growing awareness that PCOS is common and can be dangerous.

Gray, the Illinois woman who went through years of unsuccessful fertility treatments, founded the Polycystic Ovarian Syndrome Association three years ago out of desperation. "There were no associations, no books, no one to talk to," she recalls. "I got the names of 30 women from the infertility support group who seemed to fit the PCOS pattern and I e-mailed them. As we started to talk, we decided to form a group."

A combination of a low-carbohydrate diet and anti-diabetes pills have helped minimize Gray's symptoms and, she hopes, are preventing the later consequences. Better yet, Gray has shed 70 pounds and is back to her slender, pre-marriage physique.

Perhaps best of all, Gray feels like her body is starting to act the way a woman's body should. She has a regular period, though she is not ovulating every month.

"I get terrible PMS," she says. "I'm nasty, bloated, and my breasts get tender."

"Thank God."

Resource

For more information, contact the Polycystic Ovarian Syndrome Association toll-free at 1-877-775-7267 or on the Web at www.pcosupport.org.

LOW CARBOHYDRATE PCOS DIETS: HYPE, HOAX OR CURE?

It sounds too good to be true, but many women with polycystic ovarian syndrome (PCOS) say that when they eat more vegetables and meats and less bread and fruit, they start ovulating and lose weight. As a result, a growing number of nutritionists and a few physicians are advocating so-called insulin-sensitizing diets, which are similar to the "protein power" regimes being promoted in many best-selling books.

When a healthy person eats a carbohydrate, insulin levels rise to break down the resulting sugar in the blood. But women with PCOS are insulin-resistant, meaning they have defective cells that hamper this metabolism and increase the risk of diabetes. In addition, to try to compensate for the defect, their bodies

produce more and more insulin, which can damage the insulin-producing system.

To make matters worse, this excess of insulin can trigger bouts of hunger that lead to overeating and weight gains.

Proteins and fats, by contrast, do not spark the same insulin surge in women with PCOS. As a result, these nutrients are metabolized normally.

Most doctors treating PCOS do not advocate high-protein diets, and they warn their patients not to eliminate carbohydrates completely. Yet these same physicians acknowledge that many patients who change their eating habits do feel better—and some have even gotten pregnant without fertility treatments.

Brenda Fruchtl, a 26-year-old from Hershey, Pa., is a believer. Last January she tried a high-protein diet because nothing else had enabled her to shed weight and start ovulating. While giving in to a hometown Hershey's Kiss now and then, Fruchtl said, "I would eat tuna and salads,

even nuts and cheese, but very little fruit and breads." (Fruits have natural sugars that boost insulin.)

Within a month, Fruchtl got a menstrual cycle without drugs for the first time in years. By mid-March, she was pregnant. "We'd been trying for two years," said Fruchtl. "I was so happy because we could no longer afford the fertility drugs and this was something with no side effects and no risk of multiples."

Her physician, Richard Legro, associate professor of obstetrics and gynecology at Pennsylvania State University College of Medicine, says the diet "definitely contributed to her pregnancy. This is not an isolated incidence."

Other specialists are cautious but optimistic. Andrea Dunaif, chief of the Division of Women's Health at Brigham and Women's Hospital in Boston, does not promote the protein diet but suggests that women with PCOS should try a diet with fewer carbohydrates than one that focuses on low fat and high carbohydrates. She and

several colleagues say the protein diets make sense, but there is no scientific evidence proving that they correct the underlying abnormalities of PCOS.

PCOS SIGNS

There is no simple test for polycystic ovarian syndrome (PCOS), but the common symptoms of the disorder include:

- * Infertility.
- * Excess body hair.
- * Unexplained weight gain.
- * Menstrual irregularities.
- * Insulin resistance.

A woman who has several of these symptoms may have PCOS and should consult an endocrinologist or gynecologist for a thorough examination, including blood tests to measure hormone levels and check for diabetes. ❖

The New York Times

By Nicholas Wade

Friday, January 21, 2000

Keywords

fertility
genetics
reproductive health

DNA Data Suggest Sperm in Competition for Mating

A startling insight into the evolution of human mating behavior has been extracted from the dry DNA data generated by the federal human genome project.

The genes involved in sperm production have been evolving at a much faster rate than most other human genes, according to a study published yesterday in the journal *Nature* by Dr. Chung-I Wu and colleagues at the University of Chicago.

The finding implies that, at least in the human evolutionary past, women generally had many sexual partners, enough that the males' sperm needed to compete with one another.

The phenomenon of sperm competition is well known among humans' closest living relatives, chimpanzees and gorillas, as well as in humbler creatures like fruit flies. Fruit fly sperm are positively toxic, a chemical weaponry acquired because several males will mate with a female, and the male fly whose sperm knocks out the rest has the best chance of fatherhood.

In the primate world, gorillas practice a harem system in which one male controls access to many females. Presumably because males can be sure of their paternity, gorillas do not need to produce much sperm and so have small testicles.

Chimpanzees, on the other hand, have huge testicles in relation to their body size.

Under the lax rules of the chimp mating system, a female is likely to be inseminated several times, and males need to deliver competitive volumes of ejaculate to have a serious chance at paternity.

Dr. Wu is an evolutionary biologist who studies male reproduction as a driving force in creating new species. "We have built up a

notion that what drives species apart is sexual selection in the form of competition among males," he said.

After testing this theory in fruit flies, he realized he could explore it further in people because of the vast amount of DNA information now building up in computer databanks as a result of the human genome project, the federally sponsored effort to decode the three billion-unit sequence of the human genetic playbook.

Choosing a group of genes known to produce proteins involved in male reproduction, Dr. Wu showed that they had evolved considerably faster than other human genes.

He and his colleagues, Dr. Gerald J. Wyckoff and Dr. Wen Wang, then looked at three genes involved in sperm production. Two of the genes make special DNA-packing materials called protamines that govern the shape and size of the sperm. They found that human protamine genes had evolved very rapidly.

Looking at the counterpart genes in other primates, the Chicago biologists calculated that the protamine genes of chimpanzees had evolved just as fast, but that those of gorillas much more slowly.

In Dr. Wu's view, the finding strongly suggests, though does not yet prove, that human sperm have needed to be competitive for the same reason as chimpanzee sperm: they have to fight off rival sperm from other males in the female reproductive tract. He believes his findings apply not necessarily to today's world but certainly to the period in which humans evolved.

Dr. Bobbi S. Low, a biologist at the University of Michigan and author of a new book on the evolution of human sexual

Study cited:

Rapid Evolution of Male Reproductive Genes in the Descent of Man.

By Gerald Wyckoff *et al.*
Published in *Nature*,
Vol.403, No.6767, January
20, 2000.

Available from:

Nature America, Inc.
PO Box 5055
Brentwood, TN 37024-5055
Tel: (800) 524 0384
Fax: (615) 377 0525
Web: www.nature.com

Cost: \$10.00

behavior, "Why Sex Matters" (Princeton University Press), said the Chicago biologists' work "is fabulous for its connection of genetic evidence on the intensity of sexual selection to things we already knew from physical and behavioral data."

"I'm really excited by it," she added.

Behavioral and biological evidence suggests that sexual selection is an intense force on male primates, and that the intensity might vary with the social system. This idea is supported, Dr. Low said, by Dr. Wu's finding that gorillas, with their harem system, have been under less evolutionary pressure than humans and chimpanzees, which live in multimale groups.

In chimpanzee societies, male chimps try to control access to a small number of females, but not with complete success.

Females will often solicit sneak copulations with younger males outside their group. Primatologists believe they may do this to buy insurance for their children, because adult males are more protective toward the children of females they have mated with.

"No male can completely control access to females all the time," Dr. Low said, "and that is the situation in which sperm competition arises."

The evolution of human sexual behavior and social organization is far from resolved, but Dr. Wu's work shows that DNA can speak to matters on which fossils are mute. It suggests that men vied for reproductive success at the level of sperm competition as well as in other ways and that in this respect human social and sexual structure has been closer to the chimpanzee model than the gorilla one. ❖

The New York Times

By the Associated Press

Friday, January 7, 2000

Keywords

health, insurance
welfare
women's health

Women Off Welfare Lacking Insurance

WASHINGTON (AP) — Getting off welfare and getting a job can mean losing health insurance coverage, according to a study of women and children leaving welfare rolls.

About one-third of women formerly on welfare who went to work had no insurance. Women who left welfare and didn't work fared worse — nearly half lacked insurance, even though many of them should be eligible for Medicaid, the government health program for the poor, according to the study to be published Monday in the journal *Health Affairs*.

Millions of families have left welfare in the last several years, prodded by tough new rules and the strong economy. But advocates for the poor worry that when they lose their monthly welfare checks they also lose government-subsidized health insurance.

Most former welfare recipients still qualify for Medicaid, but — for a variety of reasons — many leave the program. There are few statistics available that show exactly how many have been dropped from Medicaid.

The Urban Institute study, which examined 1,004 women and 1,662 children who left welfare between 1995 and 1997, focused on how some people leaving welfare add to the ranks of the uninsured, which number 44 million people.

"Despite the fact that there are several ways to maintain Medicaid eligibility after leaving welfare, a large percentage of women and children are losing that coverage and falling through the cracks," said co-author John Holahan, director of the Health Policy Center at the Urban Institute, one of the sponsors of the study.

The study found that children previously receiving welfare fared better than women when it comes to keeping insurance. Forty-seven percent were covered by Medicaid and

29 percent were covered by private insurance, but 29 percent were uninsured. The numbers add up to more than 100 percent because some children had multiple sources of health insurance coverage.

The study did not examine the reasons why women who get jobs after leaving welfare don't have health insurance through their employers. The study's authors said other research shows that former welfare recipients have low-wage jobs that don't offer insurance or, if insurance is offered, don't pay enough for them to afford the premiums.

"Finding work does not guarantee that a former welfare recipient will also obtain health care coverage," said Bowen Garrett, co-author and research associate at the Urban Institute.

The research was part of a project funded by several organizations, including the Henry J. Kaiser Family.

The study is the latest evidence that low-income families leaving welfare are losing insurance coverage.

Auditors at the Health Care Financing Administration, which runs Medicaid, found that some states are illegally denying benefits to poor families dropped from the welfare rolls.

People were losing Medicaid coverage because they were not told they were eligible, were automatically dropped from computerized Medicaid files when they got off welfare, or were improperly harassed by caseworkers when they applied for coverage, auditors said.

A study last year by Families USA, a liberal consumer group, estimated that 675,000 people lost Medicaid coverage and had no other health insurance in 1997 due to strict new welfare rules. ❖

Study cited:

Health Insurance Coverage After Welfare.

By Bowen Garrett and John Holahan.

Published by *Health Affairs*, January/February 2000.

Available from:

Health Affairs
7500 Old Georgetown Road
Suite 600
Bethesda, MD 20814
Tel: (301) 656-7401
Fax: (301) 654-2845
Web: www.projhope.org

Cost: None

The New York Times

By the Associated Press

Tuesday, January 18, 2000

Keywords

economy
income distribution

Income Gap Widens for U.S. Families

WASHINGTON (AP) — The boom on Wall Street is widening the income gap between the poorest and richest U.S. families, according to a report by two Washington think tanks.

The earnings for the poorest fifth of American families rose less than 1 percent between 1988 and 1998 but jumped 15 percent for the richest fifth, the Center on Budget and Policy Priorities and the Economic Policy Institute said in their report issued Tuesday.

Income for the poorest families — defined as two or more relatives living together — rose \$110 to \$12,990 during the 10-year period. For the richest families it increased by \$17,870, to \$137,480, more than 10 times that of the poorest sector, the report found.

"The benefits of this (economic) growth have not been evenly distributed," said Elizabeth McNichol, one of the study's authors. "The incomes of the poor and middle class have fallen or stagnated."

McNichol attributed the widening gap to Wall Street's long-running bull market, which favors wealthy investors; lower-paying service jobs replacing manufacturing jobs; and the largely stagnant minimum wage.

The gap between rich and poor was widest in New York, with the poorest fifth earning \$10,770, down \$1,970, while the wealthiest group earned \$152,350, up \$19,680. Income was most evenly distributed in Utah, where the poorest families had incomes of \$18,170 and the richest \$125,930.

The income gap narrowed in just three states — Alaska, Louisiana and Tennessee.

Stephen Moore, director of social policy for the Cato Institute, said the study contorted data to put a negative face on a "spectacular economy."

"The rich are getting richer but the poor are getting richer too in this expansion," said Moore, who nonetheless suggested cutting the tax on capital gains income to further spur investment and job creation.

The income gap has made its way into presidential politics. Last weekend, Arizona Sen. John McCain lashed out at the tax plan of his Republican rival, Texas Gov. George W. Bush, saying it would do nothing to alleviate the widening gap between the "haves and the have-nots." The Bush campaign countered that McCain was engaging in "class warfare."

Democrats Al Gore and Bill Bradley also have talked about the need to ensure that the nation's poorest residents aren't left behind by the booming economy.

McNichol said increasing the minimum wage would help bridge the gap. Ten states and the District of Columbia currently have minimum wages above the \$5.15 national rate. The Senate last year passed a \$1 minimum wage increase over three years but the House failed to act on the measure.

McNichol also suggested strengthening states' and social safety net programs for low-income workers, such as providing transportation and child care.

The Center on Budget and Policy Priorities and the Economic Policy Institute are nonprofit, nonpartisan organizations pushing for changes in tax laws and other federal policies to benefit low-and moderate-income families.

The study used before-tax data from the U.S. Census Bureau. The figures were adjusted for inflation. ❖

Study cited:

State Income Inequality Continued to Grow in Most States in the 1990s, Despite Economic Growth and Tight Labor Markets. *By the Center on Budget and Policy Priorities and the Economic Policy Institute, January 2000.*

Available from:

Center on Budget and Policy Priorities
820 First Street, NE
Suite 510
Washington, DC 20002
Tel: (202) 408-1080
Fax: (202) 408-1056
Web: www.cbpp.org

Cost: None

Free copy also available in full from the website.

The New York Times

By the Associated Press

Tuesday, January 18, 2000

Keywords

debt
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Consumers Paying Debt More Quickly

WASHINGTON (AP) — Many consumers have started to pay off their credit card debts more quickly and to resist taking new cards, helping reduce record-high personal bankruptcy rates, a consumer group said today.

The Consumer Federation of America said 112,000 fewer people filed for and received bankruptcy court protection last year than in 1998, which it termed the largest one-year decline on record.

The group attributed the decline mainly to more cautious borrowing by consumers, which it maintained has forced credit card companies to restrain their solicitations and tighten credit.

"Consumers have increasingly just said 'no' to credit card solicitations," Stephen Brobeck, executive director of Consumer Federation, said at a news conference. In addition, he said, many consumers with credit card debts have realized the importance of paying more than the minimum payment on their monthly bills and are sending heftier payments.

The data were released a week before the Senate is scheduled to resume debate on major bipartisan legislation, pushed by credit card companies and retail businesses, that

would make it tougher for people to erase their debts in bankruptcy court. The House approved parallel legislation last May by a vetoproof margin, 313-108.

Consumer Federation's data are based in part on a new study by economist Lawrence Ausubel, an economics professor at the University of Maryland, who also appeared at the news conference.

Ausubel's figures show that personal bankruptcies in the United States declined to 1,285,800 last year from 1,397,695 in 1998, down 8 percent. The decline continued in 1999, according to the data.

Figures released earlier by the Administrative Office of the U.S. Courts, which oversees bankruptcy judges, also showed a decline.

The banking industry and lawmakers who support the bankruptcy legislation say that despite the apparent decline, personal bankruptcies remain at historic high levels and legislation is needed to prevent abuse of the bankruptcy process by some consumers.

The number of Americans filing personal bankruptcies in 1998, at nearly 1.4 million, was up more than 300 percent from 1980 despite the strong economy. ❖

Study cited:

Personal Bankruptcies
Begin Sharp Decline
Millennium Data Update.
By Lawrence Ausubel,
January 18, 2000.

Available from:

CFA Publications
1424 16th Street, NW
Suite 604
Washington, DC 20036-2211
Tel: (202) 387-6121
Web: www.consumerfed.org

Cost: None

The New York Times

By Bloomberg News

Wednesday, January 19, 2000

Keywords

debt
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Bankruptcy Filings Fell in '99, Study Notes

WASHINGTON, Jan. 18 — Personal bankruptcy filings fell 8 percent last year, according to a University of Maryland study that is being hailed by critics of Congressional efforts to toughen bankruptcy laws.

The number of individuals seeking bankruptcy protection in United States courts fell by about 112,000 in 1999, to 1.3 million, from a record 1.4 million in 1998, according to the economics professor, Lawrence M. Ausubel, who supervised the study. Mr. Ausubel estimated that fourth-quarter filings fell even more rapidly, declining by a range of 9.2 percent to 10 percent from 1998's fourth quarter.

The study comes as the Senate prepares to resume debate next week on an overhaul of

bankruptcy laws to force more debtors to repay some of what they owe. Proponents have pointed to the record-high filings in 1998 as proof that change is needed.

The crisis is self-correcting, Mr. Ausubel said.

Lenders saw their losses rise and raised their lending standards, he said. That reversed an earlier trend in which credit card issuers and banks lowered standards in a push to lend to more people. That, in turn, pushed up personal bankruptcy filings by 71 percent between 1995 and the fourth quarter of 1997, according to Mr. Ausubel. ❖

Study cited:

Personal Bankruptcies
Begin Sharp Decline
Millennium Data Update.
By Lawrence Ausubel,
January 18, 2000.

Available from:

Lawrence Ausubel
University of Maryland
Department of Economics
College Park, MD 20742
Tel: (301) 405-3495
Fax (301) 405-3542
Email: ausubel@econ.
umd.edu
Web: www.ausubel.com

Cost: None

Net Worth of U.S. Families Up Sharply

Stock Surge Spurred 17.6% Gain for 'Typical' Household From '95 to '98

Buoyed by the soaring stock market, the wealth of American families has risen sharply since 1995, outpacing actual income growth and pushing the "typical" family well ahead of where it was in 1989, at the end of the last economic expansion, according to a study released yesterday by the Federal Reserve.

Overall, the typical family's net worth jumped 17.6 percent from 1995 to 1998, the study found. The market's continued growth during 1999, along with a more modest rise in home values, probably means that the typical family is even better off now.

The increase was spread across a broad range of income and ethnic groups, and Fed analysts said some data suggest "that improvements in financial circumstances were shared by many people who did not own stocks."

The net worth of the typical family—the value of real estate, stocks, bonds and other assets minus outstanding debts—totaled \$71,600 in 1998, up from \$60,900 in 1995 and \$59,700 in 1989, the study found. By typical, Fed experts said they meant the family at the median—the level at which half of all families have larger net worths and half have smaller ones.

The average net worth, pulled upward by the assets of the very wealthy, was \$282,500 in 1998, up from \$224,800 in 1995 and \$236,900 in 1989. All figures are corrected for inflation.

The findings from the Fed's triennial Survey of Consumer Finances suggest that the "wealth effect"—people boosting spending faster than their incomes because a rise in asset values makes them feel better off—is a significant factor in the economy. Consumer

spending has continued to drive the current expansion, and the Fed noted that net worth has increased much more rapidly than income.

Fed Chairman Alan Greenspan has recently pointed to the stock market's gains and suggested that the central bank is concerned that the consequent wealth effect could push consumer demand beyond the economy's capacity and trigger inflation.

The study also found that stock ownership has become much more widespread. While less than a third of families owned stock in 1989, nearly half—48.8 percent—of them did in 1998, either directly or through vehicles such as 401(k)-type retirement plans. Fed officials said they doubted the rate has ever been higher, though earlier surveys, which date back to 1963, were not exactly comparable.

Among families who owned stock, the median value of those holdings was \$25,000, and stocks constituted 53.9 percent of all families' financial assets.

In fact, nonfinancial assets—houses, cars, business interests and the like—have steadily declined as a share of family assets, dipping to 59.4 percent in 1998 from 69.6 percent in 1989.

Looking at ethnic divisions, the Fed found that the median net worth of non-Hispanic whites was \$94,900 in 1998. It stood at \$90,500 in 1989 but slid during the early 1990s. It was \$79,500 in 1992 and \$81,200 in 1995.

Nonwhites and Hispanics, while starting from a much lower base, nearly doubled their median net worth to \$16,400 in 1998 from \$8,500 in 1989.

Study cited:

Survey of Consumer Finances.

By the Federal Reserve, January 2000.

Available from:

Publications Services
MS-127

Board of Governors of the
Federal Reserve System
Washington, DC 20551
Tel: (202) 452-3244
Fax: (202) 728-5886
Web: www.federalreserve.gov

Cost: None

But not all the news in the survey was good.

It found that the net worth of families with incomes under \$25,000, which had been rising since 1989, turned downward between 1995 and 1998. Families earning under \$10,000 had a median net worth of \$1,900 in 1989. That climbed to \$4,800 in 1995 but slipped back to \$3,600 in 1998.

Families earning \$10,000 to \$25,000 had a median net worth of \$22,800 in 1989, \$31,000 in 1995 and \$24,800 in 1998.

A similar pattern appeared for families earning more than \$100,000. Their median net worth was \$542,100 in 1989, \$511,400 in 1995 and \$510,800 in 1998.

The average net worth for this group climbed over the period, however, reaching \$1.73 million in 1998, up from \$1.41 million in 1995 and \$1.38 million in 1989.

That pattern, the report said, indicates "widening dispersion of net worth among this group." In other words, the very rich

have been getting richer faster than the merely well-heeled.

The survey also found increasing levels of debt, though this was offset in part by faster-rising asset values. Among families who had debt, the median ratio of debt payments to family income—a measure of "debt burden"—climbed to 17.6 percent in 1998 from 15.9 percent in 1989. And families in distress—defined as those whose debt payments consume more than 40 percent of income—rose to 12.7 percent after remaining at about 10 percent from 1989 to 1995.

Mortgage debt accounted for almost three-quarters of all family debt, followed by installment loans at 12.8 percent. Credit-card balances amounted to only 3.8 percent of all family debt. But among families who had debt, 47.3 percent had credit-card balances, including 20.6 percent of those earning under \$10,000 a year.

The median credit-card debt was about \$1,700, largely unchanged in recent years.

WEALTHIER FAMILIES

The net worth* of the typical U.S. family rose 20 percent from 1989 to 1998.

Median family net worth in '98 dollars

1998	\$71,600
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*Includes the value of real estate, stocks, bonds and other assets minus outstanding debts

SOURCE: Federal Reserve

FAMILIES AND STOCKS

While less than a third of U.S. families owned stock* in 1989, nearly half did in 1998.

Percent of U.S. families owning stock

1989	31.6%
1998	48.8%

*includes direct and indirect ownership. ❖

Of Interest

The New York Times

By the Associated Press

Sunday, January 2, 2000

Keywords

infants health
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Medication for Infants Studied

LEXINGTON, Ky. (AP) — Premature infants on ventilators are also getting a tiny dose of morphine at the University of Kentucky Children's Hospital, where doctors say they hope to learn whether the pain medication can improve medical results for their tiniest patients.

Ventilators are used for premature infants whose lungs are not sufficiently developed to allow them to breathe on their own. Though adult patients on ventilators routinely receive pain medication, such treatment generally has not been given to premature infants.

In the past, doctors believed that the brains of very young infants were not sufficiently developed for them to feel or retain subsequent memories of pain and did not want to run the risk of administering pain-relieving drugs to such small patients.

In recent years, though, research has provided "unequivocal evidence that (young infants) are more sensitive to pain," said Dr. Nirmala Desai, a University of Kentucky neonatologist who is overseeing the research at the hospital.

The Kentucky hospital is one of a dozen nationwide participating in the study led by the University of Arkansas and funded

by the federal National Institutes of Health.

If the study shows morphine to lead to better results for premature infants, "I feel like that would become the standard of care," Desai said.

A preliminary study published earlier this year in the Archives of Pediatric and Adolescent Medicine suggested that the pain and stress of being on a ventilator can cause infants to struggle, leading to bleeding in the brain, softening of brain tissue and even death. University of Kentucky researchers also participated in that study.

"They don't allow the respirator to breathe for them," Desai said. "They fight it. That causes disturbances in the blood flow to the brain."

The preliminary study also indicated that giving pain medication to infants on ventilators might reduce their rate of neurological injury — a hypothesis which is the basis for the current research.

The study, which is to last three years, is open to premature infants who are on ventilators for more than three days and who are born at less than 32 weeks

gestation. Pregnancy usually lasts from 38 to 42 weeks.

Infants entering the study will be randomly assigned to receive either a constant low dose of morphine or a placebo. Any of the placebo-receiving infants who show signs of pain or discomfort will also be given morphine.

Appearing at a Dec. 21 news conference with Desai and Dr. Thomas Pauly, the medical director of the University of Kentucky Children's Hospital, were Kelly Kearns and Matt Brandon. Their son, Austin Brandon, was born Nov. 24 after just 24 1/2 weeks of gestation and weighed one pound, 10 ounces.

Though she was made somewhat nervous by the prospect of her son being given morphine, Kearns said she still decided to enroll Austin in the study. "The way I understood the study, there were no disadvantages to it," she said.

"I didn't want my baby to be in pain, so it seemed to be the way to go," Matt Brandon said.

Because the study is "blind," neither the parents nor Desai know whether Austin is receiving morphine or a placebo. ❖

Thalidomide's Legacy

As new uses emerge for this infamous drug, people damaged by it are offering powerful reminders of its potential harm.

Randy Warren has no idea how people can balance on legs without the weight of their upper body falling over. The thought of a human walking bemuses him.

Warren, 38, has spent his life in a wheelchair, one of more than 10,000 people whose mothers took thalidomide to reduce morning sickness or insomnia during their first trimester of pregnancy. Half of the thalidomide victims, born between 1957 and 1962, are now dead. The survivors, some with seal-like flippers in lieu of feet or hands, are a stark reminder of the harm that can come from not knowing enough about a drug's darker side.

Meanwhile, thalidomide is making a comeback as a treatment for cancer, leprosy and a number of other medical conditions. And Warren, chief executive officer of the Thalidomide Victims Association of Canada (TVAC), has made it part of his job to ensure that no babies born today or in the future are "ever, ever a member of our organization."

To that end, Warren has worked with the drug's maker, Celgene Corp., and the U.S. Food and Drug Administration (FDA) on an unprecedented packaging agreement whereby patients who receive a prescription of thalidomide will see a startling photo of a thalidomide victim every time they reach for a pill. The unidentified baby girl is smiling wide for the camera, her arms shaped like lobster claws, her feet like flippers.

Somewhere out there, she is now a grown woman who has lived her life in a

wheelchair. Warren and the other thalidomiders, as they call themselves, have named her Melanie.

"She will be responsible for preventing a lot of tragedy," said Warren, whose mother took only two thalidomide pills during her pregnancy. "The message, the picture, says it loud and clear. We don't accept a world with thalidomide in it and we never will."

The story of thalidomide is the most notorious tragedy in the history of drug-making, with about 12,000 deformed babies and untold others lost during fetal development. Luckily, in the United States, drug regulators averted further catastrophe by stalling the drug's approval after an investigator at the FDA, Frances Kelsey, raised concerns about it in early 1961. The drug, already in use worldwide since 1957, was still being tested for approval in this country. A year into her job as one of seven medical officers hired to oversee drug development, Kelsey had noticed a report in a British medical journal about cases of peripheral neuropathy, nerve damage that causes pain and tingling in the extremities, in thalidomide users.

In November 1961, a German pediatrician announced that he believed thalidomide could be linked to an even more frightening side effect: a growing number of babies with horrific birth defects. By early 1962, Germany was pulling thalidomide off the market, and in the next few months, about 20 other countries followed suit.

Kelsey had prevented a tragedy in America, for which John F. Kennedy

presented her with the President's Award in the summer of 1962. As a result of the thalidomide tragedy abroad, the FDA adopted stricter guidelines for testing medicines for use in humans to ensure that drugs such as thalidomide never make it through without strict oversight to expose dangerous side effects.

THE DRUG'S POSITIVE EFFECTS

Despite the thousands of babies it crippled for life, thalidomide never really disappeared. Quietly, scientists were studying its positive effects. Not only was it a powerful sedative, but it also showed promise as an anti-inflammatory and had a strong influence on the immune system. Two years after it was pulled from most of the world market, an Israeli doctor, Jacob Sheskin, reported that thalidomide had helped to heal deep, intractable sores afflicting his leprosy patients. Word of the drug's success spread quickly throughout the world.

Gilla Kaplan, a researcher at Rockefeller University in New York, set out to explain how thalidomide prevented sores and skin eruptions in leprosy patients. Kaplan discovered that thalidomide reduced a cell-regulating substance called tumor necrosis factor. This gave it great promise for treatment of a number of immune diseases and cancer.

In 1998, 35 years after its dramatic effect on the sores of Sheskin's patients, thalidomide was approved by the FDA for leprosy.

Since it was introduced to the world in the 1950s, thalidomide has been marketed under 51 different names. Warren's organization, TVAC, is in touch with 15 American victims or their families, who obtained the drug from overseas. Seven American thalidomiders are still alive, he said. Throughout the world, mostly in emerging countries where drug regulations are lax, thalidomide is still being used by pregnant women, and handicapped babies are still being born.

In the early 1990s, thalidomide began to be used by AIDS patients through an underground market. Patients were buying thalidomide abroad for the treatment of Kaposi's sarcoma, a rare form of cancer. At the same time, doctors were requesting approval to use it for the experimental treatment of other conditions—from macular degeneration, a leading cause of blindness, to rheumatoid arthritis. Studies reported in the past two months have suggested that it can help control symptoms of myeloma, a cancer of the bone marrow, and Crohn's disease, a chronic inflammation of the intestines.

By 1995, when Warren watched a woman with macular degeneration swallow a thalidomide pill on a "60 Minutes" broadcast, he knew the drug was back. After the segment aired, he worked with others in his organization to create a position paper warning about the drug.

A year later, a CNN reporter called Warren about an FDA hearing that had been held on the new uses for thalidomide. Chairs set aside for thalidomide victims were empty during the meeting—yet neither Warren nor any member of his organization had been invited. "If you found us, why couldn't the FDA?" Warren told the reporter. That sound bite made it to the FDA, and within 24 hours there was an apology on behalf of the agency's thalidomide advisory committee.

The TVAC position paper got its first airing at a meeting of the Centers for Disease Control and Prevention in Atlanta. In a written statement submitted to CDC, the thalidomide victims demanded inclusion in the drug approval process. They wanted to ensure that the drug would always be called thalidomide. They wanted a skull and crossbones danger sign on every package. They wanted doctors to deliver the medicine one pill at a time.

"Who will explain to a thalidomide child in 2007 why they were born disabled because of thalidomide?" they wrote. "Who's going to take responsibility? Are you?"

As Warren and his disabled partners had hoped, their message was heard by Celgene representatives at the CDC meeting. In April 1996, company executives flew to Canada to meet with Warren and other TVAC members.

That's when Bruce Williams, Celgene's vice president for sales and marketing, brought up "the picture." The FDA had created a document to warn the new generation of patients about thalidomide's risks, and the agency had used a cartoon graphic, a simple line drawing, to show the drug's effects. Warren had already seen the graphic and was disturbed by its simplicity. He wished it were a photograph of a real child harmed by the drug.

Warren thought the Celgene executive looked uncomfortable when he broached the use of a photograph. But Warren, far from offended, was pleased. If he couldn't prevent the drug's use, he hoped at least to tell its story through a photograph. Ultimately, the FDA and Celgene agreed to use a photograph—along with a video and consent forms—as a key part of their effort to warn and protect potential users of thalidomide.

The FDA's decision to adopt an elaborate mandatory education program—called the System for Thalidomide Education and Prescribing Safety, or STEPS—was based on the agency's experience with Accutane, an acne drug introduced in 1982 with great fanfare. When Accutane's harmful effects on a developing fetus became apparent, its maker, Roche Pharmaceuticals, worked with the FDA to strengthen labeling and start a voluntary program to keep track of young women taking the drug.

The Accutane program hasn't worked, according to Cynthia Moore, who heads the birth defects and pediatric genetics branch at the CDC. "There are babies lost to Accutane and others being born with severe birth defects," Moore said. Even if children escape the brain swelling, heart problems or missing ears that the drug can cause, years later they can show severe developmental delays, she said.

"The problem with the pregnancy prevention program is that it is voluntary," Moore said. "We have no idea what is happening in those women who are not participating." Also, women can pass along medicine to a friend who has received no counseling on the dangers of becoming pregnant while using Accutane.

What's more, the educational materials Roche was delivering to women contained a line drawing of a baby with malformed ears and a head that looked a little out of proportion to the baby's body. "Somebody looking at this would not get the full idea of what we are talking about," Moore said.

The FDA was determined to leave no such doubt about the thalidomide message.

A GRAPHIC EDUCATIONAL CAMPAIGN

Ronald Bash is an oncologist in New York who will go to great lengths to save his patients. Two years ago, one of his patients had a vascular tumor the size of a grapefruit on her face, and Bash dug into the underground market to find some thalidomide to treat her. Two weeks after she began taking the pills, the mass shrank.

Although she eventually died of the cancerous tumors, Bash believed that thalidomide bought her time. Recently, another troubling cancer case made him consider thalidomide again. His patient had exhausted all standard treatment.

With the STEPS program now in place, Celgene sent Bash a thick, glossy thalidomide education kit, including a consent form to be signed by both doctor and patient, detailed warnings about the risk of "severe, life-threatening human birth defects" and a four-page confidential questionnaire asking about the patient's sex life.

The STEPS kit also includes a short film in which a doctor discusses the risks to a developing fetus, stressing that any sexually active woman of childbearing age should be using two forms of birth control while taking the drug. The film ends with an appeal from Giselle Cole, the president of TVAC, urging, "Please be careful taking this drug . . ." The camera first zooms in on her face and then, as her message comes

to an end, fades back to show her deformed body.

Bash's cancer patient read the documents, filled out the questionnaire and signed the consent form. Bash's signature was also required. The information would be sent back to the company, and the questionnaire forwarded to a physician at Boston University School of Public Health, who would analyze whether the patient was at risk for getting pregnant.

Women of childbearing age can't get the drug without a negative pregnancy test—and they must be retested every two to four weeks after use of the drug begins.

John Jackson, president and CEO of Celgene, said that the elaborate STEPS program is part of the FDA-mandated labeling, not just a recommended process. "Doctors must deliver this program, or their patients won't have access to the drug," he said.

When Bash's patient took his prescription to the pharmacist, he received a white,

book-sized package with 14 capsules enclosed in blister packs. But when he opened the package to the sharply focused picture of the little girl with no limbs, he was shocked.

So was Bash. "I was horrified," the physician said. "My patient and I had already decided to use this drug, and he was well informed of the risks. But this . . . this was destructive. I can't believe the FDA would mandate putting a picture in with the prescription."

More than 8,000 Americans have received prescriptions for Thalomid, the brand name that Celgene agreed on after TVAC and the FDA said the name Synovir would not do. "They need to know this is thalidomide, and they shouldn't ever forget," TVAC's Warren said.

The precautionary material presented to patients is unprecedented, Celgene's Jackson said. "This is a huge step for the FDA, who . . . had prevented [thalidomide] from getting on the market in the 1950s. The past history of this drug has such an

emotional charge that the FDA thought that there needed to be something different."

The thalidomide disaster was a sobering lesson for doctors who had long believed that the placenta protected the growing fetus from substances ingested by its mother. But what about the dozens of other drugs that are also known to cause birth defects?

"FDA's reaction has been to wait and see how well the thalidomide program goes," said Celgene's Williams. Some patients might be so put off by the campaign, he said, that they might avoid taking thalidomide even after it was prescribed.

Indeed, every time a patient reaches for a pill and removes it from the blister pack, the silhouette of a pregnant woman appears behind a red slash—and then the picture of the child Warren calls Melanie, staring at the patient, smiling. ❖

Home Offices Get Hard Look

Telecommuter Sherri Meadows works six hours a day from her Ashburn home in a loft she has transformed into a home office. Although her home office is childproof to protect her 13-month-old son, Jeremy, it is most likely not safe from government regulators.

The computer programmer has never given much thought to the loft's lighting, the height of her desk or the wires dangling from the wall behind the desk.

That is, until yesterday, when she and her employer, FGM Inc. of Dulles, heard about the Labor Department's position that employers are liable for federal health and safety violations that occur at the home work site.

News of the position—first outlined in November in an Occupational Safety and Health Administration interpretive letter designed to give employers guidance on complying with existing regulations—was “disconcerting,” said Vivian McGaw, director of human resources for FGM, a software engineering firm. Of FGM's 120 employees, only four telecommute and the company had planned to increase that number. Those plans will be put on hold, however, until McGaw can “review the implications,” she said.

For now, Meadows is not in danger of losing her telecommuting privileges, and in fact her company considers her arrangement a huge success.

Meadows asked to work at home a year ago, shortly after Jeremy was born. “The reaction [from FGM] was positive,” she said. “they knew they wanted to keep me working there and that was the way to keep me.”

With the help of her husband, Randy, also an FGM programmer, Meadows set up her home office. She received no guidance from FGM management on how to set up her work area, or, say, whether or not she should get a dial-up Internet connection or a cable modem (she decided on a cable modem).

“We figured it out on our own,” she said.

The lack of guidance is typical of smaller organizations, said John Edwards, president of the International Telework Association and Council.

Ideally, Edwards said, companies that have telecommuters should set up sample mini-home offices at the company site for employees to study. Telecommuters should also have checklists that help them check their home offices for safety risks, he said. For example, a “safe” office chair is one that has five bottom spokes, or legs, rather than four, which could cause a chair to tip over.

Meadows's swivel chair does have five legs, she was happy to report. “How about that?” she said. But otherwise, she is not sure she is compatible with OSHA regulations. Of course, she is not even sure FGM went so far as to measure the height of her computer desk during her four years working on-site.

McGaw, at FGM, said her goal this year was to formalize the telecommuting policy in order to start expanding the program. She also worries the policy will have to cover anyone who performs work at home, which includes virtually the entire company, she said. By the end of the day yesterday, she had received several urgent messages from managers asking for her

progress, and what the risk was for FGM regarding its telecommuters.

The employees, she said, did not seem concerned.

“We have not had a mass panic today, except for from the management side,” she said.

Meadows is not concerned that FGM will revoke her privileges.

“I think . . . they trust me to take the precautions,” she said. “I'm an adult, I can take care of my [working] conditions.”

The government might be happy to learn she keeps Jeremy's toys well out of tripping range, “just off to the side,” she said.

SOME HOMEWORK QUESTIONS

Would your home office pass inspection? The General Services Administration asks home-based employees several questions about the conditions of their workplace. They include:

WORKPLACE ENVIRONMENT

Are temperature, noise, ventilation and lighting levels adequate for maintaining your normal level of job performance?

Are all stairs with four or more steps equipped with handrails?

Will the building's electrical system permit the grounding of electrical equipment?

Are floor surfaces clean, dry, level, and free of work or frayed seams?

Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?

Are the phone lines, electrical cords and extension wires secured under a desk or alongside a baseboard?

Computer Workstation (if applicable)

Is your chair adjustable?

Do you know how to adjust your chair?

Is the VDT screen free from noticeable glare?

Do you need a document holder?

Is the top of the VDT screen at eye level?❖

The Washington Post

By Howard Schneider

Sunday, January 16, 2000; Page A01

Keywords

genetics
marriage
medical research

Saudi Intermarriages Have Genetic Costs

RIYADH, Saudi Arabia—In the centuries that this country's tribes have scratched a life from the Arabian Peninsula, the rule of thumb for choosing a marriage partner has been simple: Keep it in the family, a cousin if possible, or at least a tribal kin who could help conserve resources and contribute to the clan's support and defense.

But just as that method of matchmaking served a purpose over the generations, providing insurance against a social or financial mismatch, so has it exacted a cost—the spread of genetic disease. And now, after years of looking the other way because the subject is so sensitive in this ultraconservative society, the kingdom's public health officials, media and religious authorities are beginning to openly counsel Saudis about the risks of marrying too close to home.

Quantifying the problems is difficult and discussion is colored by Saudi Arabia's deeply held religious and social values. But research at hospitals and medical centers indicates that the rates of some metabolic diseases may be as much as 20 times higher among Saudi Arabia's 14 million people than they are in populations where the gene pool is more widely mixed.

Blood disorders such as thalassemia—a hemoglobin deficiency—and sickle cell anemia, as well as diabetes are widespread, particularly in some provinces with high intermarriage rates. College professors tell of being able to identify where students are from by their fatigue level at the end of class. Intermarriage between close relatives, which magnifies the chance that defective genes from a man and woman will combine in a way that causes a disease or disorder in their children, also is being studied as a factor in obesity, heart disease and other problems.

Rare genetic abnormalities have become like clinical markers for certain tribes.

Potentially profound in its implications for Saudi mores and society, breaking the pattern of parentally brokered, intra-family or intra-tribal marriages almost by definition implies letting young men and women meet, mingle and make their own choices to a degree not tolerated here.

Nevertheless, even in a country hesitant to discuss its most intimate problems with the outside, a public dialogue is developing. Official bodies like the medical school of King Saud University have produced material in which religious sheiks counsel young men to "choose a wife carefully" and with an eye toward health. Health officials are debating the possibility of making genetic tests mandatory before marriage, and newspapers carry stories such as this from a December edition of Arab News:

"Basmah and Muhammad are first cousins. . . . Their first child, a hydrocephalic boy, was born dead. Their second child, also hydrocephalic, was also born dead. It was the same with their third."

"There is always the element that says 'you don't want to touch it,' " said Prince Salman bin Sultan, chairman of the Prince Salman Center for Disability Research. But that, he said, is no longer possible or wise. The effects of intermarriage will be part of a comprehensive disability study that the center expects to complete in coming months, and international groups including the World Health Organization are trying to help develop policies to address the issue.

"Families should know what kind of diseases they are carrying," said Abear Manabry, the mother of a thalassemic boy

who is featured in one educational video discussing the hardships of his regular blood transfusions. "If we had done the tests before we got married, perhaps we would not have gotten married, because living with this is not easy."

Intermarriage is common throughout Africa, the Middle East and Southeast Asia, although the rate of marriages between first cousins, second cousins and other relatives in the Persian Gulf region, estimated at more than 55 percent in Saudi Arabia, is considered high by world standards.

It is seen as a way to preserve wealth by keeping dowries and inheritances within the same line. It is also, many in Saudi Arabia say, the surest way to avoid the uncertainty that goes with marrying someone from an unknown family or an unfamiliar region. As one elderly father explained, marriage discussions can involve intense investigations to ensure that a son or daughter is not taking a step down the social ladder, or compromising the family's interests. In that environment, marrying relatives is always a safe bet.

Most of the offspring of such unions are healthy, to an extent that even health officials studying the issue say they would hesitate to disrupt a family or community's most intimate plans with what is only an assessment of risks. Even cousins who are carriers of a particular blood disorder, for example, could produce a family with no evidence of the disease.

However, rising concern over the risks poses a particularly complex set of problems in the Gulf region, where, because of the large numbers of foreign workers, marriage to one's own kind is seen as an issue of national survival. To help sustain a distinct identity, given

relatively small populations, countries such as Kuwait occasionally stage subsidized "mass weddings" in which public funds are used to offset the expense of setting up a home and encourage local nationals to marry one another. Similarly, the government of the United Arab Emirates offers a \$20,000 stipend if an Emirati man marries an Emirati woman.

Saudi law makes marriages with foreigners difficult, although less so for men than women. The cultural pressure for Saudis to marry Saudis is intense, and the bureaucratic barriers to doing otherwise enormous.

Islam does not call on believers to seek an intra-family or intra-tribal marriage. But neither does it prohibit unions as close as that of first cousin. Arguments, however, are made from both sides. Some recall that the prophet Muhammad's daughter married her cousin, while others point to the words of later caliphs encouraging the people of Islam to intermarry freely.

Beyond any religious interpretation, Saudi Arabia remains a place of intensely tribal and generally restrictive social affiliations, where claims of the extended family and tribe still take precedence over any broader sense of nationality. As one doctor put it, genetic problems associated with certain Saudi tribes—from a nervous tic to severe neural disorders—involve "mutations that occurred 10,000 or 20,000 years ago," but remained isolated and intact because of breeding patterns that kept the gene pool restricted.

In modern times, parents and relatives more often than not conduct the hunt for eligible mates on behalf of their children. As a guard against scandal or a bad marriage, or even to avoid unwarranted risk, the search is still often focused by blood and geography—a practice followed within Saudi Arabia's royal family as well as by commoners.

There are few alternatives. Unmarried men and women are not allowed to associate freely. There are no movies, no nightclubs,

no venues for ogling on the street or chatting about the weather. With the exception of a souk, or market, and a few malls patrolled by morality police who keep an eye out for imprudent behavior, downtown Riyadh tends to be deserted outside business hours.

Some Western-oriented, upper-middle-class Saudis hold discreet parties for their children, but the music is never too loud and an ear is always tuned nervously to the door for fear that the police might come knocking.

Parents in these families say pressure is developing, particularly among an upcoming generation of educated girls, to have more say in whom and when they marry. But that change will come slowly. Saudis joke that to the extent they are able to choose their own mates, they meet and court "at Disneyland"—a reference to summer vacations that well-to-do families take in the United States and Europe. "It is bound to change," said one Saudi parent. "Girls see themselves differently. They see men differently. . . . They will marry elsewhere, and the society will be opened."

The most severe problems attributed to inbreeding remain comparatively rare. Far more widespread are blood disorders that leave the patient faced with a lifetime of periodic transfusions, which doctors here say are already taxing the Saudi public health system. Also common are defects involving a single gene. While this results in some diseases that are manageable, it also produces potentially fatal metabolic defects, such as an inability of the body to process ammonia or other toxins.

It is only as the ability to diagnose and treat these problems has improved that researchers are becoming aware of the extent to which they exist. During less sophisticated times, the affected newborns would simply have died, their deaths unconnected to any broader social phenomenon.

Pinar Ozand, a Turkish doctor who has led research into genetic errors at the King

Faisal Specialist Hospital and Research Centre here, said problems that occur once in every thousand births in a robustly mixed gene pool are being found as frequently as once in every 50 births in Saudi Arabia.

The fact that treatment is now available that allows some affected people to survive and pass the gene defect on to another generation quickens the debate, Ozand said. By simply improving diagnostic techniques, researchers at the center "created an epidemic," Ozand said. "When I came they absolutely denied it. Now they accept it."

MARRYING CLOSE TO HOME

Marriages between relatives are widespread in the Middle East, particularly in Saudi Arabia, where a government study has found that 56.8% of all marriages are between first and second cousins or more distant relatives.

Percentage of marriages between relatives in several Saudi provinces surveyed as well as other countries in the region:

JORDAN:	50.2%
IRAQ:	57.9%
KUWAIT:	54.3%
BAHRAIN:	39.4%
U.A.E.:	61.6%
EGYPT:	28.9%

SAUDI ARABIA

Northern Province:	52.1%
North Western Province:	67.7%
South Western Province:	54.2%
Central Province:	60.8%
Eastern Province:	59.1%

Rub Al-Khali

The Saudi government study involved a survey of 3,212 families in five Saudi provinces in 1995.

SOURCE: Saudi Arabian government agencies ❖

The Washington Post

By DeNeen L. Brown

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Her Sisters' Keeper

She may have escaped poverty, but she can never escape the ties that bind her to her family

"Nini, my sister begins on the other end of the phone.

She is hesitating. I can tell immediately that she needs something.

"You know I wouldn't ask you if I didn't really need it."

Her voice is unsure. She pauses. She doesn't want to beg.

"But . . ." she begins to say.

I know exactly what she will say before she says it.

The But is the key.

The But hangs there somewhere between yesterday and tomorrow. Somewhere between where I live in Maryland and where she lives in the Midwest, somewhere between my middle-classness and her working poverty, somewhere between two sisters, one who made it to the other side of being poor and one who is stuck in its cesspool.

My sister doesn't really need to explain. I know what the But holds. The But has pockets.

She says it anyway.

"But . . . I really need \$258.12. I'm behind on my rent. Can you send it? I promise . . . And you know I go to church. I promise. And you know I wouldn't ask you if I didn't really need it . . . I get paid on the 18th. I'll pay you back. I promise."

I cradle the phone, sitting on my plush pile carpeting in my brand-new suburban house in a spare bedroom that I don't really need.

I know she will never be able to pay me back. I know that she doesn't make that much money, and I know she is asking me because she is in a bind. We have been here before and will undoubtedly be here again.

I pause. Not wanting to say no to a sister who has tried so hard just to make it, who has moved from low-paying job to low-paying job in a town where there are few places for a black woman with three kids to go. She is two years older than me, the second oldest, the girl/woman with whom I shared my childhood dreams as we sat cross-legged playing with our dolls and talking about what we were going to be when we grew up. She didn't know what she wanted to be. I knew I wanted to go to college at least. And I wanted to move far, far away.

I think about the conversation I had with my grandmother, whom I called one day after failing to get through to my sister. The operator's recording had told me I had reached a disconnected or out-of-service number: "If you feel you have reached this recording in error, please check the number and try your call again."

I didn't need to check the number and try the call again. I knew I had dialed the right number. It was just the wrong time of the month. This was just one of those bills that my sister couldn't pay.

"You know, Nini," my grandmother told me that day, "she isn't doing so well. She

never has any money. Her phone got cut off."

My sister is stuck in poverty. I, on the other hand, somehow got out.

I am what sociologists call "first-generation black middle class." To me that term doesn't mean anything other than someone who is one step out of poverty and two paychecks from being broke. I have income but not true wealth.

My story is not one of those poor-black-ghetto-girl-makes-good stories. I didn't grow up in a ghetto, but I was poor. Not dirt poor like the kind that you read about in fairy tales or novels where the people can't get enough to eat and don't have enough clothes to wear. Not poor enough to qualify for food stamps. Not poor enough to live in public housing. Not poor enough for government cheese or that chicken that came in the can.

We were poor in a different sense, the kind that doesn't slap you in the face until much later when you grow up and realize just how much there was to have and how much you didn't have but didn't know it.

I didn't know that I had grown up "relatively" poor until I became a reporter covering education and someone told me that qualification for free or reduced-price lunches — the ones I ate at school for years — was an official indicator of poverty.

I remember going to a news conference once and listening to a member of Congress

talk about the need to do away with Head Start because the preschool program for poor children was not successful. I thought to myself, "Oh. I was in Head Start." In fact, when I was little, I thought the name for preschool was Head Start. I had no shame in going to the school where I colored and drew pictures and learned to read before I started "real" school.

Now my three sisters and I are grown. But I am the one shadowed by guilt. It is the same guilt that many middle-class black people have about their success and the lack of upward mobility among some of their relatives. It's about making it and figuring out how much responsibility we owe to family who didn't make it. It's about choosing between taking a trip to Europe and keeping a sister from getting evicted. It is a story about why me? Why did I make it and not my sisters? I was not the cleverest, nor the prettiest, nor the most assertive.

Because it may be impossible to answer the why, perhaps it is best to dissect the how.

I grew up on the "black side of town" in a little white frame house. It had the basic necessities: a front door, a living room (but no dining room), a kitchen, a back door, one bathroom, two bedrooms and a basement. When my parents bought the house in the early 1970s, it cost \$7,000. We did without the things we never knew we needed — things like foyers and walk-in closets and family rooms and garages. Of course, I didn't even know what a foyer was.

Of the two bedrooms, the larger one belonged to my mother after my parents divorced. The other belonged to my three sisters and me. It had one bed — actually a king-size headboard with two twin-size mattresses pushed together. The last one in the bed slept in the crack between the two mattresses.

The house was immaculate. A speck of lint on the carpet did not go unnoticed. My mother loved a clean house perfumed with the smell of Pine-Sol, Lemon Pledge and Windex. The house could not just look clean, it had to feel clean, smell clean. There were no half-steps. No languid moments to sit and think. Only the constant motion of cleaning was allowed.

When Mom's car pulled up in the driveway after work, we'd hop up from in front of the television and clean what was already clean and polish what was already polished. After her hard day's work at the factory, that was the least we could do.

Depending on how far the day of the week was from payday, sometimes we had mayonnaise sandwiches, and bowls of cereal without milk, and Kool-Aid without sugar or sugar water without Kool-Aid. The temporarily empty refrigerator didn't mean we were poor. It just meant we were broke, or more exactly my mother was broke. Eventually, after payday, we would go to the store and get the bologna for the mayonnaise sandwiches, the milk for the cereal and have Kool-Aid and sugar at the same time.

There were spans of pure joy in growing up there. The house was full of song:

"It's a family affair . . ." Sly and the Family Stone sang from the eight-track. "One child grows up to be somebody that just loves to learn. And the other child grows up to be . . ."

We wore halter tops and short shorts and danced on the green shag carpeting and sat near but not on the red crushed-velvet sofa covered in gold roses and plastic.

My younger sister and I fought over who would hold my mother's hand while she shopped — the hand that didn't hold the purse was the best. And we fought over who would sit next to her when she drove. And Sunday dinner at our grandmother's house was a constant.

Who would have thought us poor with a table full of fried corn, macaroni and cheese, buttermilk and corn bread, greens, turkey and dressing that she prepared? We bowed our heads and gave thanks to the Lord and to the hands that prepared it. Hard times waited until at least Tuesday to visit again.

I knew from watching "The Brady Bunch" and "The Young and the Restless" that there was more out there in the world. We were bused to school on the white side of town, where we saw bigger, newer houses, where the little white girls came with lunch boxes or ran home for an afternoon snack. They had everything, it seemed then.

Still, as child, I considered our situation temporary. Someday, my mother would get a better job and a pay raise at the airplane factory where she put together electronic control boards. Someday, I would get a job, too, and buy all that I needed. Poverty, as they say, was a state of mind. It was not my state of mind.

By the time I became a teenager, I was determined to study myself into a better place. I had been labeled gifted and talented and put in accelerated classes. In high school, I took as many honors courses as I could, and competed with and beat the other students in my school who I thought were the smartest. I would do as they did, take the ACT, apply for college. And get out.

People now ask me the impossible question: "How come you didn't grow up to be like your sisters?"

My questioners are sincere — this question gnaws at me, too. But their ignorance shows in their expectation that I can give a one- or two-sentence answer. These are people, black and white, who have probably always had sugar with their Kool-Aid and bologna with their mayonnaise. So they are often left puzzled.

I wonder what they mean when they say: like your sisters. My sisters were raised to be good people. And I love them.

Sometimes, and only if a questioner appears to have more than a glancing interest, I answer this way: "Maybe it's because our dreams were different. Maybe it's because fate gave me a break. Maybe it's because I made different choices. Maybe it's because my two older sisters absorbed the shock of poverty's blows for me, making room for me to move around them and walk past without bruising."

Truth is, I am more like my sisters than the questioners will ever be able to understand. My clothes, my house, my car, my vacations don't define me. Those things say I am middle-class, but inside I'm still the same little girl who knows what it means to struggle with paying the rent.

I live in a vinyl-sided house with a brick front. My husband and I have two cars in the garage, both used. We have enough

groceries in the cupboard. If we stretch it, we can take a vacation to France. I am not complaining or boasting. I'm just explaining. I have something people in my family don't have: I have a regular paycheck, a house, a used Volvo.

I am not rich, though some in my family think I am. Rich is all relative to someone who doesn't have the rent money.

When it was reported that Clarence Thomas had a sister on welfare, a lot of black people nodded and understood. Thomas had said that his sister was an example of welfare dependency. You could hear the uh-huhs in beauty salons and barbershops. He got some nerve. Nothin' worse than a black man who don't remember where he came from.

One thing you rarely hear black people do is criticize those in their family who haven't succeeded. We don't make those simple judgments: "Well, if you would just get a job, then everything will be okay." We know there is something more complicated going on that allows some people, even those in the same family, to rise and others to get pulled down by the undercurrent. I know some people are going to say they understand what that undercurrent is: lack of motivation, lack of energy, lack of education.

I always say it ain't never that simple, using the word ain't in its proper cultural context.

Black people understand the overt and covert racism, the collective depression that strangles some of us. And we understand that coming from the same family links you in ways that are infinite. That when a sibling messes up, it is forgiven. At church, when the story of Cain and Abel is told and God asks Cain where his brother is and he answers, "Am I my brother's keeper?" we bow our heads and whisper-shout: "You darned right you your brother's keeper. And your mother's keeper and your father's keeper, and your sister's keeper, and her kids' too."

You may lose your house, your car, your husband, or you may succeed beyond your wildest dreams. Either way, you'll always have your family.

After my parents divorced, and my father moved away, my mother got up before

daybreak every morning, ironed her jeans and a white blouse, climbed in her old Ford Granada and drove to the airplane factory. There, she punched a clock and worked on the control boards for eight hours, leaving her station only for 15-minute breaks and lunch. I didn't think about it then, but it must have bored her. She was a fiercely intelligent woman — but her life didn't take her anywhere. And intelligence didn't keep her from making mistakes.

She was born in Mississippi, and like so many other black people from the South, she rode the train to Chicago, part of the Great Migration north. My grandmother had to work a lot. It was a hard childhood. "We had to raise ourselves," is all my mother says about it.

My mother had dreams of doing better. I know because she would pour them into my ear: "You know, Nini, I want you to go to college. I always wanted to be in a marching band in college. Maybe you could be in a marching band."

I felt like a pebble being pushed along a stream, tumbling along, somehow never taking the wrong turn. Instead of hitting boulders in the stream, I somehow caught a current that went around them. I was a lucky pebble.

My sisters, though, got caught under the boulders.

My oldest sister had a child when she was 16. She said she had a baby with a boyfriend because her friends were having babies. I remember coming home on the school bus and seeing her standing in the door of our house. She wore a nightclub-red nightgown and carried a full belly. The kids on the bus teased me, saying my sister was going to have a baby. I vowed silently then I would not be like her.

My next oldest sister went off to college before I did, but quit in her sophomore year when she didn't make the grades and returned home to a menial job. My mother didn't seem too disappointed at the time. She just said schooling was harder for some people.

I focused on going to college, getting a job, a job to which I would carry a briefcase and wouldn't have to wear a uniform.

The current took me elsewhere.

It is a beautiful spring day in Washington. My oldest sister and my mother have come for a visit. I pick them up at the airport and we dump all the luggage in the trunk of my Volvo. My mother gets in the front passenger seat and my sister slides into the back. My sister is 39 and this is her first airplane ride in more than 30 years.

She is excited in a childlike way about the flight. She talks about the peanuts they served on the plane, and about not being able to sleep because of the bumpy ride and her fear of flying over water. She is on the ground now and she is happy. The trip has taken her away from her troubles — temporarily.

"If you gave me this Volvo," she says almost immediately, "then all my troubles would disappear."

I tell her the bank owns the Volvo. And I am reminded of the gulf between us. She doesn't have a car anymore. She is hungry. She hasn't seen Washington before. She hasn't seen Baltimore. I take them to a restaurant on the waterfront and tell them to order anything they'd like. She doesn't want any exotic Thai food or Indian food. She wants something she can recognize: preferably fast food, preferably a chain.

I urge her to try something new, to branch out. Try this, I tell her, coaxing her to try my tandoori chicken pizza. She tastes it, with its chutney, and finds it gross.

Later, after she has settled into one of the guest rooms and unpacked her bags, I tell her about my work, and find a way to bring up this question that has been nagging at me: "How did our lives end up to be so different?"

She tells me her childhood was different from mine. Then she begins to talk about her secrets, the things that happened to her. The reasons she skipped school. The reasons she dropped out of school. The friends she hung out with. The reasons she ran the streets, as my mother put it.

Then my oldest sister tells me something she has told no one else. She says that at a time when my mother wasn't looking, a man pulled her aside and abused her. And continued to abuse her for years. It became a secret and it eventually made her lose her mind.

"I got molested. It's always been inside of me . . . I hate to wake up in the morning."

It takes my breath away to hear this secret. But it can't hurt me as much as it hurts her. I know that and I wonder, where was I and why didn't I know what happened to her?

I tell her that she is not too old to put herself together. I drive her to the vast, affluent, majority-black neighborhoods of Prince George's County and tell her that black people live in these houses. Look at the cars they drive. They have good jobs. You could have this, too.

She smiles. "I always wanted to come up here and see how good you were doing," she says. "I want a house. I want a man that works. I want somebody to listen to me. I want to clean my body out, but it's not going to clean my mind out."

She looks around my house, at all the unnecessary stuff I have accumulated. "Don't you think I want a house like this? But now, it's too late."

I tend to disconnect from information in a cold way. As my sister tells her story, I just take it in, without emotion. She talks about being told that she was not very smart, being told she was the black sheep of the family. In time, she fulfilled the family's prediction. From her teenage years on she just knew that she would live the same life she had always lived: on the edge of the poverty line.

"I hurt all the time emotionally," she says.

Three months later I get a chance to ask my uncle the same question. He lives in Denver and is a successful lawyer. He is my mother's brother, the middle child. Her baby brother lives under a bridge, temporarily homeless, temporarily unemployed.

In a lot of ways my Denver uncle is like me. He carries the same burden. He, too, made it out. Sometimes he even refuses to go back. I ask what happened.

He tells me my mother is brilliant, perhaps a genius.

A genius? I wonder. The brilliance never showed itself to me except the times when I was a teenager and she knew I hadn't

gone bowling, but went instead to the party she forbade me from attending. I thought she was the smartest person in the world and maybe the meanest, too.

He tells me how when they were growing up, it was she who taught him to read, taught him math and whizzed her way through school. But then she got pregnant. I asked what happened to the genius. Pregnancy surely doesn't dull the mind. He tells me she got tripped up by low self-esteem. I still don't understand.

I tell him how I feel when I go back home to visit my family, my own young son in tow, how it haunts me when I see my sisters going two steps ahead and five steps back, how it pains me to see my grandmother's little house, site of so many family gatherings, swelling inside from too much heat and not enough fresh air. It's as if the house holds too many secrets and is about to burst.

I remember sitting on the sofa there one summer night as my oldest sister smoked cigarettes in the glow of a red light bulb she had put in. The room was soaked in red, and I thought then we were all going straight to hell. I think about my grandmother's house now and how it is filled with smoke and how nobody stops anybody from smoking around all the grandbabies.

My uncle tells me he, too, finds the house to be a symbol of something that sucks the life out of people living there.

Long ago he told my grandmother that it was worth nothing and she should sell the place before it fell apart. She told him no. Then she redecorated. She put up wallpaper and new curtains. Bought new carpet and a new sofa. Put on an addition with money she had saved from working as a hospital cook for 30 years. It was like putting new wrapping paper on something that needed to be fixed from the inside out. It looked pretty on the surface, but inside it was falling apart.

But it is a house to which people in my family have all returned when there was nowhere else to go. My grandmother opens her doors, cooks Sunday dinners and they stay as long as it takes to get themselves together.

Sometimes they never leave.

I phone my younger sister one day to see how she is doing. She was the one who took up for me at school. While I read books and went to class, making all A's, she knew what was really happening in the school. When people talked about me as high school girls do, she, with her quick tongue, cut them down.

She is beautiful. Tall, thin, cherry black. Men find her irresistible. She charms them. They fall in love with her. Then, when the relationship or the marriage goes bad, they find they cannot stop loving her. Because she no longer loves them, they want to hurt her. So they find weapons — the courts and child custody laws — and they fight her for the children.

She tried to leave town once. She moved to another state with the children, found a new job. One day, when she was at work, a sheriff's deputy went to her son's school. He showed a warrant to the principal that said the boy must be returned. My nephew pleaded with them to allow him to stay until school was out. He needed to walk his younger sister home, the sister who has the same mother but not the same father.

They took him anyway. Now my sister, young but with a full head of salt and pepper, spends all her energy and money petitioning for custody and visitation rights.

One day I ask my mother to answer the question of why her daughters are so different. She talks to me as though she were speaking to an interrogator. She speaks in third person as though she is looking down on her life and is not in it. My mother, it turns out, also spends many of her waking hours thinking about this question and about her girls and their lives and what she did and didn't do. Sometimes she cries because the factory cut her job and, with no money anymore herself, she cannot help her children.

"They all lived with a mother that tried to work. When she stopped working that had an effect on them."

"My oldest daughter is a crackhead. Son living with girl since 15. One daughter

pregnant, unmarried. Daughter, 23, has five kids, one deceased."

"My next child works in medical records at a clinic. She has three kids. Joint custody of two. Very religious. Bitter toward her father because he wasn't there for her. He just came into her life when she was 35. High values. Low self-esteem. A loner. I think she gives all her money to her church."

"My third child is married. One with little boy. Finished college. Well educated. Well-paid job. Successful. Bitter about childhood."

"My youngest daughter is working for the school board. She lost custody of one of her children. She is bitter. Unhappy."

It's not an answer, but it's all she's got. "You are the one that minded. You never talked back and didn't have to have much discipline. You were more respectful. You were a good seed . . ."

So now I look back and I can see some of the rocks that my sisters hit in those streams: the men, the abuse, the drugs, the lack of dreams. They can probably see those rocks, too. Everybody has better vision when they are looking back.

I can see it clearly as I sit in my spare room — the one that I don't need — and cradle the phone in my ear.

And pray that my husband, who was born into the black middle class, whose mother and father both have doctorates, will understand. My husband, whose father is a wealthy businessman and comes from a long line of well-educated middle-class black people. Whose paternal great-grandfather was a college president and great-great-grandfather was summoned by Booker T. Washington to teach philosophy at a historically black college.

As I sit there, I know my husband has never dealt with a request like the one on the other end of the phone line. When I tell him, he seems baffled. He doesn't feel the pulls and tugs that that will forever bind me to two classes, the middle-class side where I am now and the other side where I grew up and where my mother and sisters still live.

I cradle the phone again and listen as my sister, the second oldest, tells me how she got so far behind that she couldn't pay her rent. She doesn't need to explain any more. I know her life all too well. As she talks, I open the file cabinet and pull out the checkbook for the account I jokingly refer to as my family trust fund.

I lift the worn, thin, blue plastic cover. The balance is dwindling. I look at the withdrawals that have been made in 13 years.

\$300 to keep my mother's phone from being cut off.

\$150 to keep my oldest sister from being evicted.

\$240 to pay my mother's mortgage.

\$169 to pay my mother's property taxes.

\$50 to my mother just because.

\$250 to pay for the funeral clothes of a baby niece who died of sudden infant death syndrome.

I flip through the ledger and find a clean check. With a blue ballpoint pen, I make a check out for two hundred fifty-eight dollars and 12/100. And I sign it. And I put it in an envelope. And I seal it shut.

And I know that it will never come my way again.

I am my sisters' keeper.

DeNeen L. Brown is a writer for the Style section. ❖

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By Sheryl Gay Stohlberg

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Folk Cures on Trial

Alternative Care Gains a Foothold

BALTIMORE — In the year he has suffered from osteoarthritis, Harold Katcoff has followed his doctors' advice, to no avail: aspirin, steroids, the latest anti-inflammatory drugs. The pills, he says, offer little relief from the stabbing pain in the back of his knees. So Mr. Katcoff, an 80-year-old retired pharmacist, is trying Chinese medicine instead. Or at least, he thinks he is.

Every Tuesday and Thursday since late November, Mr. Katcoff has come here, to Kernan Hospital, to see an acupuncturist who pokes him with 20 needles, 9 in each leg and 2 in the belly, and then hooks the probes to a mild electrical current. The patient is convinced that the therapy works. "It's fantastic," Mr. Katcoff says. But in the same breath, he admits that he cannot be certain if the effect is real, or imagined.

That is because Mr. Katcoff may be receiving sham acupuncture — needle sticks in places where, according to the theories of traditional Chinese medicine, they should not do any good. He is a volunteer in a \$2.5 million federally financed study, run by a rheumatology professor and a family-practice doctor at the University of Maryland. The study represents a new wave in academic medicine: the application of rigorous, Western scientific methods — including the gold standard of medical research, the placebo, or fake therapy, as a control — to test alternative therapies, from ginkgo biloba to shark cartilage to a mystical Chinese healing art known as qi gong.

Just five years ago, many academics would not have gone near such studies, for fear they would become a laughingstock. And while alternative therapies remain hugely controversial in the staid world of science — "quackupuncture," is how one vocal

critic, Dr. Victor Herbert of the Mount Sinai School of Medicine, summed up the University of Maryland's work — large, multimillion-dollar clinical trials are getting under way this year at some of the nation's most prestigious university hospitals.

"The scientific games have begun," declared Dr. David Eisenberg, director of the Center for Alternative Medicine Research and Education at Beth Israel Deaconess Medical Center in Boston.

Or, as Dr. Barrie Cassileth, chief of integrative medicine at Memorial Sloan-Kettering Cancer Center in Manhattan, said: "The research is just coming into its maturity. It's bar mitzvah time."

The boom is being driven by the National Institutes of Health, which, under pressure from Congress, has sharply increased its budget for studies of alternative medicine. Eight years ago, much to the chagrin of the institutes leadership, Congress required the institutes to establish an Office of Alternative Medicine, a tiny operation with a budget to match, just \$2 million.

"It was," said Dr. Daniel Moerman, a medical anthropologist at the University of Michigan, "like setting up an office of devilry within the Catholic Church."

But after a rocky beginning, the office is gaining acceptance at the institutes and is setting the tone for scientists around the country. Last year, Congress upgraded the office, making it the National Center for Complementary and Alternative Medicine, which means it now has grant-making authority. Its yearly budget has grown to \$68 million. In October, a new director came on board, Dr. Stephen E. Straus, a virologist and longtime N.I.H. insider whom Dr. Harold Varmus, the former director of the institutes and once one of

the program's biggest detractors, describes as "a really distinguished scientist."

At the same time, hospitals and medical schools are bowing to economic reality: alternative medicine is big business. According to the Nutrition Business Journal, an industry trade publication, Americans spent \$27.2 billion in 1998 on providers of alternative health care, including those in chiropractic, traditional Chinese medicine, homeopathy, naturopathy and massage therapy. Sales of herbs are also growing, to \$4.4 billion last year, from nearly \$2.5 billion in 1995, the journal said.

And a survey of more than 2,000 adults, conducted by Dr. Eisenberg and published in November 1998 in The Journal of the American Medical Association, estimated that 46 percent of the American population had visited a practitioner of alternative health care in 1997, up from 36 percent in 1990. Patients like Mr. Katcoff, who had never before tried alternative therapies, are increasingly doing so.

"Consumers are saying, I want some type of care and I will pay for it out of pocket if I need to," said Dr. Brian Berman, the principal investigator in the Maryland acupuncture study.

But applying Western methods to Eastern traditions may be easier said than done, as Dr. Berman well knows. For one thing, how do you do placebo acupuncture? Dr. Berman and a Chinese colleague, Dr. Lixing Lao, ran several experiments just to figure out a technique that, they say, can reliably fool patients. And medical concepts do not easily translate. The diagnosis "osteoarthritis of the knee" does not exist in traditional Chinese medicine. The closest translation, Dr. Lao said, was "the knee area is energy blocked."

Cultural clashes aside, the work proceeds. At Duke University, 330 patients are being enrolled in a study of St. John's wort, an herb that is thought to relieve mild depression. One-third of the participants will receive the herb, one-third will receive a placebo and one-third will receive Zoloft, a commonly prescribed drug.

In Houston, the M. D. Anderson Cancer Center has just begun testing shark cartilage as a treatment for lung cancer; the study, sponsored by the National Cancer Institute and approved by the Food and Drug Administration, will involve as many as 700 patients who will receive either shark cartilage or a dummy pill in addition to conventional treatment.

And at the University of Michigan, Dr. Steven F. Bolling, a heart transplant surgeon who describes himself as "the high priest of techno-medicine," is surprised to find himself examining whether practitioners of the Chinese art of qi gong can help his cardiac surgery patients recover faster. One-third of the patients in the clinical trial will be visited by a qi gong master, who performs slow-motion exercises that are said to release a healing energy. One-third will be visited by an impostor and one-third will not have visits.

"If it's proven, it works and it helps my patients," Dr. Bolling said, "so be it."

The trend is affecting the training of young doctors as well. Two-thirds of the nation's medical schools now have courses on alternative medicine, many of them to teach doctors how to handle questions from patients. Harvard Medical School is about to begin a fellowship program to train internists in how to conduct research on alternative therapies.

"We need a small army of clinician researchers who will do this work now," said Dr. Eisenberg, the co-director, "and for the next generation."

The Politics Push by Senator Defeats Opposition

The story of how alternative medicine has worked its way into the mainstream of research begins not with scientists, but politicians.

In the late 1980's, Senator Tom Harkin, Democrat of Iowa, became chairman of the

subcommittee that holds the purse strings to N.I.H. At about that time, Mr. Harkin said, a friend, Representative Berkley Bedell of Iowa, became ill with Lyme disease and prostate cancer, and resigned from Congress. "A couple of years after that, Berkley came to see me and he looked like a new man," Mr. Harkin said. "He told me about a strange cure he had taken, an alternative approach. I was just amazed."

Mr. Harkin has since become an aficionado of alternative medicine himself: He takes bee pollen for his allergies, a practice that critics find silly.

But Mr. Harkin may have had the last laugh. In 1991, he inserted a provision into the N.I.H. appropriations bill requiring the institutes to create an Office of Alternative Medicine, with a \$2 million budget.

"They fought it and fought it and fought it," he said in an interview. "You'd think I was single-handedly destroying N.I.H. by spending \$2 million on alternative therapies."

The amount was indeed a drop in the bucket for the institutes, an agency that now has a \$15 billion annual budget. The tiny office on alternative care was set up in a remote outpost, nowhere near the institutes' main campus in Bethesda, Md. Its mission was complicated. Alternative medicine is such a vast conglomeration of practices, ranging from the use of vitamins and herbs, to meditation, massage, movement therapy and acupuncture, that even its practitioners cannot agree on what to call it. (The terms "complementary," "integrative" and "alternative" are used interchangeably.)

The office began by offering small grants of \$30,000 each. Soon, it was drawing fierce criticism for spending taxpayers' money on projects of dubious scientific merit. "The quality was incredibly low," said Dr. Varmus, who is now executive director of Memorial Sloan-Kettering. "The investigators who were applying didn't really know much about science."

In 1994, Congress took a step that would have a major effect on patients' access to alternative therapies. It passed a law that permits manufacturers to make claims about health benefits for herbal medicines whose safety and effectiveness had not been proved by the usual standards

applied to prescription drugs. Now, said Dr. Cassileth, of Memorial Sloan-Kettering, "everybody can play doctor and buy anything they want over the counter and treat themselves." Good research became even more necessary, she said.

But the battles at N.I.H. continued. The alternative medicine office ran through a string of directors. The man who took the job in 1995, Dr. Wayne B. Jonas, drew criticism because he practiced homeopathy, a 200-year-old system of medicine in which illnesses are often treated with diluted solutions of plant extracts. Most mainstream scientists, including Dr. Varmus, take a dim view of homeopathy.

As a result, said Dr. Jonas, who left the institutes at the end of 1998, he had a difficult time getting approval of proposals to finance research.

But as Congress continued to appropriate more money for the office and public interest grew, Dr. Varmus said, "I came to feel that there was a real public health concern that N.I.H. had a responsibility to address."

By 1996, the alternative medicine office had moved onto the main institutes' campus, and Dr. Varmus had formed an advisory group of government scientists to set priorities. The alternative medicine literature contains thousands of studies, but the majority are scientifically flawed. Dr. Varmus wants scientists to test the most promising and most widely used therapies.

But the critics remain. Dr. Herbert, the Mount Sinai professor, calls the center on alternative medicine "a worthless waste of money" that was "set up to promote fraud."

Dr. Marcia Angell, the editor of *The New England Journal of Medicine*, said the center had so far failed to publish any significant articles in scientific journals. "The proof is in the pudding," Dr. Angell said. "Just show me the papers."

That may take some time.

It will be three to four years, Dr. Straus predicts, before the current crop of clinical trials is complete. Still, in a recent interview, Dr. Straus came armed with two loose-leaf notebooks full of articles that

had grown from N.I.H.-financed research, some published in the respected Journal of the American Medical Association.

He acknowledged that the center “still has to prove itself.” But, he said, “I predict it will.”

The Research Holding Future of New Therapy

For the American health care system, the implications of the new research will be vast, medically and economically. Health maintenance organizations are just beginning to cover some alternative therapies: Oxford Health Plans, for instance, offers coverage for acupuncture. If therapies being tested prove effective, patients will undoubtedly begin demanding coverage.

The new research could be a boon to manufacturers of herbs.

Several manufacturers of dietary supplements are beginning studies of products such as ginkgo and St. John's wort that could lead to their approval by

the Food and Drug Administration, in the same way the agency approves prescription drugs, said Michael McGuffin, president of the American Herbal Products Association, a trade group.

The University of Pittsburgh, meanwhile, is joining Chinese scientists to develop herbal medicines as drugs. In addition, Dr. Steven DeKosky, who directs the university's Alzheimer's Disease Research Center, has also received a \$3 million N.I.H. grant to see if the ginkgo herb can prevent dementia. Two thousand elderly patients will be enrolled. If it works, he said, the next step will be to isolate the active ingredients and figure out how they work.

Some researchers, including Dr. Eisenberg of Harvard, say alternative therapies will not be truly accepted as mainstream until scientists can prove not just that they work, but how. But already, medical practice is opening up, said Dr. Marc C. Hochberg, the rheumatology professor at the University of Maryland who is an investigator in the acupuncture study.

This year, acupuncture was mentioned for the first time in the American College of Rheumatology's guidelines for medical management of osteoarthritis of the knee.

“Our work has opened people's eyes,” he said. “This used to be in the same ball park as copper bracelets. I think we have taken acupuncture for osteoarthritis out of that realm.”

Still, Dr. Hochberg said, an important question remains: does the acupuncture really work, or is it just the placebo effect? Dr. Hochberg hopes to have an answer by 2002.

As for Mr. Katcoff, he is sold. He said he had been reading up on Chinese medicine, and had learned that even people who did not believe in it could benefit.

“I think I'm getting the real goods,” he said recently.

“I've been going twice a week, and this is my fifth week, and I can honestly say that the pains in the back of my legs are gone.” ❖

