Nelson M. Prins
100 W. 8 Mile Rd, #115
Ferndale, MI. 48220-2439

-115

Ms. Pat Fleming, Fed. AIDS Czar
C/o The White House
1600 Pennsylvania Ave, NW
Washington, D.C. 20500

Fleming

Ms. Pat Fleming, ✓
aka Czar

c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C.
20500

100 W. 8 Mile Rd. #15
Ferndale, MI. 48220
March 21, 1998

Sec. Donna Shalala,
Dept. of HHS
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C. 20500

Ms. Fleming / Sec. Shalala:

Re: MAPP addr. ph#, and more

The Midwest AIDS Prevention Project under Director Craig Covey has a modest Ferndale address change

from (old)	to (new)
702 Livernois	429 Livernois
(248) 545-1435	(248) 545-1425

As a personal friend of Mr. Covey, I have advised the Oakland County AIDS expert, PHN and RN, Ms. Joy Schumacher, also a personal friend, of the change. She who is in Pontiac and Southfield, but is a Huntington Woods resident, a mile or less from above address. The new address is only a few blocks north of northern boundary of Detroit, or Eight Mile Rd. MAPP covers 5 or 6 states - I believe Ohio, Indiana, Illinois, Michigan and more.

The recent Pot Party raid in Berkley near huge William Beaumont Hospital (at 13 Mile Rd.) with juveniles involved and parent of one, will have court hearing in Oak Park. Cause is the Berkley Judge is a friend of parent who faces charges. Juvenile residence is unknown.

The international news of AIDS in Thailand is encouraging. Too long an Asian and health world wide scandal, the figure of 800,000 in country compares to 500,000 in Bangkok I had previously heard. Hopefully the U.N. and WHO can lend needed guidance. Regrettably, it is an obvious world problem, and in many less affluent or educated citizens. Hopefully, government leaders will be cooperative beyond obvious admission of problem.

Nelson M. Prins

CC: CDC, Atlanta
NIH
Sen. Carl Levin (459 Russell Sen. O.B.)
MAPP (Covey) Ferndale
Pres. Clinton, [redacted]
the Surgeon General

Ferndale, Mich. MAPP old (248) 545-1435
(hours unknown) new " " - 1425
residence # for Craig Covey - unlisted. He is gay
new addr: 429 Livernois.

---

the march 19 press-clip on MAPP new address indicates 429 Livernois as the first in the Community Pride Building "which may house 10 or more gay and lesbian organizations and businesses." Mr. Covey was recently the unsuccessful candidate for Ferndale Common Council and openly gay at that. the move/address change of MAPP causedly "provider of more than 700 HIV programs throughout the state each year. MAPP has ha to nearly double its staff over the last three years." Office hours are unknown. MAPP is the state's largest HIV prevention non-profit organization.

Enclosures to AIDS ltr of 3-21-98 are:

Date	Source + Author	Topic	For
2-5-98	Detr. Free Press editorial	AIDS (CDC data update)	AIDS czar, Lee, Shalala, Kirk, H.
1-9-98	" " Wendy Wendland	Hepatitis A — triple ii mich.	
"	" ", North / Kim	AIDS confidentiality suit — Mocomb Cty, Mi. (re Arbor Drug Co.)	
3-11/17-98	Metro Times (Mi.)	Restaurant list on MAPP benefit 3-13-98	AIDS czar, Lee, Shalala
12-22-97	" " Detr. Health Dept.	[redacted] substance abuse (lovely so only 1 copy)	Lee, Shalala.
2-20-98	Detr. Free Press, Renee Chelia and Kathy Alla	abortions (author are SE mich. - see article)	" "
?	Likely Detroit Free Press	Press clips on abortion Rights — 5 sources.	" "
(same)	Detr. Free Press, Diane Crombley (local input)	Value Life vs. abortion	" "
" "	" " ", Anna Quindlen (a NARAL Foundation essay)	Roe vs. Wade — 25 yrs. later	" "
11-26-97	Detr. Free Press, Mrs. On the news	Word AIDS fig — we: 30, Mil.	" ", CDC, NIH
7-1-97	Detr. Free Press / NYT; Time, Rockefeller Plan	HMO's resist fed. emerg. care mandate	" "
2-24-98	" " U/AP	Powers [illegible] — Comm. Under	" "

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

Detr. Free Press
Wednesday, 26, 1992, Pg. 4A

Mass-destruction weapons a real threat

BY SUSANNE M. SCHAFER
Associated Press

WASHINGTON — More than 25 nations have developed or may be developing nuclear, biological and chemical weapons and the means to deliver them, the Pentagon said Tuesday.

"The threat is neither far-fetched nor far off, and the threat will only grow," said Defense Secretary William Cohen as he released a report on weapons of mass destruction.

The report focused on nations in the Middle East and North Africa and singled out Iran, Iraq, Libya and Syria as trouble spots. They "are aggressively seeking NBC weapons and increased missile capabilities" and constitute "the most pressing threats" to stability, the study said.

The Pentagon declined to list the nations mentioned in the report, calling the information classified.

If a conflict again breaks out in the Persian Gulf, the study said, some form of the weapons is likely to be used, "particularly since several nations there have used them in the past."

Cohen noted that though recent headlines have focused on the United Nations struggle to verify what weapons exist in Iraq, the problem is much broader and could even afflict the United States.

"The front lines are no longer overseas. It can be in any American city," he said, pointing out that criminal organizations or religious cults could use such weapons.

The defense secretary said the Pentagon has been working with the National Guard and training local police and firefighters to prepare them to respond quickly to domestic attacks from terrorists.

The Pentagon has had to beef up its detection, decontamination and emergency-response equipment to respond to a potential attack by chemical and biological weapons and has requested $1-billion pay for the improvements.

NUMBERS IN THE NEWS

5

Area codes will service just New York City by 1999: 212, 347, 646, 718 and 917.

3,036

Bills were introduced during the just-ended session of the House of Representatives — 59 became law.

1,568

Bills were introduced during the same period (January through last week) in the Senate — 19 became law.

35

Bills will be law if President Bill Clinton signs them, something he's expected to do. Another 35 bills have passed Congress and are en route to Clinton.

30,000,000

People globally are infected with the virus that causes AIDS — but less than 1.5 million of them know it.

6,000,000

Households in Vietnam — about half the families in that country — don't have indoor toilets.

8,300

People in ngary are members of the Alliance of Hungarian W
"The services we provide are to the Catholic Church's: w ceremonies, funerals and ch ings," chief witch Caesar exp recently.

50,000

Reindeer live in Sweden. That's half the number of reindeer just six years ago.

EAT OUT & FIGHT AIDS & EAT OUT

VISIT ANY OF THESE RESTAURANTS FRIDAY, MARCH 13 AND A PORTION OF YOUR BILL WILL BE DONATED TO THE MIDWEST AIDS PREVENTION PROJECT (MAPP). Later a complimentary after-glow party starting at 7:00 P.M at the Atwater Block Brewery, ATWATER BLOCK BREWERY DETROIT MICHIGAN 237 Joseph Campau, Detroit, featuring the music of the Simone Vitale Band *Simone Vitale* and a chance to meet 93.9 FM The River's Ann Delisi.

ALGONAC
GREAT LAKES INN
ANN ARBOR
ACHILLES RESTAURANT
AYSE'S TURKISH RESTAURANT
BEV'S CARIBBEAN KITCHEN
PRICKLY PEAR CAFE'
THE KERRYTOWN BISTRO
AMADEUS RESTAURANT & CAFE'
BANFIELD'S BAR & GRILL
PARTHENON RESTAURANT
SWEET LORRAINE'S CAFE'
AUBURN HILLS
FRAN O'BRIENS MARYLAND CRABHOUSE
BELLEVILLE
DOS PESOS MEXICAN RESTAURANT
BIRMINGHAM
PHOENICIA RESTAURANT
CLAWSON
NIPPONKAI JAPANESE RESTAURANT
CLAWSON STEAKHOUSE
CLINTON
LUCCIANO'S FAMILY RESTAURANT
CLINTON TOWNSHIP
FRISCO BAY CAFE'
DEARBORN
M & M CAFE'
MATT'S DELI
PEACOCK TANDOORI RESTAURANT
THE DEARBORN INN-EARLY AMERICAN ROOM
DEARBORN HEIGHTS

DETROIT CONTINUED
MAJESTIC CAFE'
NEMO'S BAR & GRILL
NEW HELLAS CAFE'
PIZZA PAPALIS TAVERNA
O'LEARY'S TEA ROOM
O'BLIVION'S CORKTOWN CAFE'
SALA THAI
STEVE'S SOUL FOOD
THE RHINOCEROUS CLUB
TRAFFIC JAM & SNUG
TWINGO'S
VAN DYKE PLACE
VIVIO'S RESTAURANT
THE WHITNEY
XOCHIMILCO MEXICAN RESTAURANT
FERNDALE
COMO'S RESTAURANT
CLUB BART
JALEPENO PETE'S
MARIA'S FRONT ROOM
WOODWARD AVENUE BREWERS
FARMINGTON
MARCO'S DINING AND COCKTAILS
FARMINGTON HILLS
ANDY'S CAFE'
GRAND CAFE'
SITAR CUISINE OF INDIA
GROSSE POINTE FARMS
JUMP
GROSSE POINTE PARK

MONROE
OLYMPIA
NOVI
DIAMOND JIM BRADY'S BISTRO
PONTIAC
COLANGELO'S
PIKE STREET RESTAURANT
ROCHESTER
O'SHEA'S TAVERN
CHEZ PIERRE ORLEANS
CHEZ PIERRE BANQUET
MAIN STREET CAFE'
ROYAL OAK
AMICI'S PIZZA ON MAIN
COMET BURGERS
PRONTO! 608
SOUTHFIELD
JOE'S BAR & GRILL
LE METRO BISTRO
RISTORANTE DI MODESTA
FRISCO BAY CAFE'
SWEET LORRAINE'S CAFE
SOUTHGATE
CHARLIE'S CHOP HOUSE-HOLIDAY INN
HUNGARIAN RHAPSODY
ST. CLAIR SHORES
ANDIAMO LAKEFRONT BISTRO
STERLING HEIGHTS
ANTONIO'S ITALIAN CUISINE
TROY
MATT'S DELI

DINE OUT DETROIT
A BENEFIT FOR MIDWEST AIDS PREVENTION PROJECT

AUBURN HILLS
FRAN O'BRIENS MARYLAND CRABHOUSE
BELLEVILLE
DOS PESOS MEXICAN RESTAURANT
BIRMINGHAM
PHOENICIA RESTAURANT
CLAWSON
NIPPONKAI JAPANESE RESTAURANT
CLAWSON STEAKHOUSE
CLINTON
LUCCIANO'S FAMILY RESTAURANT
CLINTON TOWNSHIP
FRISCO BAY CAFE'
DEARBORN
M & M CAFE'
MATT'S DELI
PEACOCK TANDOORI RESTAURANT
THE DEARBORN INN-EARLY AMERICAN ROOM
DEARBORN HEIGHTS
ALADDIN'S MAGIC OVEN & DELI
DETROIT
ARMANDO'S MEXICAN RESTAURANT
ATWATER BLOCK BREWERY
BLUE POINTE
CARL'S CHOP HOUSE
CAUCUS CLUB
CHUNG'S
CASS CAFE'
DUNLEAVY'S RIVER PLACE
EL COMAL RESTAURANT
EVIE'S TAMALES & FAMILY RESTAURANT
FLAT PLANET PIZZA
INTERMEZZO
JA-DA A BARBEQUE GRILL
LA DOLCE VITA
VAN DYKE PLACE
VIVIO'S RESTAURANT
THE WHITNEY
XOCHIMILCO MEXICAN RESTAURANT
FERNDALE
COMO'S RESTAURANT
CLUB BART
JALEPENO PETE'S
MARIA'S FRONT ROOM
WOODWARD AVENUE BREWERS
FARMINGTON
MARCO'S DINING AND COCKTAILS
FARMINGTON HILLS
ANDY'S CAFE'
GRAND CAFE'
SITAR CUISINE OF INDIA
GROSSE POINTE FARMS
JUMP
GROSSE POINTE PARK
SPARKY HERBERT'S RESTAURANT
CACHE CAFE'
GROSSE POINTE WOODS
DA EDOARDO RESTAURANT
MACK AVENUE DINER
HAMTRAMCK
POLISH VILLAGE CAFE'
UNDER THE EAGLE
HARPER WOODS
STEVE'S BACK ROOM MID-EASTERN RESTAURANT
LATHRUP VILLAGE
LA FENDI
LIVONIA
FONTE D'AMORE
MADISON HEIGHTS
HACIENDA AZTECA
AMICI'S PIZZA ON MAIN
COMET BURGERS
PRONTO! 608
SOUTHFIELD
JOE'S BAR & GRILL
LE METRO BISTRO
RISTORANTE DI MODESTA
FRISCO BAY CAFE'
SWEET LORRAINE'S CAFE
SOUTHGATE
CHARLIE'S CHOP HOUSE-HOLIDAY INN
HUNGARIAN RHAPSODY
ST. CLAIR SHORES
ANDIAMO LAKEFRONT BISTRO
STERLING HEIGHTS
ANTONIO'S ITALIAN CUISINE
TROY
MATT'S DELI
SALA THAI
CAPRARO'S ITALIAN DEN
WALLED LAKE
JENNIFER'S CAFE
MICHIGAN STAR CLIPPER DINNER TRAIN
WATERFORD
CHUNG'S
PEPPER'S RESTAURANT
WEST BLOOMFIELD
OLD MEXICO RESTAURANT
PAPARAZZI RISTORANTE
STAGE & COMPANY DELI
WESTLAND
HAWTHORNE VALLEY COUNTRY CLUB
WYANDOTTE
R.P. Mc MURPHY'S BAR & GRILL

A BENEFIT FOR MIDWEST AIDS PREVENTION PROJECT

Ms. Pat Fleming,
AIDS Czar
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C.
20500

100 W. 8 Mile Rd. #15
Ferndale, MI, 48220
March 21, 1998

Sec. Donna Shalala,
Dept. of HHS
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C. 20500

Ms. Fleming / Sec. Shalala:

Re: MAPP addr. chg., and more

The Midwest AIDS Prevention Project under Director Craig Covey has a modest Ferndale address change

from (old)	to (new)
702 Livernois	429 Livernois
(248) 545-1435	(248) 545-1425

of Mr. Covey, as a personal friend, I have advised the Oakland County AIDS expert, PHN and RN, Ms. Joy Schumacher, also a personal friend, of the change. She works in Pontiac and Southfield, but is a Huntington Woods resident, a mile or less from above address. The new address is only a few blocks north of northern boundary of Detroit, on Eight Mile Rd. MAPP covers 5 or 6 states - I believe Ohio, Indiana, Illinois, Michigan and more.

The recent Pot party raid in Berkley near huge William Beaumont Hospital (at 13 Mile Rd.) with juveniles involved and parent of one, will have court hearing in Oak Park. Cause is the Berkley Judge is a friend of parent who faces charges. Juvenile residence is unknown.

The international news of AIDS in Thailand is encouraging. Too long an Asian and health world wide scandal, the figure of 800,000 in country compares to 500,000 in Bangkok I had previously heard. Hopefully the U.N. and WHO can lend needed guidance. Regretably, it is an obvious world problem, and in many less affluent or educated citizens. Hopefully, government leaders will be cooperative beyond obvious admission of problem.

Nelson M. Prins

cc: CDC, Atlanta
NIH
Sen. Carl Levin (459 Russell Sen. O.B.)
MAPP (Covey) Ferndale
Pres. Clinton, [redacted]
The Surgeon General

Ferndale, Mich. MAPP old (248) 545-1435
(hours unknown) — new " " - 1425
residence # for Craig Covey - unlisted. He is gay
new addr: 429 Livernois.

---

the march 19 press clip on MAPP new address indicates. 429 Livernois as the first in the Community Pride Building" which may house 10 or more gay and lesbian organizations and businesses." Mr. Covey was recently the unsuccessful candidate for Ferndale Common Council and openly gay ca that. the move/address change of MAPP caused by "provider of more than 700 HIV programs throughout the state each year. MAPP has ha to nearly double its staff over the last three years." office hours ar unknown. MAPP is the state's largest AIV prevention non-profit organization.

your health

HMOs resist federal emergency care mandate

BY ROBERT PEAR
New York Times

For six months, as the U.S. Congress has considered far-reaching proposals to regulate managed health care, the industry has waged a public relations offensive under the slogan "putting patients first."

But last week, lobbyists for the industry mobilized an extremely different offensive, resisting any requirement to pay for patients who go to hospital emergency rooms reporting severe pain.

The bill now being debated in the Senate and the House probably will establish new protections for elderly people who join health maintenance organizations. The current measure says, for example, that health plans have to pay for emergency care in any situation that a "prudent lay person" would regard as an emergency.

The lobbyists are working overtime to put their imprint on the legislation as Congress, following the lead of many states, sets standards for the quality of care.

Patients, doctors and hospitals say HMOs have often refused to pay for emergency-room services, saying there was no real emergency if, for example, chest pains resulted from indigestion rather than a heart attack.

Such denials can leave patients with thousands of dollars in medical bills and discourage them from seeking emergency care.

up close

HMOs say that federal standards are unnecessary and set a bad precedent for government intervention. In the last few weeks, as three congressional committees endorsed the "prudent lay person" standard, more than a dozen HMO lobbyists patrolled the halls, pressing their case.

Sens. Bob Graham, D-Fla., and John Chafee, R-R.I., proposed an amendment to make clear that severe pain might be a symptom of an emergency condition.

The Senate Finance Committee approved the proposal, 17-3. But the fight, which continues as the legislation moves to the floor, epitomizes the struggle over countless items in the budget bill.

The American Association of Health Plans (AAHP), the national lobby for HMOs and other managed-care companies, developed talking points for its members to use in attacking the Graham-Chafee proposal. In urging lawmakers to oppose the amendment, the association makes these arguments:

- Pain is a highly subjective term and has vast differences in meaning among consumers.
- Overuse of emergency rooms drives up costs and harms care.
- Hospital emergency-room waiting times are often extensive, causing patients to leave without any medical intervention.
- Incorrect medications are often prescribed, and medical conditions are often misdiagnosed because emergency room doctors have no medical records for patients.

AAHP president Karen Ignagni said the talking points had been distributed to Washington representatives, lawyers and lobbyists for 70 HMOs who meet once a week to coordinate strategy.

Ignagni asked, "If you have a root canal and experience severe pain, does that justify a visit to the emergency room?" Another HMO lobbyist said Graham's amendment would require health plans to pay for patients who stubbed their toes and went to emergency rooms for treatment.

Such arguments infuriate doctors who specialize in emergency medicine and the treatment of pain.

Dr. Joel Saper, director of the Michigan Head Pain and Neurological Institute in Ann Arbor, said: "Severe pain can be a sign of serious life-threatening illness. Abdominal pain can be a sign of acute appendicitis. Severe head or neck ache can signal a hemorrhage in the brain."

Thus, Saper said: "Medicare HMOs should not be allowed to deny coverage for emergency-room visits by patients in severe pain based on the eventual diagnosis. Patients cannot make this distinction prior to a physician evaluation."

Under a 1986 federal law, a hospital has to provide a diagnostic examination and treatment to stabilize the condition of any patient who requests care in its emergency room. The law mentions severe pain as a symptom of an emergency medical condition.

But Graham said, "Current law allows Medicare HMOs to deny payment for emergency services that the hospital must provide." His bill is intended to eliminate that disparity by establishing a uniform standard for treatment and payment.

Detr. Free Press
Wednesday Nov 26, 1997, Pg. 4A

Mass-destruction weapons a real threat

BY SUSANNE M. SCHAFER
Associated Press

WASHINGTON — More than 25 nations have developed or may be developing nuclear, biological and chemical weapons and the means to deliver them, the Pentagon said Tuesday.

"The threat is neither far-fetched nor far off, and the threat will only grow," said Defense Secretary William Cohen as he released a report on weapons of mass destruction.

The report focused on nations in the Middle East and North Africa and singled out Iran, Iraq, Libya and Syria as trouble spots. They "are aggressively seeking NBC weapons and increased missile capabilities" and constitute "the most pressing threats" to stability, the study said.

The Pentagon declined to list the nations mentioned in the report, calling the information classified.

If a conflict again breaks out in the Persian Gulf, the study said, some form of the weapons is likely to be used, "particularly since several nations there have used them in the past."

Cohen noted that though recent headlines have focused on the United Nations struggle to verify what weapons exist in Iraq, the problem is much broader and could even afflict the United States.

"The front lines are no longer overseas. It can be in any American city," he said, pointing out that criminal organizations or religious cults could use such weapons.

The defense secretary said the Pentagon has been working with the National Guard and training local police and firefighters to prepare them to respond quickly to domestic attacks from terrorists.

The Pentagon has had to beef up its detection, decontamination and emergency-response equipment to respond to a potential attack by chemical and biological weapons and has requested $1-billion pay for the improvements.

NUMBERS IN THE NEWS

5

Area codes will service just New York City by 1999: 212, 347, 646, 718 and 917.

3,036

Bills were introduced during the just-ended session of the House of Representatives — 59 became law.

1,568

Bills were introduced during the same period (January through last week) in the Senate — 19 became law.

35

Bills will be law if President Bill Clinton signs them, something he's expected to do. Another 35 bills have passed Congress and are en route to Clinton.

30,000,000

People globally are infected with the virus that causes AIDS — but less than 1.5 million of them know it.

6,000,000

Households in Vietnam — about half the families in that country — don't have indoor toilets.

8,300

People in Hungary are members of the Alliance of Hungarian Witches. "The services we provide are similar to the Catholic Church's: wedding ceremonies, funerals and christenings," chief witch Caesar explained recently.

50,000

Reindeer live in Sweden. That's half the number of reindeer just six years ago.

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

Enclosure to AIDS ltr of 3-27-98

are:

Date	Source + Author	Topic	For
2-5-98	Detr. Free Press editorial	AIDS (CDC data update)	AIDS czar, Secy Shalala, Wh. H
1-9-98	" " Wendy Wensland	Hepatitis A — triple in Mich.	
"	" " / Kim North	AIDS confidentiality, suit — Macomb Cty, Mi. (re Arbor Drug Co.)	
3-11/17-98	Metro Times (Mi.)	Restaurant list on MDPP benefit 3-13-98	AIDS czar Secy Shalala
12-22-97	" " Detr. Health Dept.	substance abuse (twenty so only / copy)	Secy. Shalala.
2-20-98	Detr. Free Press, Renee Chelia and Kathy Alla	abortions (author are SE Mich. - see article)	" "
?	Likely Detroit Free Press	Press clips on abortion Rights — 5 sources.	" "
(same)	Detr. Free Press, Diane Crumbley (local input)	Value Life re. abortion	" "
" "	" " " Anna Quindlen (a NARAL Foundation essay)	Roe re. Wade — 25 yrs. later	" "
11-26-97	Detr. Free Press, numbers in the news	world AIDs figure; 30. Mil	CDC, NIH
7-1-97	Detr. Free Press / NY Times Robert Pear	HMO's resist Fed. emerg. care mandate	" "
2-24-98	" " " / Assoc. Pr.	Poultry germ — Per Consumers Union	" "

up close

Clinton official focuses on women's health

BY ANNIE LEHMANN
Free Press Special Writer

The highest ranking female medical doctor in the Clinton administration spoke in West Bloomfield last week about what the president is doing to promote women's health issues.

Susan J. Blumenthal, the assistant surgeon general and rear admiral in the U.S. Public Health Service and a psychiatry professor at Georgetown School of Medicine, addressed 360 people Wednesday at Temple Israel.

Dr. Susan J. Blumenthal

Her appearance was sponsored by the American Committee for the Weizmann Institute of Science.

"The Clinton administration is writing a new national prescription to improve women's health by increasing funding, intensifying research, targeting clinical and prevention services to women's unique needs and fostering public health-care provider education on women's issues," Blumenthal said.

Although she touched on such topics as heart disease, lung cancer, osteoporosis, AIDS and domestic violence, the main focus of Blumenthal's Women's Health in the 21st Century lecture was breast cancer, which took her mother's life 24 years ago. Her mother's illness not only inspired Blumenthal to become a physician but turned promoting women's health issues into a crusade for her.

"Eradicating breast cancer is one of the top priorities for the Clinton administration," she said while citing initiatives such as:

- Spending for breast cancer research is $600 million in 1997 — up from $90 million in 1990.
- Mammography centers nationwide are now required to meet Food and Drug Administration standards to ensure that staff and equipment are qualified to do accurate screenings.
- The National Cancer Institute (1-800-422-6237 anytime) has aggressively publicized its revised recommendation for an annual mammography to begin at age 40 instead of age 50.
- As of 1998, Medicare will support annual mammography screening with no deductible.
- Cancer-fighting drugs are being fast-tracked for FDA approval so women with breast cancer will have more treatment options.
- An office of cancer survivors is being established and the National Cancer Institute will study the medical, psychological, social and economic issues concerning cancer survivors and their families.
- A national women's health-information clearing center and hot line has been set up at 1-800-994-9662 anytime.
- With the help of NASA, the CIA and the Department of Defense intelligence technologies are now being implemented to detect small lesions of the breast. "We have found a way to use national defense to save the lives of women," Blumenthal said.

Visit the Weizmann Institute of Science Web site at **www.weizmann.ac.il**

Ms. Pat Fleming,
aide Czar
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C.
20500

100 W. 8 Mile Rd. #15
Ferndale, MI 48220
March 21, 1998

Sec. Donna Shalala
Dept. of HHS
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C. 20500

Ms Fleming / Sec. Shalala:

Re. MAPP addr. chg., and more

the Midwest AIDS Prevention Project under Director Craig Covey has a modest Ferndale address change.

from (old)	to (new)
702 Livernois	429 Livernois
(248) 545-1435	(248) 545-1425

of Mr. Covey,

as a personal friend, I have advised the Oakland County AIDS expert, PHN and RN, Ms. Joy Schumacher, also a personal friend, of the change. She works in Pontiac and Southfield, but is a Huntington Woods resident, a mile or less from above address. The new address is only a few blocks north of northern boundary of Detroit, or Eight Mile Rd. MAPP covers 5 or 6 states - I believe Ohio, Indiana, Illinois, Michigan and more.

Re Surgeon General

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

your health

HMOs resist federal emergency care mandate

BY ROBERT PEAR
New York Times

For six months, as the U.S. Congress has considered far-reaching proposals to regulate managed health care, the industry has waged a public relations offensive under the slogan "putting patients first."

But last week, lobbyists for the industry mobilized an extremely different offensive, resisting any requirement to pay for patients who go to hospital emergency rooms reporting severe pain.

The bill now being debated in the Senate and the House probably will establish new protections for elderly people who join health maintenance organizations. The current measure says, for example, that health plans have to pay for emergency care in any situation that a "prudent lay person" would regard as an emergency.

The lobbyists are working overtime to put their imprint on the legislation as Congress, following the lead of many states, sets standards for the quality of care.

Patients, doctors and hospitals say HMOs have often refused to pay for emergency-room services, saying there was no real emergency if, for example, chest pains resulted from indigestion rather than a heart attack.

Such denials can leave patients with thousands of dollars in medical bills and discourage them from seeking emergency care.

up close

HMOs say that federal standards are unnecessary and set a bad precedent for government intervention. In the last few weeks, as three congressional committees endorsed the "prudent lay person" standard, more than a dozen HMO lobbyists patrolled the halls, pressing their case.

Sens. Bob Graham, D-Fla., and John Chafee, R-R.I., proposed an amendment to make clear that severe pain might be a symptom of an emergency condition.

The Senate Finance Committee approved the proposal, 17-3. But the fight, which continues as the legislation moves to the floor, epitomizes the struggle over countless items in the budget bill.

The American Association of Health Plans (AAHP), the national lobby for HMOs and other managed-care companies, developed talking points for its members to use in attacking the Graham-Chafee proposal. In urging lawmakers to oppose the amendment, the association makes these arguments:

- Pain is a highly subjective term and has vast differences in meaning among consumers.
- Overuse of emergency rooms drives up costs and harms care.
- Hospital emergency-room waiting times are often extensive, causing patients to leave without any medical intervention.
- Incorrect medications are often prescribed, and medical conditions are often misdiagnosed because emergency room doctors have no medical records for patients.

AAHP president Karen Ignagni said the talking points had been distributed to Washington representatives, lawyers and lobbyists for 70 HMOs who meet once a week to coordinate strategy.

Ignagni asked, "If you have a root canal and experience severe pain, does that justify a visit to the emergency room?" Another HMO lobbyist said Graham's amendment would require health plans to pay for patients who stubbed their toes and went to emergency rooms for treatment.

Such arguments infuriate doctors who specialize in emergency medicine and the treatment of pain.

Dr. Joel Saper, director of the Michigan Head Pain and Neurological Institute in Ann Arbor, said: "Severe pain can be a sign of serious life-threatening illness. Abdominal pain can be a sign of acute appendicitis. Severe head or neck ache can signal a hemorrhage in the brain."

Thus, Saper said: "Medicare HMOs should not be allowed to deny coverage for emergency-room visits by patients in severe pain based on the eventual diagnosis. Patients cannot make this distinction prior to a physician evaluation."

Under a 1986 federal law, a hospital has to provide a diagnostic examination and treatment to stabilize the condition of any patient who requests care in its emergency room. The law mentions severe pain as a symptom of an emergency medical condition.

But Graham said, "Current law allows Medicare HMOs to deny payment for emergency services that the hospital must provide." His bill is intended to eliminate that disparity by establishing a uniform standard for treatment and payment.

up close

Clinton official focuses on women's health

BY ANNIE LEHMANN
Free Press Special Writer

The highest ranking female medical doctor in the Clinton administration spoke in West Bloomfield last week about what the president is doing to promote women's health issues.

Susan J. Blumenthal, the assistant surgeon general and rear admiral in the U.S. Public Health Service and a psychiatry professor at Georgetown School of Medicine, addressed 360 people Wednesday at Temple Israel.

Dr. Susan J. Blumenthal

Her appearance was sponsored by the American Committee for the Weizmann Institute of Science.

"The Clinton administration is writing a new national prescription to improve women's health by increasing funding, intensifying research, targeting clinical and prevention services to women's unique needs and fostering public health-care provider education on women's issues," Blumenthal said.

Although she touched on such topics as heart disease, lung cancer, osteoporosis, AIDS and domestic violence, the main focus of Blumenthal's Women's Health in the 21st Century lecture was breast cancer, which took her mother's life 24 years ago. Her mother's illness not only inspired Blumenthal to become a physician but turned promoting women's health issues into a crusade for her.

"Eradicating breast cancer is one of the top priorities for the Clinton administration," she said while citing initiatives such as:

- Spending for breast cancer research is $600 million in 1997 — up from $90 million in 1990.
- Mammography centers nationwide are now required to meet Food and Drug Administration standards to ensure that staff and equipment are qualified to do accurate screenings.
- The National Cancer Institute (1-800-422-6237 anytime) has aggressively publicized its revised recommendation for an annual mammography to begin at age 40 instead of age 50.
- As of 1998, Medicare will support annual mammography screening with no deductible.
- Cancer-fighting drugs are being fast-tracked for FDA approval so women with breast cancer will have more treatment options.
- An office of cancer survivors is being established and the National Cancer Institute will study the medical, psychological, social and economic issues concerning cancer survivors and their families.
- A national women's health-information clearing center and hot line has been set up at 1-800-994-9662 anytime.
- With the help of NASA, the CIA and the Department of Defense intelligence technologies are now being implemented to detect small lesions of the breast. "We have found a way to use national defense to save the lives of women," Blumenthal said.

Visit the Weizmann Institute of Science Web site at
www.weizmann.ac.il

The recent Pot party raid in Berkley near huge William Beaumont Hospital (at 13 Mile Rd.) with juveniles involved and parent of one, will have court hearing in Oak Park. Cause is the Berkley judge is a friend of parent who faces charges. Juvenile residence is unknown.

The international news of AIDS in Thailand is encouraging. For long an Asian and health world wide scandal, the figure of 800,000 in country compares to 500,000 in Bangkok I had previously heard. Hopefully the U.N. and WHO can lend needed guidance. Regretably, it is an obvious world problem, and in many less affluent or educated citizens. Hopefully, government leaders will be cooperative beyond obvious admission of problem.

(s) Nelson M. Prino

cc: CDC, Atlanta
NIH
Sen. Carl Levin (459 Russell Sen. O.B.)
MAPP (Covey) Ferndale
Pres. Clinton
✓ The Surgeon General

Ferndale, Mich. MAPP old (248) 545-1435
(phone unknown) new " " - 1425
residence # for Craig Covey - unlisted. He is gay
new addr.: 429 Livernois.

---

the march 19 press-clip on MAPP new address indicates. 429 Livernois as the first in the Community Pride Building "which may house 10 or more gay and lesbian organizations and businesses." Mr. Covey was recently the unsuccessful candidate for Ferndale Common Council and openly gay at that. the move/address change of MAPP smoothly "provider of more than 700 HIV programs throughout the state each year. MAPP has had to nearly double its staff over the last three years." Office hours are unknown. MAPP is the state's largest AIV prevention non-profit organization.

Clinton official focuses on women's health

BY ANNIE LEHMANN
Free Press Special Writer

The highest ranking female medical doctor in the Clinton administration spoke in West Bloomfield last week about what the president is doing to promote women's health issues.

Susan J. Blumenthal, the assistant surgeon general and rear admiral in the U.S. Public Health Service and a psychiatry professor at Georgetown School of Medicine, addressed 360 people Wednesday at Temple Israel.

Dr. Susan J. Blumenthal

Her appearance was sponsored by the American Committee for the Weizmann Institute of Science.

"The Clinton administration is writing a new national prescription to improve women's health by increasing funding, intensifying research, targeting clinical and prevention services to women's unique needs and fostering public health-care provider education on women's issues," Blumenthal said.

Although she touched on such topics as heart disease, lung cancer, osteoporosis, AIDS and domestic violence, the main focus of Blumenthal's Women's Health in the 21st Century lecture was breast cancer, which took her mother's life 24 years ago. Her mother's illness not only inspired Blumenthal to become a physician but turned promoting women's health issues into a crusade for her.

"Eradicating breast cancer is one of the top priorities for the Clinton administration," she said while citing initiatives such as:

- Spending for breast cancer research is $600 million in 1997 — up from $90 million in 1990.
- Mammography centers nationwide are now required to meet Food and Drug Administration standards to ensure that staff and equipment are qualified to do accurate screenings.
- The National Cancer Institute (1-800-422-6237 anytime) has aggressively publicized its revised recommendation for an annual mammography to begin at age 40 instead of age 50.
- As of 1998, Medicare will support annual mammography screening with no deductible.
- Cancer-fighting drugs are being fast-tracked for FDA approval so women with breast cancer will have more treatment options.
- An office of cancer survivors is being established and the National Cancer Institute will study the medical, psychological, social and economic issues concerning cancer survivors and their families.
- A national women's health-information clearing center and hot line has been set up at 1-800-994-9662 anytime.
- With the help of NASA, the CIA and the Department of Defense intelligence technologies are now being implemented to detect small lesions of the breast. "We have found a way to use national defense to save the lives of women," Blumenthal said.

Visit the Weizmann Institute of Science Web site at
www.weizmann.ac.il

Enclosure to AIDs ltr of 3-21-98

are:

Date	Source & Author	Topic	For
2-5-98	Detr. Free Press editorial	AIDs (CDC data update)	AIDs czar, Sec. Shalala, Wh. H.
1-9-98	" ", Wendy Wendland	Hepatitis A — triple in Mich.	
"	" ", Kim North	AIDs confidentiality suit — Macomb Cty, Mi. (re ArborDrug Co.)	
3-11/17-98	Metro Times (Mi.)	Restaurant list on HAPP benefit 3-13-98	Aids czar, Sec. Shalala
12-22-97	" " [scribbled out] Detr. Health Dept.	Substance abuse (bulky so only 1 copy)	Sec. Shalala.
2-20-98	Detr. Free Press, Renee Chelian and Kathy Allen	abortions (authors are SE Mich. — see article)	" "
?	Likely Detroit Free Press	Press clips on abortion Rights — 5 sources.	" "
(same)	Detr. Free Press, Diane Trombley (local input)	Value Life vs. abortion	" "
" "	" " ", Anna Quindlen (a NARAL Foundation essay)	Roe vs. Wade — 25 yrs. later	" "
11-26-97	Detr. Free Press numbers in the news	World AIDS figure; 30 mil.	" "
7-1-97	" " "/NY Times, Robert Pear	HMOs resist fed. emerg. care mandate	" "
2-24-98	" " "/assoc. Press	Poultry germ — per Consumers Union	" "

Ms. Pat Fleming,
aide Czar
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C.
20500

100 W. 8 Mile Rd. #15
Ferndale, MI. 48220
March 21, 1998

Sec. Donna Shalala,
Dept. of HHS
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C. 20500

Ms Fleming / Sec. Shalala:

Re. MAPP addr. f-hg., and more-

the Midwest AIDS Prevention Project under Director Craig Covey has a modest Ferndale address change:

from (old)	to (new)
702 Livernois	429 Livernois
(248) 545-1435	(248) 545-1425

of Mr. Covey,

as a personal friend, I have advised the Oakland County AIDS expert, PHN and RN, Ms. Joy Schumacher, also a personal friend, of the change. She works in Pontiac and Southfield, but is a Huntington Woods resident, a mile or less from above address. The new address is only a few blocks north of northern boundary of Detroit, or Eight Mile Rd. MAPP covers 5 or 6 states - I believe Ohio, Indiana, Illinois, Michigan and more.

DC Atlanta

The recent Pot party raid in Berkley near huge William Beaumont Hospital (at 13 mile Rd.) with juveniles involved and parent of one, will have court hearing in Oak Park. Cause is the Berkley Judge is a friend of parent who faces charges, Juvenile residence is unknown.

The international news of AIDS in Thailand is encouraging. Too long an asian and health world wide scandal, the figure of 800,000 in country compares to 500,000 in Bangkok I had previously heard. Hopefully the U.N. and WHO can lend needed guidance. Regretably, it is an obvious world problem, and in many less affluent or educated citizens. Hopefully, government leaders will be cooperative beyond obvious admission of problem.

Nelson M. Pino

cc: CDC, Atlanta
NIH
Sen. Carl Levin (459 Russell Sen. O.B.)
MAPP (Covey) Ferndale
Pres. Clinton, [redacted]
the Surgeon General

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT — LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

Detr. Free Press
Wednesday, Nov. 26, 1997, Pg. 4A

Mass-destruction weapons a real threat

BY SUSANNE M. SCHAFER
Associated Press

WASHINGTON — More than 25 nations have developed or may be developing nuclear, biological and chemical weapons and the means to deliver them, the Pentagon said Tuesday.

"The threat is neither far-fetched nor far off, and the threat will only grow," said Defense Secretary William Cohen as he released a report on weapons of mass destruction.

The report focused on nations in the Middle East and North Africa and singled out Iran, Iraq, Libya and Syria as trouble spots. They "are aggressively seeking NBC weapons and increased missile capabilities" and constitute "the most pressing threats" to stability, the study said.

The Pentagon declined to list the nations mentioned in the report, calling the information classified.

If a conflict again breaks out in the Persian Gulf, the study said, some form of the weapons is likely to be used, "particularly since several nations there have used them in the past."

Cohen noted that though recent headlines have focused on the United Nations struggle to verify what weapons exist in Iraq, the problem is much broader and could even afflict the United States.

"The front lines are no longer overseas. It can be in any American city," he said, pointing out that criminal organizations or religious cults could use such weapons.

The defense secretary said the Pentagon has been working with the National Guard and training local police and firefighters to prepare them to respond quickly to domestic attacks from terrorists.

The Pentagon has had to beef up its detection, decontamination and emergency-response equipment to respond to a potential attack by chemical and biological weapons and has requested $1-billion pay for the improvements.

NUMBERS IN THE NEWS

5

Area codes will service just New York City by 1999: 212, 347, 646, 718 and 917.

3,036

Bills were introduced during the just-ended session of the House of Representatives — 59 became law.

1,568

Bills were introduced during the same period (January through last week) in the Senate — 19 became law.

35

Bills will be law if President Bill Clinton signs them, something he's expected to do. Another 35 bills have passed Congress and are en route to Clinton.

30,000,000

People globally are infected with the virus that causes AIDS — but less than 1.5 million of them know it.

6,000,000

Households in Vietnam — about half the families in that country — don't have indoor toilets.

8,300

People in Hungary are members of the Alliance of Hungarian Witches. "The services we provide are similar to the Catholic Church's: wedding ceremonies, funerals and christenings," chief witch Caesar explained recently.

50,000

Reindeer live in Sweden. That's half the number of reindeer just six years ago.

Enclosures to AIDS ltr of 3-21-98 are:

Date	Source & Author	Topic	For
2-5-98	Detr. Free Press editorial	AIDS (CDC data update)	AIDS czar, Sec. Shalala, wh. H.
1-9-98	" ", Wendy Wendland	Hepatitis A - triple in Mich.	
"	" ", Kim North	AIDS confidentiality suit - Macomb Cty, Mi. (re ArborDrug Co.)	
3-11/17-98	Metro Times (Mi.)	Restaurant list on HAPP benefit 3-13-98	Aids czar, Sec, Shalala
12-22-97	" " [illegible] Detr. Health Dept.	Substance abuse (bulky so only 1 copy)	Sec. Shalala.
2-20-98	Detr. Free Press, Renee Chelian and Kathy Allen	abortions (authors are SE Mich. - see article)	" "
?	Likely Detroit Free Press	Press clips on abortion Rights - 5 sources.	" "
(same)	Detr. Free Press, Diane Trombley (local input)	Value Life vs. abortion	" "
" "	" " ", Anna Quindlen (a NARAL Foundation essay)	Roe vs. Wade - 25 yrs. later	" "
11-26-97	Detr. Free Press, numbers & the news	world AIDS figure: 30.M	" ", CDC
7-1-97	Detr. Free Press / NY Times, Robert Pear	HMO's resist fed. emerg. care mandate	" "
1-24-98	" " " / assoc. Pr.	Poultry germ - Consumers Union	" "

your health

HMOs resist federal emergency care mandate

BY ROBERT PEAR
New York Times

For six months, as the U.S. Congress has considered far-reaching proposals to regulate managed health care, the industry has waged a public relations offensive under the slogan "putting patients first."

But last week, lobbyists for the industry mobilized an extremely different offensive, resisting any requirement to pay for patients who go to hospital emergency rooms reporting severe pain.

The bill now being debated in the Senate and the House probably will establish new protections for elderly people who join health maintenance organizations. The current measure says, for example, that health plans have to pay for emergency care in any situation that a "prudent lay person" would regard as an emergency.

The lobbyists are working overtime to put their imprint on the legislation as Congress, following the lead of many states, sets standards for the quality of care.

Patients, doctors and hospitals say HMOs have often refused to pay for emergency-room services, saying there was no real emergency if, for example, chest pains resulted from indigestion rather than a heart attack.

Such denials can leave patients with thousands of dollars in medical bills and discourage them from seeking emergency care.

up close

HMOs say that federal standards are unnecessary and set a bad precedent for government intervention. In the last few weeks, as three congressional committees endorsed the "prudent lay person" standard, more than a dozen HMO lobbyists patrolled the halls, pressing their case.

Sens. Bob Graham, D-Fla., and John Chafee, R-R.I., proposed an amendment to make clear that severe pain might be a symptom of an emergency condition.

The Senate Finance Committee approved the proposal, 17-3. But the fight, which continues as the legislation moves to the floor, epitomizes the struggle over countless items in the budget bill.

The American Association of Health Plans (AAHP), the national lobby for HMOs and other managed-care companies, developed talking points for its members to use in attacking the Graham-Chafee proposal. In urging lawmakers to oppose the amendment, the association makes these arguments:

- Pain is a highly subjective term and has vast differences in meaning among consumers.
- Overuse of emergency rooms drives up costs and harms care.
- Hospital emergency-room waiting times are often extensive, causing patients to leave without any medical intervention.
- Incorrect medications are often prescribed, and medical conditions are often misdiagnosed because emergency room doctors have no medical records for patients.

AAHP president Karen Ignagni said the talking points had been distributed to Washington representatives, lawyers and lobbyists for 70 HMOs who meet once a week to coordinate strategy.

Ignagni asked, "If you have a root canal and experience severe pain, does that justify a visit to the emergency room?" Another HMO lobbyist said Graham's amendment would require health plans to pay for patients who stubbed their toes and went to emergency rooms for treatment.

Such arguments infuriate doctors who specialize in emergency medicine and the treatment of pain.

Dr. Joel Saper, director of the Michigan Head Pain and Neurological Institute in Ann Arbor, said: "Severe pain can be a sign of serious life-threatening illness. Abdominal pain can be a sign of acute appendicitis. Severe head or neck ache can signal a hemorrhage in the brain."

Thus, Saper said: "Medicare HMOs should not be allowed to deny coverage for emergency-room visits by patients in severe pain based on the eventual diagnosis. Patients cannot make this distinction prior to a physician evaluation."

Under a 1986 federal law, a hospital has to provide a diagnostic examination and treatment to stabilize the condition of any patient who requests care in its emergency room. The law mentions severe pain as a symptom of an emergency medical condition.

But Graham said, "Current law allows Medicare HMOs to deny payment for emergency services that the hospital must provide." His bill is intended to eliminate that disparity by establishing a uniform standard for treatment and payment.

Ms. Pat Fleming,
aide Czar
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C.
20500

100 W. 8 Mile Rd. #15
Ferndale, MI, 48220
March 21, 1998

Sec. Donna Shalala,
Dept. of HHS
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C. 20500

Ms. Fleming / Sec. Shalala:

Re. MAPP addr. chg., and more

the Midwest AIDS Prevention Project under Director Craig Covey has a modest Ferndale address change.

from (old)	to (new)
702 Livernois	429 Livernois
(248) 545-1435	(248) 545-1425

As a personal friend of Mr. Covey, I have advised the Oakland County AIDS expert, PHN and RN, Ms. Joy Schumacher, also a personal friend, of the change. She works in Pontiac and Southfield, but is a Huntington Woods resident, a mile or less from above address. The new address is only a few blocks north of northern boundary of Detroit, on Eight Mile Rd. MAPP covers 5 or 6 states - I believe Ohio, Indiana, Illinois, Michigan and more.

The recent Pot party raid in Berkley near huge William Beaumont Hospital (at 13 Mile Rd.) with juveniles involved and parent of one, will have court hearing in Oak Park. Cause is the Berkley Judge is a friend of parent who faces charges. Juvenile residence is unknown.

The international news of AIDS in Thailand is encouraging. Too long an Asian and health world wide scandal, the figure of 800,000 in country compares to 500,000 in Bangkok I had previously heard. Hopefully the U.N. and WHO can lend needed guidance. Regretably, it is an obvious world problem, and in many less affluent or educated citizens. Hopefully, government leaders will be cooperative beyond obvious admission of problem.

Nelson M. Prins

cc: CDC, Atlanta
NIH
Sen. Carl Levin (459 Russell Sen. O.B.)
MAPP (Covey) Ferndale
Pres. Clinton, [redacted]
the Surgeon General

Ms. Pat Fleming,
aka Czar
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C.
20500

100 W. 8 Mile Rd. #15
Ferndale, MI. 48220
March 21, 1998

Sec. Donna Shalala,
Dept. of HHS
c/o the White House
1600 Pennsylvania ave., NW
Washington, D.C. 20500

Ms. Fleming / Sec. Shalala:

Re: MAPP addr. chg., and more

The Midwest AIDS Prevention Project under Director Craig Covey has a modest Ferndale address change:

from (old)	to (new)
702 Livernois	429 Livernois
(248) 545-1435	(248) 545-1425

of Mr. Covey,

As a personal friend, I have advised the Oakland County HD expert, PHN and RN, Ms. Joy Schumacher, also a personal friend, of the change. She who is Pontiac and Southfield, but is a Huntington Woods resident, a mile or less from above address. The new address is only a few blocks north of northern boundary of Detroit, or Eight Mile Rd. MAPP covers 5 or 6 states - I believe Ohio, Indiana, Illinois, Michigan and more.

Pres. Clinton

The recent Pot party raid in Berkley near huge William Beaumont Hospital (at 13 Mile Rd.) with juveniles involved and parent of one, will have court hearing in Oak Park. Cause is the Berkley Judge is a friend of parent who faces charges. Juvenile residence is unknown.

The international news of AIDS in Thailand is encouraging. Too long an asian and health world wide scandal, the figure of 800,000 in country compares to 500,000 in Bangkok I had previously heard. Hopefully the U.N. and WHO can lend needed guidance. Regretably, it is an obvious world problem, and in many less affluent or educated citizens. Hopefully, government leaders will be cooperative beyond obvious admission of problem.

(s) Nelson M. Prins

cc: CDC, Atlanta
NIH
Sen. Carl Levin (459 Russell Sen. Off. Bldg.)
MAPP (Covey) Ferndale
Pres. Clinton
The Surgeon General

Ferndale, Mich. MAPP old (248) 545-1435
(hours unknown) new " " - 1425
residence # for Craig Covey - unlisted. He is gay
new addr: 429 Livernois.

---

the march 19 press clip on MAPP new address indicates. 429 Livernois as the first in the Community Pride Building" which may house 10 or more gay and lesbian organizations and businesses." Mr. Covey was recently the unsuccessful candidate for Ferndale Common Council and openly gay at that. the move/address change of MAPP caused by "provider of more than 100 HIV programs throughout the state each year. MAPP has had to nearly double its staff over the last three years." office hours are unknown. MAPP is the state's largest AIV prevention non-profit organization.

Ferndale, Mich. MAPP old (248) 545-1435
(phone unknown) — new " " - 1425
residence # for Craig Covey - unlisted. He is gay
new addr.: 429 Livernois.

---

the march 19 press clip on MAPP new address indicates 429 Livernois as the first in the Community Pride Building "which may house 10 or more gay and lesbian organizations and businesses." Mr. Covey was recently the unsuccessful candidate for Ferndale Common Council and openly gay at that. the move/address change of MAPP casually "provider of more than 700 HIV programs throughout the state each year. MAPP has had to nearly double its staff over the last three years." Office hours are unknown. MAPP is the state's largest A.I.V prevention non-profit organization.

Ferndale, Mich. MAPP old (248) 545-1435
(phone unknown) new " " - 1425
residence # for Craig Covey - unlisted. He is g
new addr: 429 Livernois.

The march 19 press clip on MAPP new address indicates 429 Livernois are the first in
the Community Pride Building" which may house 10 or more gay and
lesbian organizations and businesses." Mr. Covey was recently
the unsuccessful candidate for Ferndale Common Council and openly gay
that. The move/address change of MAPP caused by "provider of mor
than 700 HIV programs throughout the state each year. M.APP has b
to nearly double its staff over the last three years." Office hours
unknown. MAPP is the state's largest HIV prevention non-profit
organization.

Ferndale, Mich. MAPP old (248) 545-1435
(phone unknown) new " " - 1425
resident # for Craig Covey - unlisted. He is g
new addr: 429 Livernois.

the march 19 press clip on MAPP new address indicates. 429 Livernois are the first in the Community Pride Building "which may house 10 or more gay and lesbian organizations and businesses." Mr. Covey was recently the unsuccessful candidate for Ferndale Common Council and openly gay a that. the move/address change of MAPP casually provides of more than 700 HIV programs throughout the state each year. MAPP has ha to nearly double its staff over the last three years." Office hours a unknown. MAPP is the state's largest HIV prevention non-profit organization.

up close

Clinton official focuses on women's health

BY ANNIE LEHMANN
Free Press Special Writer

The highest ranking female medical doctor in the Clinton administration spoke in West Bloomfield last week about what the president is doing to promote women's health issues.

Susan J. Blumenthal, the assistant surgeon general and rear admiral in the U.S. Public Health Service and a psychiatry professor at Georgetown School of Medicine, addressed 360 people Wednesday at Temple Israel.

Dr. Susan J. Blumenthal

Her appearance was sponsored by the American Committee for the Weizmann Institute of Science.

"The Clinton administration is writing a new national prescription to improve women's health by increasing funding, intensifying research, targeting clinical and prevention services to women's unique needs and fostering public health-care provider education on women's issues," Blumenthal said.

Although she touched on such topics as heart disease, lung cancer, osteoporosis, AIDS and domestic violence, the main focus of Blumenthal's Women's Health in the 21st Century lecture was breast cancer, which took her mother's life 24 years ago. Her mother's illness not only inspired Blumenthal to become a physician but turned promoting women's health issues into a crusade for her.

"Eradicating breast cancer is one of the top priorities for the Clinton administration," she said while citing initiatives such as:

- Spending for breast cancer research is $600 million in 1997 — up from $90 million in 1990.
- Mammography centers nationwide are now required to meet Food and Drug Administration standards to ensure that staff and equipment are qualified to do accurate screenings.
- The National Cancer Institute (1-800-422-6237 anytime) has aggressively publicized its revised recommendation for an annual mammography to begin at age 40 instead of age 50.
- As of 1998, Medicare will support annual mammography screening with no deductible.
- Cancer-fighting drugs are being fast-tracked for FDA approval so women with breast cancer will have more treatment options.
- An office of cancer survivors is being established and the National Cancer Institute will study the medical, psychological, social and economic issues concerning cancer survivors and their families.
- A national women's health-information clearing center and hot line has been set up at 1-800-994-9662 anytime.
- With the help of NASA, the CIA and the Department of Defense intelligence technologies are now being implemented to detect small lesions of the breast. "We have found a way to use national defense to save the lives of women," Blumenthal said.

Visit the Weizmann Institute of Science Web site at **www.weizmann.ac.il**

Detroit Free Press
Wednesday, 1992, Pg 4A

Mass-destruction weapons a real threat

BY SUSANNE M. SCHAFER
Associated Press

WASHINGTON — More than 25 nations have developed or may be developing nuclear, biological and chemical weapons and the means to deliver them, the Pentagon said Tuesday.

"The threat is neither far-fetched nor far off, and the threat will only grow," said Defense Secretary William Cohen as he released a report on weapons of mass destruction.

The report focused on nations in the Middle East and North Africa and singled out Iran, Iraq, Libya and Syria as trouble spots. They "are aggressively seeking NBC weapons and increased missile capabilities" and constitute "the most pressing threats" to stability, the study said.

The Pentagon declined to list the nations mentioned in the report, calling the information classified.

If a conflict again breaks out in the Persian Gulf, the study said, some form of the weapons is likely to be used, "particularly since several nations there have used them in the past."

Cohen noted that though recent headlines have focused on the United Nations struggle to verify what weapons exist in Iraq, the problem is much broader and could even afflict the United States.

"The front lines are no longer overseas. It can be in any American city," he said, pointing out that criminal organizations or religious cults could use such weapons.

The defense secretary said the Pentagon has been working with the National Guard and training local police and firefighters to prepare them to respond quickly to domestic attacks from terrorists.

The Pentagon has had to beef up its detection, decontamination and emergency-response equipment to respond to a potential attack by chemical and biological weapons and has requested $1-billion pay for the improvements.

NUMBERS IN THE NEWS

5

Area codes will service just New York City by 1999: 212, 347, 646, 718 and 917.

3,036

Bills were introduced during the just-ended session of the House of Representatives — 59 became law.

1,568

Bills were introduced during the same period (January through last week) in the Senate — 19 became law.

35

Bills will be law if President Bill Clinton signs them, something he's expected to do. Another 35 bills have passed Congress and are en route to Clinton.

30,000,000

People globally are infected with the virus that causes AIDS — but less than 1.5 million of them know it.

6,000,000

Households in Vietnam — about half the families in that country — don't have indoor toilets.

8,300

People in Hungary are members of the Alliance of Hungarian Witches. "The services we provide are similar to the Catholic Church's: wedding ceremonies, funerals and christenings," chief witch Caesar explained recently.

50,000

Reindeer live in Sweden. That's half the number of reindeer just six years ago.

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

KNIGHT RIDDER

Detroit Free Press

AN INDEPENDENT NEWSPAPER
321 W. Lafayette, Detroit, Mich. 48226
(313) 222-6400

JOHN S. KNIGHT LEE HILLS

AIDS

There are fewer deaths, but the challenge remains

After years of alarm about the devastation AIDS was causing to our country, it is encouraging to note real and substantial progress being made in the battle against this scourge.

The latest national statistics indicate deaths from the disease fell almost in half during the first half of last year. This comes on the heels of a smaller — but still significant — decrease in 1996.

The latest U.S. Centers for Disease Control and Prevention figures show that 12,040 Americans died of AIDS in the first half of last year, down 44 percent from the 21,460 deaths in the first half of 1996. Deaths from AIDS peaked in 1994 and 1995, then dropped by 21 percent in 1996.

Most health experts attribute the improvement to a powerful new combinations of medicines that came into widespread use about two years ago. The medicines are a three-drug "cocktail" consisting of two older AIDS drugs plus a protease inhibitor.

Their impact has been so profound that they have had the effect — at least so far — of transforming AIDS from an automatic and relatively swift death sentence to a prolonged, yet manageable, illness.

This does not mean that AIDS is no longer an urgent problem. In fact, the virus continues to spread and as many as 650,000 Americans may be infected. As fewer people die from the disease, more people are living with it and the potential for its spread increases. It also creates a new burden on our health-care systems — although that's certainly a trade-off worth taking.

So while we take heart in the progress in the fight against AIDS, it is too early to pat ourselves on the back. Our focus should remain on developing a cure and eventually eradicating AIDS, so we can give people back their lives.

Detr. Free Press Sunday, Feb 24 1998, 8A, 4A

Deadly germ found in most poultry tested

Associated Press

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 500 deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Detroit Free Press Wed. Feb 24 1988, Pg. 4A

Deadly germ found in most poultry tested

Associated Press

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 500 deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Det. Free Press Sunday, Feb 24 1998, B2, 4A

Deadly germ found in most poultry tested

Associated Press

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 500 deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Detr. Free Press Sunday, Feb 24 1998, Pg. 4A

Deadly germ found in most poultry tested

Associated Press

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 500 deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Detroit Free Press Wed. Feb 24 1998, B2, 4A

Deadly germ found in most poultry tested

Associated Press

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 500 deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Det. Free Press Sunday, Feb 24 1998, B2, 4A

Deadly germ found in most poultry tested

Associated Press

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 500 deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Detr. Free Press Wed. Feb 24 1998, B2, 4A

Deadly germ found in most poultry tested

Associated Press

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 500 deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Detr. Free Press Outlook, Feb 24 1998, B2, A4

Deadly germ found in most poultry tested

Associated Press

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 500 deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Detroit Free Press/Wed. Feb 24 1998, 8A, 4A

Deadly germ found in most poultry tested

YONKERS, N.Y. — A germ that kills hundreds of people a year and sickens millions was found on nearly two-thirds of the chickens bought at stores around the country for a study by Consumer Reports.

The bacteria — campylobacter — was found four times as often as salmonella, yet the government does not require that chickens be tested for it, said Edward Groth, director of technical policy for Consumers Union, which publishes the magazine.

Campylobacter "is the most widespread cause of food poisoning in the United States," he said Monday. "We're talking up to 1,000 deaths and many millions of cases of indigestion and diarrhea."

Unpasteurized milk and unchlorinated water are other sources of the bacteria, but the Centers for Disease Control and Prevention said more than half of all cases are tied to poultry. It estimates 7[illegible] deaths and two million illnesses each year from the germ. Most of these cases go unreported.

Industry spokespeople called the article alarmist, saying not all cases of campylobacteriosis come from chickens and that it would be impossible and too expensive to eliminate all contaminated chickens.

Producers and the magazine agreed that thorough cooking will kill the bacteria, and that consumers should follow the directions on every package about how to handle poultry.

Consumer Reports bought 1,000 chickens in 36 cities last fall, then sent them in coolers to a lab. Campylobacter was found in 63 percent of the birds, salmonella in 16 percent. Eight percent of the chickens had both and 29 percent had neither.

No one brand was consistently cleaner than others, Consumer Reports said.

HE SAID IT

Heart group has concerns about latest diet drug

BY DENISE MANN
Medical Tribune

In response to the recent approval of the new diet drug Meridia, the American Heart Association is urging caution on the drug.

Meridia (sibutramine) is similar to Redux and fenfluramine (the "fen" in fen-phen), according to the AHA. Both of these weight-loss drugs were recently pulled from the market because they were associated with potentially fatal heart-valve defects.

Meridia is slated to be on the market early next year, says the manufacturer, Knoll Pharmaceuticals in Mount Olive, N.J.

"Although early trials of the drug showed it to be modestly effective, the drug raised concerns because in some individuals it elevates blood pressure," said Dr. Robert H. Eckel, vice chairman of the AHA's nutrition committee.

It is not known how the other diet drugs caused valve damage, so it's possible that Meridia might have the same effect, he said.

Meridia belongs to a class of drugs known as serotonin norepinephrine reuptake inhibitors. Meridia works to control appetite primarily by suppressing reabsorption of brain chemicals including serotonin. By allowing these chemicals — which are believed to help regulate appetite — to act longer, Meridia produces a feeling of fullness.

Unlike fenfluramine or Redux (dexfenfluramine), Meridia does not trigger more serotonin to be released from cells, which is why some experts believe that fenfluramine and Redux may cause heart-valve defects.

Two studies involving more than 230 people showed that Meridia does not cause valvular heart disease, said Dr. Timothy B. Seaton, senior medical director for endocrine/metabolic research at Knoll.

Meridia is recommended for obese people with a body mass index, or BMI, of 30 or higher, or those with a BMI of 27 or higher if they have other risk factors such as high blood pressure or high cholesterol.

Body mass index is a standardized measure that takes into account a person's height and weight. It is defined as weight in kilograms divided by the square of height in meters.

According to U.S. guidelines, a healthy BMI for men and women ages 19 to 34 is between 19 and 25, while a healthy BMI for those over age 35 is between 21 and 27.

nutrition

Diet soda won't hurt

Q: Which is better, regular soda or diet soda with an artificial sweetener?

A: Except for individuals who have some type of intolerance to artificial sweeteners or are advised by their doctors to restrict sugar consumption, either choice is reasonable when consumed in moderation.

Many people may choose diet sodas, thinking they are helping their weight-loss efforts, but research has not proven its effectiveness as a diet aid. Instead, people tend to "make up" for the calories saved in other ways.

Regular soda can be a reasonable choice, but because the sugar content of just one 12-ounce serving provides most of an entire day's recommended limit on sugar, people who prefer to eat other sweets may want to pass on the soda.

We may sometimes think that our only choice in beverages is between the two kinds of soda, but we should remember that many other healthy alternatives — especially water — exist.

Karen Collins is a registered dietitian with the American Institute for Cancer Research in Washington, D.C. Questions for this column may be sent to Nutrition-Wise, 1759 R St., N.W., Washington, D.C. 20009.

Karen Collins

Heart group has concerns about latest diet drug

BY DENISE MANN
Medical Tribune

In response to the recent approval of the new diet drug Meridia, the American Heart Association is urging caution on the drug.

Meridia (sibutramine) is similar to Redux and fenfluramine (the "fen" in fen-phen), according to the AHA. Both of these weight-loss drugs were recently pulled from the market because they were associated with potentially fatal heart-valve defects.

Meridia is slated to be on the market early next year, says the manufacturer, Knoll Pharmaceuticals in Mount Olive, N.J.

"Although early trials of the drug showed it to be modestly effective, the drug raised concerns because in some individuals it elevates blood pressure," said Dr. Robert H. Eckel, vice chairman of the AHA's nutrition committee.

It is not known how the other diet drugs caused valve damage, so it's possible that Meridia might have the same effect, he said.

...g to a class of drugs known as serotonin norepinephrine reuptake inhibitors. Meridia works to control appetite primarily by suppressing reabsorption of brain chemicals including serotonin. By allowing these chemicals — which are believed to help regulate appetite — to act longer, Meridia produces a feeling of fullness.

Unlike fenfluramine or Redux (dexfenfluramine), Meridia does not trigger more serotonin to be released from cells, which is why some experts believe that fenfluramine and Redux may cause heart-valve defects.

Two studies involving more than 230 people showed that Meridia does not cause valvular heart disease, said Dr. Timothy B. Seaton, senior medical director for endocrine/metabolic research at Knoll.

Meridia is recommended for obese people with a body mass index, or BMI, of 30 or higher, or those with a BMI of 27 or higher if they have other risk factors such as high blood pressure or high cholesterol.

Body mass index is a standardized measure that takes into account a person's height and weight. It is defined as weight in kilograms divided by the square of height in meters.

According to guidelines, a healthy BMI for men and women ages 19 to 34 is between 19 and 25, while a healthy BMI for those over age 35 is between 21 and 27.

nutrition

Diet soda won't hurt

Q: Which is better, regular soda or diet soda with an artificial sweetener?

A: Except for individuals who have some type of intolerance to artificial sweeteners or are advised by their doctors to restrict sugar consumption, either choice is reasonable when consumed in moderation.

Many people may choose diet sodas, thinking they are helping their weight-loss efforts, but research has not proven its effectiveness as a diet aid. Instead, people tend to "make up" for the calories saved in other ways.

Regular soda can be a reasonable choice, but because the sugar content of just one 12-ounce serving provides most of an entire day's recommended limit on sugar, people who prefer to eat other sweets may want to pass on the soda.

We may sometimes think that our only choice in beverages is between the two kinds of soda, but we should remember that many other healthy alternatives — especially water — exist.

Karen Collins is a registered dietitian with the American Institute for Cance Research in Washington, D.C. Questions for this column may be sent to Nutrition-Wise, 1759 R St., N.W., Washington, D.C. 20009.

Karen Collins

Heart group has concerns about latest diet drug

BY DENISE MANN
Medical Tribune

In response to the recent approval of the new diet drug Meridia, the American Heart Association is urging caution on the drug.

Meridia (sibutramine) is similar to Redux and fenfluramine (the "fen" in fen-phen), according to the AHA. Both of these weight-loss drugs were recently pulled from the market because they were associated with potentially fatal heart-valve defects.

Meridia is slated to be on the market early next year, says the manufacturer, Knoll Pharmaceuticals in Mount Olive, N.J.

"Although early trials of the drug showed it to be modestly effective, the drug raised concerns because in some individuals it elevates blood pressure," said Dr. Robert H. Eckel, vice chairman of the AHA's nutrition committee.

It is not known how the other diet drugs caused valve damage, so it's possible that Meridia might have the same effect, he said.

...belongs to a class of drugs known as serotonin norepinephrine reuptake inhibitors. Meridia works to control appetite primarily by suppressing reabsorption of brain chemicals including serotonin. By allowing these chemicals — which are believed to help regulate appetite — to act longer, Meridia produces a feeling of fullness.

Unlike fenfluramine or Redux (dexfenfluramine), Meridia does not trigger more serotonin to be released from cells, which is why some experts believe that fenfluramine and Redux may cause heart-valve defects.

Two studies involving more than 230 people showed that Meridia does not cause valvular heart disease, said Dr. Timothy B. Seaton, senior medical director for endocrine/metabolic research at Knoll.

Meridia is recommended for obese people with a body mass index, or BMI, of 30 or higher, or those with a BMI of 27 or higher if they have other risk factors such as high blood pressure or high cholesterol.

Body mass index is a standardized measure that takes into account a person's height and weight. It is defined as weight in kilograms divided by the square of height in meters.

According to U.S. guidelines, a healthy BMI for men and women ages 19 to 34 is between 19 and 25, while a healthy BMI for those over age 35 is between 21 and 27.

nutrition

Diet soda won't hurt

Q: Which is better, regular soda or diet soda with an artificial sweetener?

A: Except for individuals who have some type of intolerance to artificial sweeteners or are advised by their doctors to restrict sugar consumption, either choice is reasonable when consumed in moderation.

Many people may choose diet sodas, thinking they are helping their weight-loss efforts, but research has not proven its effectiveness as a diet aid. Instead, people tend to "make up" for the calories saved in other ways.

Regular soda can be a reasonable choice, but because the sugar content of just one 12-ounce serving provides most of an entire day's recommended limit on sugar, people who prefer to eat other sweets may want to pass on the soda.

We may sometimes think that our only choice in beverages is between the two kinds of soda, but we should remember that many other healthy alternatives — especially water — exist.

Karen Collins is a registered dietitian with the American Institute for Cancer Research in Washington, D.C. Questions for this column may be sent to Nutrition-Wise, 1759 R St., N.W., Washington, D.C. 20009.

Karen Collins

Drug cuts aggression in Alzheimer's patients

LAURAN NEERGAARD
ociated Press

WASHINGTON — A schizophrenia medicine is showing promise in treating some heart-rending complications Alzheimer's disease: the gression and delusions that lead patients to attack others.

A study of 625 patients in 40 S. nursing homes and hospitals nd that low doses of the drug peridone helped calm about a rd of patients with Alzheimer's d similar dementia without the ubling side effects of standard atment, scientists said last ek.

Medication often is a last-ditch ort to deal with the problem, it is prescribed only after the ient hits someone or becomes fearful to leave bed or talk to ers, said lead investigator Dr. Katz of the University of nsylvania.

"With a safer agent, we can lly begin more use of the dicine not just to keep the sing home aide from being gged, but to help the patient oy life more," said Katz, who sented his findings at a chiatry meeting in Hawaii.

Janssen Pharmaceutica, which ady sells risperidone for izophrenia, financed the dy. It plans to seek Food and g Administration approval t month to market the drug dementia patients, too.

One-third of Alzheimer's ients develop psychotic mptoms — aggression, usions, hallucinations — in lition to the memory loss and fusion that characterize the urable disease. Psychoses also common in dementias caused stroke. These behavioral blems are a leading reason mentia patients are put in sing homes.

One study participant, 83-year-stroke patient Jimmy Dunne, so aggressive that his sing home in Queens, N.Y., nplained almost daily to family mbers. Another drug merely ated him, but risperidone tored a cheerful personality in final months, said his ghter, Lorraine Fitzpatrick.

"He seemed happy. The ses would play some songs he would actually tap his t," she said. "I honestly felt had he not been on it, he ld have been just an angry, horrible person until the day he died."

Risperidone's effect was not huge: 36 percent of study patients who took 1 milligram a day had a 60-percent improvement in psychotic symptoms. But 22 percent of patients who took a dummy pill also improved that much.

These symptoms tend to wax and wane, explaining part of the high placebo effect, said Dr. Peter Whitehouse of the University Hospitals of Cleveland, who reviewed the study for Janssen. All study participants also received special psychological care that doctors already knew can help sufferers in nursing homes.

But Katz said risperidone's advantage is that it helps a significant number of patients without causing the extreme sedation and rigid muscles — Parkinson's disease-like symptoms — associated with standard treatments.

"This medicine is useful," said Dr. Barry Reisberg, a well-known Alzheimer's expert, saying the study provides long-needed information to doctors who now prescribe psychiatric drugs "haphazardly."

He urged doctors to try psychological therapy before prescribing any drugs. Antipsychotic drugs "have been misused and misapplied to Alzheimer's patients (who) are very, very susceptible to certain kinds of side effects," said Reisberg, a psychology professor who heads New York University's Fisher Alzheimer's Disease Program.

Katz said risperidone may be more effective on the most aggressive patients, people he eliminated from his research for fear they would attack study coordinators.

Whitehouse said the drug also may help patients remain at home. If patients are calm enough to enroll in such programs as day care that give relatives a rest, he said, "It's less likely that patient would be admitted to a nursing home."

Although the study provides the first evidence of risperidone's usefulness, many doctors already were prescribing it in hopes it would help hard-to-control patients: Janssen sales figures show 12 percent of prescriptions go to dementia patients.

Drug cuts aggression in Alzheimer's patients

BY LAURAN NEERGAARD
Associated Press

WASHINGTON — A schizophrenia medicine is showing promise in treating some heart-rending complications of Alzheimer's disease: the aggression and delusions that can lead patients to attack others.

A study of 625 patients in 40 U.S. nursing homes and hospitals found that low doses of the drug risperidone helped calm about a third of patients with Alzheimer's and similar dementia without the troubling side effects of standard treatment, scientists said last week.

Medication often is a last-ditch effort to deal with the problem, and it is prescribed only after the patient hits someone or becomes too fearful to leave bed or talk to others, said lead investigator Dr. Ira Katz of the University of Pennsylvania.

"With a safer agent, we can really begin more use of the medicine not just to keep the nursing home aide from being slugged, but to help the patient enjoy life more," said Katz, who presented his findings at a psychiatry meeting in Hawaii.

Janssen Pharmaceutica, which already sells risperidone for schizophrenia, financed the study. It plans to seek Food and Drug Administration approval next month to market the drug to dementia patients, too.

One-third of Alzheimer's patients develop psychotic symptoms — aggression, delusions, hallucinations — in addition to the memory loss and confusion that characterize the incurable disease. Psychoses also are common in dementias caused by stroke. These behavioral problems are a leading reason dementia patients are put in nursing homes.

One study participant, 83-year-old stroke patient Jimmy Dunne, was so aggressive that his nursing home in Queens, N.Y., complained almost daily to family members. Another drug merely sedated him, but risperidone restored a cheerful personality in his final months, said his daughter, Lorraine Fitzpatrick.

"He seemed happy. The nurses would play some songs and he would actually tap his feet," she said. "I honestly felt that had he not been on it, he would have been just an angry, horrible person until the day he died."

Risperidone's effect was not huge: 36 percent of study patients who took 1 milligram a day had a 60-percent improvement in [illegible] symptoms. But 22 percent of patients who took a dummy pill also improved that much.

These symptoms tend to wax and wane, explaining part of the high placebo effect, said Dr. Peter Whitehouse of the University Hospitals of Cleveland, who reviewed the study for Janssen. All study participants also received special psychological care that doctors already knew can help sufferers in nursing homes.

But Katz said risperidone's advantage is that it helps a significant number of patients without causing the extreme sedation and rigid muscles — Parkinson's disease-like symptoms — associated with standard treatments.

"This medicine is useful," said Dr. Barry Reisberg, a well-known Alzheimer's expert, saying the study provides long-needed information to doctors who now prescribe psychiatric drugs "haphazardly."

He urged doctors to try psychological therapy before prescribing any drugs. Antipsychotic drugs "have been misused and misapplied to Alzheimer's patients (who) are very, very susceptible to certain kinds of side effects," said Reisberg, a psychology professor who heads New York University's Fisher Alzheimer's Disease Program.

Katz said risperidone may be more effective on the most aggressive patients, people he eliminated from his research for fear they would attack study coordinators.

Whitehouse said the drug also may help patients remain at home. If patients are calm enough to enroll in such programs as day care that give relatives a rest, he said, "It's less likely that patient would be admitted to a nursing home."

Although the study provides the first evidence of risperidone's usefulness, many doctors already were prescribing it in hopes it would help hard-to-control patients: Janssen sales figures show 12 percent of prescriptions go to dementia patients.

Drug cuts aggression in Alzheimer's patients

BY LAURAN NEERGAARD
Associated Press

WASHINGTON — A schizophrenia medicine is showing promise in treating some heart-rending complications of Alzheimer's disease: the aggression and delusions that can lead patients to attack others.

A study of 625 patients in 40 U.S. nursing homes and hospitals found that low doses of the drug risperidone helped calm about a third of patients with Alzheimer's and similar dementia without the troubling side effects of standard treatment, scientists said last week.

Medication often is a last-ditch effort to deal with the problem, and it is prescribed only after the patient hits someone or becomes too fearful to leave bed or talk to others, said lead investigator Dr. Ira Katz of the University of Pennsylvania.

"With a safer agent, we can really begin more use of the medicine not just to keep the nursing home aide from being slugged, but to help the patient enjoy life more," said Katz, who presented his findings at a psychiatry meeting in Hawaii.

Janssen Pharmaceutica, which already sells risperidone for schizophrenia, financed the study. It plans to seek Food and [illegible] approval next month to market the drug to dementia patients, too.

One-third of Alzheimer's patients develop psychotic symptoms — aggression, delusions, hallucinations — in addition to the memory loss and confusion that characterize the incurable disease. Psychoses also are common in dementias caused by stroke. These behavioral problems are a leading reason dementia patients are put in nursing homes.

One study participant, 83-year-old stroke patient Jimmy Dunne, was so aggressive that his nursing home in Queens, N.Y., complained almost daily to family members. Another drug merely sedated him, but risperidone restored a cheerful personality in his final months, said his daughter, Lorraine Fitzpatrick.

"He seemed happy. The nurses would play some songs and he would actually tap his feet," she said. "I honestly felt that had he not been on it, he would have been just an angry, horrible person until the day he died."

Risperidone's effect was not huge: 36 percent of study patients who took 1 milligram a day had a 60-percent improvement in psychotic symptoms. But 22 percent of patients who took a dummy pill also improved that much.

These symptoms tend to wax and wane, explaining part of the high placebo effect, said Dr. Peter Whitehouse of the University Hospitals of Cleveland, who reviewed the study for Janssen. All study participants also received special psychological care that doctors already knew can help sufferers in nursing homes.

But Katz said risperidone's advantage is that it helps a significant number of patients without causing the extreme sedation and rigid muscles — Parkinson's disease-like symptoms — associated with standard treatments.

"This medicine is useful," said Dr. Barry Reisberg, a well-known Alzheimer's expert, saying the study provides long-needed information to doctors who now prescribe psychiatric drugs "haphazardly."

He urged doctors to try psychological therapy before prescribing any drugs.

Antipsychotic drugs "have been misused and misapplied to Alzheimer's patients (who) are very, very susceptible to certain kinds of side effects," said Reisberg, a psychology professor who heads New York University's Fisher Alzheimer's Disease Program.

Katz said risperidone may be more effective on the most aggressive patients, people he eliminated from his research for fear they would attack study coordinators.

Whitehouse said the drug also may help patients remain at home. If patients are calm enough to enroll in such programs as day care that give relatives a rest, he said, "It's less likely that patient would be admitted to a nursing home."

Although the study provides the first evidence of risperidone's usefulness, many doctors already were prescribing it in hopes it would help hard-to-control patients: Janssen sales figures show 12 percent of prescriptions go to dementia patients.

Drug cuts aggression in Alzheimer's patients

BY LAURAN NEERGAARD
Associated Press

WASHINGTON — A schizophrenia medicine is showing promise in treating some heart-rending complications of Alzheimer's disease: the aggression and delusions that can lead patients to attack others.

A study of 625 patients in 40 U.S. nursing homes and hospitals found that low doses of the drug risperidone helped calm about a third of patients with Alzheimer's and similar dementia without the troubling side effects of standard treatment, scientists said last week.

Medication often is a last-ditch effort to deal with the problem, and it is prescribed only after the patient hits someone or becomes too fearful to leave bed or talk to others, said lead investigator Dr. Ira Katz of the University of Pennsylvania.

"With a safer agent, we can really begin more use of the medicine not just to keep the nursing home aide from being slugged, but to help the patient enjoy life more," said Katz, who presented his findings at a psychiatry meeting in Hawaii.

Janssen Pharmaceutica, which already sells risperidone for schizophrenia, financed the study. It plans to seek Food and Drug Administration approval next month to market the drug to dementia patients, too.

One third of Alzheimer's patients develop psychotic symptoms — aggression, delusions, hallucinations — in addition to the memory loss and confusion that characterize the incurable disease. Psychoses also are common in dementias caused by stroke. These behavioral problems are a leading reason dementia patients are put in nursing homes.

One study participant, 83-year-old stroke patient Jimmy Dunne, was so aggressive that his nursing home in Queens, N.Y., complained almost daily to family members. Another drug merely sedated him, but risperidone restored a cheerful personality in his final months, said his daughter, Lorraine Fitzpatrick.

"He seemed happy. The nurses would play some songs and he would actually tap his feet," she said. "I honestly felt that had he not been on it, he would have been just an angry, horrible person until the day he died."

Risperidone's effect was not huge: 36 percent of study patients who took 1 milligram a day had a 60-percent improvement in psychotic symptoms. But 22 percent of patients who took a dummy pill also improved that much.

These symptoms tend to wax and wane, explaining part of the high placebo effect, said Dr. Peter Whitehouse of the University Hospitals of Cleveland, who reviewed the study for Janssen. All study participants also received special psychological care that doctors already knew can help sufferers in nursing homes.

But Katz said risperidone's advantage is that it helps a significant number of patients without causing the extreme sedation and rigid muscles — Parkinson's disease-like symptoms — associated with standard treatments.

"This medicine is useful," said Dr. Barry Reisberg, a well-known Alzheimer's expert, saying the study provides long-needed information to doctors who now prescribe psychiatric drugs "haphazardly."

He urged doctors to try psychological therapy before prescribing any drugs.

Antipsychotic drugs "have been misused and misapplied to Alzheimer's patients (who) are very, very susceptible to certain kinds of side effects," said Reisberg, a psychology professor who heads New York University's Fisher Alzheimer's Disease Program.

Katz said risperidone may be more effective on the most aggressive patients, people he eliminated from his research for fear they would attack study coordinators.

Whitehouse said the drug also may help patients remain at home. If patients are calm enough to enroll in such programs as day care that give relatives a rest, he said, "It's less likely that patient would be admitted to a nursing home."

Although the study provides the first evidence of risperidone's usefulness, many doctors already were prescribing it in hopes it would help hard-to-control patients: Janssen sales figures show 12 percent of prescriptions go to dementia patients.

Drug cuts aggression in Alzheimer's patients

LAURAN NEERGAARD
ciated Press

NASHINGTON — A schizophrenia medicine is showing promise in treating some heart-rending complications Alzheimer's disease: the ression and delusions that lead patients to attack others. A study of 625 patients in 40 , nursing homes and hospitals nd that low doses of the drug eridone helped calm about a d of patients with Alzheimer's similar dementia without the bling side effects of standard tment, scientists said last k.

Medication often is a last-ditch rt to deal with the problem, it is prescribed only after the ent hits someone or becomes fearful to leave bed or talk to ers, said lead investigator Dr. Katz of the University of nsylvania.

"With a safer agent, we can ly begin more use of the dicine not just to keep the sing home aide from being ged, but to help the patient y life more," said Katz, who sented his findings at a chiatry meeting in Hawaii. Janssen Pharmaceutica, which ady sells risperidone for izophrenia, financed the dy. It plans to seek Food and g Administration approval month to market the drug lementia patients, too.

One-third of Alzheimer's ents develop psychotic ptoms — aggression, sions, hallucinations — in ition to the memory loss and usion that characterize the rable disease. Psychoses also common in dementias caused troke. These behavioral blems are a leading reason ementia patients are put in sing homes.

One study participant, 83-year-stroke patient Jimmy Dunne, so aggressive that his sing home in Queens, N.Y., plained almost daily to family bers. Another drug merely ated him, but risperidone ored a cheerful personality in final months, said his ghter, Lorraine Fitzpatrick. "He seemed happy. The ses would play some songs he would actually tap his ," she said. "I honestly felt had he not been on it, he ld have been just an angry, horrible person until the day he died."

Risperidone's effect was not huge: 36 percent of study patients who took 1 milligram a day had a 60-percent improvement in psychotic symptoms. But 22 percent of patients who took a dummy pill also improved that much.

These symptoms tend to wax and wane, explaining part of the high placebo effect, said Dr. Peter Whitehouse of the University Hospitals of Cleveland, who reviewed the study for Janssen. All study participants also received special psychological care that doctors already knew can help sufferers in nursing homes.

But Katz said risperidone's advantage is that it helps a significant number of patients without causing the extreme sedation and rigid muscles — Parkinson's disease-like symptoms — associated with standard treatments.

"This medicine is useful," said Dr. Barry Reisberg, a well-known Alzheimer's expert, saying the study provides long-needed information to doctors who now prescribe psychiatric drugs "haphazardly."

He urged doctors to try psychological therapy before prescribing any drugs. Antipsychotic drugs "have been misused and misapplied to Alzheimer's patients (who) are very, very susceptible to certain kinds of side effects," said Reisberg, a psychology professor who heads New York University's Fisher Alzheimer's Disease Program.

Katz said risperidone may be more effective on the most aggressive patients, people he eliminated from his research for fear they would attack study coordinators.

Whitehouse said the drug also may help patients remain at home. If patients are calm enough to enroll in such programs as day care that give relatives a rest, he said, "It's less likely that patient would be admitted to a nursing home."

Although the study provides the first evidence of risperidone's usefulness, many doctors already were prescribing it in hopes it would help hard-to-control patients: Janssen sales figures show 12 percent of prescriptions go to dementia patients.

Drug cuts aggression in Alzheimer's patients

LAURAN NEERGAARD
ociated Press

WASHINGTON — A schizophrenia medicine is showing promise in treating some heart-rending complications lzheimer's disease: the ression and delusions that lead patients to attack others.

A study of 625 patients in 40 nursing homes and hospitals nd that low doses of the drug eridone helped calm about a d of patients with Alzheimer's similar dementia without the bling side effects of standard tment, scientists said last ek.

Medication often is a last-ditch rt to deal with the problem, it is prescribed only after the ient hits someone or becomes fearful to leave bed or talk to ers, said lead investigator Dr. Katz of the University of nsylvania.

"With a safer agent, we can lly begin more use of the dicine not just to keep the sing home aide from being gged, but to help the patient oy life more," said Katz, who sented his findings at a chiatry meeting in Hawaii. Janssen Pharmaceutica, which ady sells risperidone for izophrenia, financed the dy. It plans to seek Food and g Administration approval month to market the drug lementia patients, too.

One-third of Alzheimer's ents develop psychotic ptoms — aggression, sions, hallucinations — in tion to the memory loss and fusion that characterize the rable disease. Psychoses also common in dementias caused stroke. These behavioral blems are a leading reason ementia patients are put in sing homes.

One study participant, 83-year-stroke patient Jimmy Dunne, so aggressive that his sing home in Queens, N.Y., plained almost daily to family mbers. Another drug merely ated him, but risperidone ored a cheerful personality in final months, said his ghter, Lorraine Fitzpatrick.

"He seemed happy. The ses would play some songs l he would actually tap his t," she said. "I honestly felt t had he not been on it, he ld have been just an angry, horrible person until the day he died."

Risperidone's effect was not huge: 36 percent of study patients who took 1 milligram a day had a 60-percent improvement in psychotic symptoms. But 22 percent of patients who took a dummy pill also improved that much.

These symptoms tend to wax and wane, explaining part of the high placebo effect, said Dr. Peter Whitehouse of the University Hospitals of Cleveland, who reviewed the study for Janssen. All study participants also received special psychological care that doctors already knew can help sufferers in nursing homes.

But Katz said risperidone's advantage is that it helps a significant number of patients without causing the extreme sedation and rigid muscles — Parkinson's disease-like symptoms — associated with standard treatments.

"This medicine is useful," said Dr. Barry Reisberg, a well-known Alzheimer's expert, saying the study provides long-needed information to doctors who now prescribe psychiatric drugs "haphazardly."

He urged doctors to try psychological therapy before prescribing any drugs. Antipsychotic drugs "have been misused and misapplied to Alzheimer's patients (who) are very, very susceptible to certain kinds of side effects," said Reisberg, a psychology professor who heads New York University's Fisher Alzheimer's Disease Program.

Katz said risperidone may be more effective on the most aggressive patients, people he eliminated from his research for fear they would attack study coordinators.

Whitehouse said the drug also may help patients remain at home. If patients are calm enough to enroll in such programs as day care that give relatives a rest, he said, "It's less likely that patient would be admitted to a nursing home."

Although the study provides the first evidence of risperidone's usefulness, many doctors already were prescribing it in hopes it would help hard-to-control patients: Janssen sales figures show 12 percent of prescriptions go to dementia patients.

Drug cuts aggression in Alzheimer's patients

BY LAURAN NEERGAARD
Associated Press

WASHINGTON — A schizophrenia medicine is showing promise in treating some heart-rending complications of Alzheimer's disease: the aggression and delusions that can lead patients to attack others.

A study of 625 patients in 40 U.S. nursing homes and hospitals found that low doses of the drug risperidone helped calm about a third of patients with Alzheimer's and similar dementia without the troubling side effects of standard treatment, scientists said last week.

Medication often is a last-ditch effort to deal with the problem, and it is prescribed only after the patient hits someone or becomes too fearful to leave bed or talk to others, said lead investigator Dr. Ira Katz of the University of Pennsylvania.

"With a safer agent, we can really begin more use of the medicine not just to keep the nursing home aide from being slugged, but to help the patient enjoy life more," said Katz, who presented his findings at a psychiatry meeting in Hawaii.

Janssen Pharmaceutica, which already sells risperidone for schizophrenia, financed the study. It plans to seek Food and Drug Administration approval next month to market the drug to dementia patients, too.

One-third of Alzheimer's patients develop psychotic symptoms — aggression, delusions, hallucinations — in addition to the memory loss and confusion that characterize the incurable disease. Psychoses also are common in dementias caused by stroke. These behavioral problems are a leading reason dementia patients are put in nursing homes.

One study participant, 83-year-old stroke patient Jimmy Dunne, was so aggressive that his nursing home in Queens, N.Y., complained almost daily to family members. Another drug merely sedated him, but risperidone restored a cheerful personality in his final months, said his daughter, Lorraine Fitzpatrick.

"He seemed happy. The nurses would play some songs and he would actually tap his feet," she said. "I honestly felt that had he not been on it, he would have been just an angry, horrible person until the day he died."

Risperidone's effect was not huge: 36 percent of study patients who took 1 milligram a day had a 60-percent improvement in psychotic symptoms. But 22 percent of patients who took a dummy pill also improved that much.

These symptoms tend to wax and wane, explaining part of the high placebo effect, said Dr. Peter Whitehouse of the University Hospitals of Cleveland, who reviewed the study for Janssen. All study participants also received special psychological care that doctors already knew can help sufferers in nursing homes.

But Katz said risperidone's advantage is that it helps a significant number of patients without causing the extreme sedation and rigid muscles — Parkinson's disease-like symptoms — associated with standard treatments.

"This medicine is useful," said Dr. Barry Reisberg, a well-known Alzheimer's expert, saying the study provides long-needed information to doctors who now prescribe psychiatric drugs "haphazardly."

He urged doctors to try psychological therapy before prescribing any drugs. Antipsychotic drugs "have been misused and misapplied to Alzheimer's patients (who) are very, very susceptible to certain kinds of side effects," said Reisberg, a psychology professor who heads New York University's Fisher Alzheimer's Disease Program.

Katz said risperidone may be more effective on the most aggressive patients, people he eliminated from his research for fear they would attack study coordinators.

Whitehouse said the drug also may help patients remain at home. If patients are calm enough to enroll in such programs as day care that give relatives a rest, he said, "It's less likely that patient would be admitted to a nursing home."

Although the study provides the first evidence of risperidone's usefulness, many doctors already were prescribing it in hopes it would help hard-to-control patients: Janssen sales figures show 12 percent of prescriptions go to dementia patients.

your health

HMOs resist federal emergency care mandate

BY ROBERT PEAR
New York Times

For six months, as the U.S. Congress has considered far-reaching proposals to regulate managed health care, the industry has waged a public relations offensive under the slogan "putting patients first."

But last week, lobbyists for the industry mobilized an extremely different offensive, resisting any requirement to pay for patients who go to hospital emergency rooms reporting severe pain.

The bill now being debated in the Senate and the House probably will establish new protections for elderly people who join health maintenance organizations. The current measure says, for example, that health plans have to pay for emergency care in any situation that a "prudent lay person" would regard as an emergency.

The lobbyists are working overtime to put their imprint on the legislation as Congress, following the lead of many states, sets standards for the quality of care.

Patients, doctors and hospitals say HMOs have often refused to pay for emergency-room services, saying there was no real emergency if, for example, chest pains resulted from indigestion rather than a heart attack.

Such denials can leave patients with thousands of dollars in medical bills and discourage them from seeking emergency care.

up close

HMOs say that federal standards are unnecessary and set a bad precedent for government intervention. In the last few weeks, as three congressional committees endorsed the "prudent lay person" standard, more than a dozen HMO lobbyists patrolled the halls, pressing their case.

Sens. Bob Graham, D-Fla., and John Chafee, R-R.I., proposed an amendment to make clear that severe pain might be a symptom of an emergency condition.

The Senate Finance Committee approved the proposal, 17-3. But the fight, which continues as the legislation moves to the floor, epitomizes the struggle over countless items in the budget bill.

The American Association of Health Plans (AAHP), the national lobby for HMOs and other managed-care companies, developed talking points for its members to use in attacking the Graham-Chafee proposal. In urging lawmakers to oppose the amendment, the association makes these arguments:

- Pain is a highly subjective term and has vast differences in meaning among consumers.
- Overuse of emergency rooms drives up costs and harms care.
- Hospital emergency-room waiting times are often extensive, causing patients to leave without any medical intervention.
- Incorrect medications are often prescribed, and medical conditions are often misdiagnosed because emergency room doctors have no medical records for patients.

AAHP president Karen Ignagni said the talking points had been distributed to Washington representatives, lawyers and lobbyists for 70 HMOs who meet once a week to coordinate strategy.

Ignagni asked, "If you have a root canal and experience severe pain, does that justify a visit to the emergency room?" Another HMO lobbyist said Graham's amendment would require health plans to pay for patients who stubbed their toes and went to emergency rooms for treatment.

Such arguments infuriate doctors who specialize in emergency medicine and the treatment of pain.

Dr. Joel Saper, director of the Michigan Head Pain and Neurological Institute in Ann Arbor, said: "Severe pain can be a sign of serious life-threatening illness. Abdominal pain can be a sign of acute appendicitis. Severe head or neck ache can signal a hemorrhage in the brain."

Thus, Saper said: "Medicare HMOs should not be allowed to deny coverage for emergency-room visits by patients in severe pain based on the eventual diagnosis. Patients cannot make this distinction prior to a physician evaluation."

Under a 1986 federal law, a hospital has to provide a diagnostic examination and treatment to stabilize the condition of any patient who requests care in its emergency room. The law mentions severe pain as a symptom of an emergency medical condition.

But Graham said, "Current law allows Medicare HMOs to deny payment for emergency services that the hospital must provide." His bill is intended to eliminate that disparity by establishing a uniform standard for treatment and payment.

HMOs resist federal emergency care mandate

BY ROBERT PEAR
New York Times

For six months, as the U.S. Congress has considered far-reaching proposals to regulate managed health care, the industry has waged a public relations offensive under the slogan "putting patients first."

But last week, lobbyists for the industry mobilized an extremely different offensive, resisting any requirement to pay for patients who go to hospital emergency rooms reporting severe pain.

The bill now being debated in the Senate and the House probably will establish new protections for elderly people who join health maintenance organizations. The current measure says, for example, that health plans have to pay for emergency care in any situation that a "prudent lay person" would regard as an emergency.

The lobbyists are working overtime to put their imprint on the legislation as Congress, following the lead of many states, sets standards for the quality of care.

Patients, doctors and hospitals say HMOs have often refused to pay for emergency-room services, saying there was no real emergency if, for example, chest pains resulted from indigestion rather than a heart attack.

Such denials can leave patients with thousands of dollars in medical bills and discourage them from seeking emergency care.

HMOs say that federal standards are unnecessary and set a bad precedent for government intervention. In the last few weeks, as three congressional committees endorsed the "prudent lay person" standard, more than a dozen HMO lobbyists patrolled the halls, pressing their case.

Sens. Bob Graham, D-Fla., and John Chafee, R-R.I., proposed an amendment to make clear that severe pain might be a symptom of an emergency condition.

The Senate Finance Committee approved the proposal, 17-3. But the fight, which continues as the legislation moves to the floor, epitomizes the struggle over countless items in the budget bill.

The American Association of Health Plans (AAHP), the national lobby for HMOs and other managed-care companies, developed talking points for its members to use in attacking the Graham-Chafee proposal. In urging lawmakers to oppose the amendment, the association makes these arguments:

- Pain is a highly subjective term and has vast differences in meaning among consumers.
- Overuse of emergency rooms drives up costs and harms care.
- Hospital emergency-room waiting times are often extensive, causing patients to leave without any medical intervention.
- Incorrect medications are often prescribed, and medical conditions are often misdiagnosed because emergency room doctors have no medical records for patients.

AAHP president Karen Ignagni said the talking points had been distributed to Washington representatives, lawyers and lobbyists for 70 HMOs who meet once a week to coordinate strategy.

Ignagni asked, "If you have a root canal and experience severe pain, does that justify a visit to the emergency room?" Another HMO lobbyist said Graham's amendment would require health plans to pay for patients who stubbed their toes and went to emergency rooms for treatment.

Such arguments infuriate doctors who specialize in emergency medicine and the treatment of pain.

Dr. Joel Saper, director of the Michigan Head Pain and Neurological Institute in Ann Arbor, said: "Severe pain can be a sign of serious life-threatening illness. Abdominal pain can be a sign of acute appendicitis. Severe head or neck ache can signal a hemorrhage in the brain."

Thus, Saper said: "Medicare HMOs should not be allowed to deny coverage for emergency-room visits by patients in severe pain based on the eventual diagnosis. Patients cannot make this distinction prior to a physician evaluation."

Under a 1986 federal law, a hospital has to provide a diagnostic examination and treatment to stabilize the condition of any patient who requests care in its emergency room. The law mentions severe pain as a symptom of an emergency medical condition.

But Graham said, "Current law allows Medicare HMOs to deny payment for emergency services that the hospital must provide." His bill is intended to eliminate that disparity by establishing a uniform standard for treatment and payment.

up close

your health

HMOs resist federal emergency care mandate

BY ROBERT PEAR
New York Times

For six months, as the U.S. Congress has considered far-reaching proposals to regulate managed health care, the industry has waged a public relations offensive under the slogan "putting patients first."

But last week, lobbyists for the industry mobilized an extremely different offensive, resisting any requirement to pay for patients who go to hospital emergency rooms reporting severe pain.

The bill now being debated in the Senate and the House probably will establish new protections for elderly people who join health maintenance organizations. The current measure says, for example, that health plans have to pay for emergency care in any situation that a "prudent lay person" would regard as an emergency.

The lobbyists are working overtime to put their imprint on the legislation as Congress, following the lead of many states, sets standards for the quality of care.

Patients, doctors and hospitals say HMOs have often refused to pay for emergency-room services, saying there was no real emergency if, for example, chest pains resulted from indigestion rather than a heart attack.

Such denials can leave patients with thousands of dollars in medical bills and discourage them from seeking emergency care.

up close

HMOs say that federal standards are unnecessary and set a bad precedent for government intervention. In the last few weeks, as three congressional committees endorsed the "prudent lay person" standard, more than a dozen HMO lobbyists patrolled the halls, pressing their case.

Sens. Bob Graham, D-Fla., and John Chafee, R-R.I., proposed an amendment to make clear that severe pain might be a symptom of an emergency condition.

The Senate Finance Committee approved the proposal, 17-3. But the fight, which continues as the legislation moves to the floor, epitomizes the struggle over countless items in the budget bill.

The American Association of Health Plans (AAHP), the national lobby for HMOs and other managed-care companies, developed talking points for its members to use in attacking the Graham-Chafee proposal. In urging lawmakers to oppose the amendment, the association makes these arguments:

- Pain is a highly subjective term and has vast differences in meaning among consumers.
- Overuse of emergency rooms drives up costs and harms care.
- Hospital emergency-room waiting times are often extensive, causing patients to leave without any medical intervention.
- Incorrect medications are often prescribed, and medical conditions are often misdiagnosed because emergency room doctors have no medical records for patients.

AAHP president Karen Ignagni said the talking points had been distributed to Washington representatives, lawyers and lobbyists for 70 HMOs who meet once a week to coordinate strategy.

Ignagni asked, "If you have a root canal and experience severe pain, does that justify a visit to the emergency room?" Another HMO lobbyist said Graham's amendment would require health plans to pay for patients who stubbed their toes and went to emergency rooms for treatment.

Such arguments infuriate doctors who specialize in emergency medicine and the treatment of pain.

Dr. Joel Saper, director of the Michigan Head Pain and Neurological Institute in Ann Arbor, said: "Severe pain can be a sign of serious life-threatening illness. Abdominal pain can be a sign of acute appendicitis. Severe head or neck ache can signal a hemorrhage in the brain."

Thus, Saper said: "Medicare HMOs should not be allowed to deny coverage for emergency-room visits by patients in severe pain based on the eventual diagnosis. Patients cannot make this distinction prior to a physician evaluation."

Under a 1986 federal law, a hospital has to provide a diagnostic examination and treatment to stabilize the condition of any patient who requests care in its emergency room. The law mentions severe pain as a symptom of an emergency medical condition.

But Graham said, "Current law allows Medicare HMOs to deny payment for emergency services that the hospital must provide." His bill is intended to eliminate that disparity by establishing a uniform standard for treatment and payment.

your health

HMOs resist federal emergency care mandate

BY ROBERT PEAR
New York Times

For six months, as the U.S. Congress has considered far-reaching proposals to regulate managed health care, the industry has waged a public relations offensive under the slogan "putting patients first."

But last week, lobbyists for the industry mobilized an extremely different offensive, resisting any requirement to pay for patients who go to hospital emergency rooms reporting severe pain.

The bill now being debated in the Senate and the House probably will establish new protections for elderly people who join health maintenance organizations. The current measure says, for example, that health plans have to pay for emergency care in any situation that a "prudent lay person" would regard as an emergency.

The lobbyists are working overtime to put their imprint on the legislation as Congress, following the lead of many states, sets standards for the quality of care.

Patients, doctors and hospitals say HMOs have often refused to pay for emergency-room services, saying there was no real emergency if, for example, chest pains resulted from indigestion rather than a heart attack.

Such denials can leave patients with thousands of dollars in medical bills and discourage them from seeking emergency care.

up close

HMOs say that federal standards are unnecessary and set a bad precedent for government intervention. In the last few weeks, as three congressional committees endorsed the "prudent lay person" standard, more than a dozen HMO lobbyists patrolled the halls, pressing their case.

Sens. Bob Graham, D-Fla., and John Chafee, R-R.I., proposed an amendment to make clear that severe pain might be a symptom of an emergency condition.

The Senate Finance Committee approved the proposal, 17-3. But the fight, which continues as the legislation moves to the floor, epitomizes the struggle over countless items in the budget bill.

The American Association of Health Plans (AAHP), the national lobby for HMOs and other managed-care companies, developed talking points for its members to use in attacking the Graham-Chafee proposal. In urging lawmakers to oppose the amendment, the association makes these arguments:

- Pain is a highly subjective term and has vast differences in meaning among consumers.
- Overuse of emergency rooms drives up costs and harms care.
- Hospital emergency-room waiting times are often extensive, causing patients to leave without any medical intervention.
- Incorrect medications are often prescribed, and medical conditions are often misdiagnosed because emergency room doctors have no medical records for patients.

AAHP president Karen Ignagni said the talking points had been distributed to Washington representatives, lawyers and lobbyists for 70 HMOs who meet once a week to coordinate strategy.

Ignagni asked, "If you have a root canal and experience severe pain, does that justify a visit to the emergency room?" Another HMO lobbyist said Graham's amendment would require health plans to pay for patients who stubbed their toes and went to emergency rooms for treatment.

Such arguments infuriate doctors who specialize in emergency medicine and the treatment of pain.

Dr. Joel Saper, director of the Michigan Head Pain and Neurological Institute in Ann Arbor, said: "Severe pain can be a sign of serious life-threatening illness. Abdominal pain can be a sign of acute appendicitis. Severe head or neck ache can signal a hemorrhage in the brain."

Thus, Saper said: "Medicare HMOs should not be allowed to deny coverage for emergency-room visits by patients in severe pain based on the eventual diagnosis. Patients cannot make this distinction prior to a physician evaluation."

Under a 1986 federal law, a hospital has to provide a diagnostic examination and treatment to stabilize the condition of any patient who requests care in its emergency room. The law mentions severe pain as a symptom of an emergency medical condition.

But Graham said, "Current law allows Medicare HMOs to deny payment for emergency services that the hospital must provide." His bill is intended to eliminate that disparity by establishing a uniform standard for treatment and payment.

SPECIAL SUPPLEMENT FROM THE DETROIT HEALTH DEPARTMENT, BUREAU OF SUBSTANCE ABUSE AND ITS NETWORK OF SERVICE PROVIDERS, WEEK OF DECEMBER 22, 1997

Detroit Health Department, Bureau of Substance Abuse

presents

An issue with substance abuse

Inside

October 13, 1997 ■ Detroit Free Press ■ SECTION F

No small success

Allan Ackroyd keeps a family baking tradition going in Birmingham. Page 3F.

Managing the boss

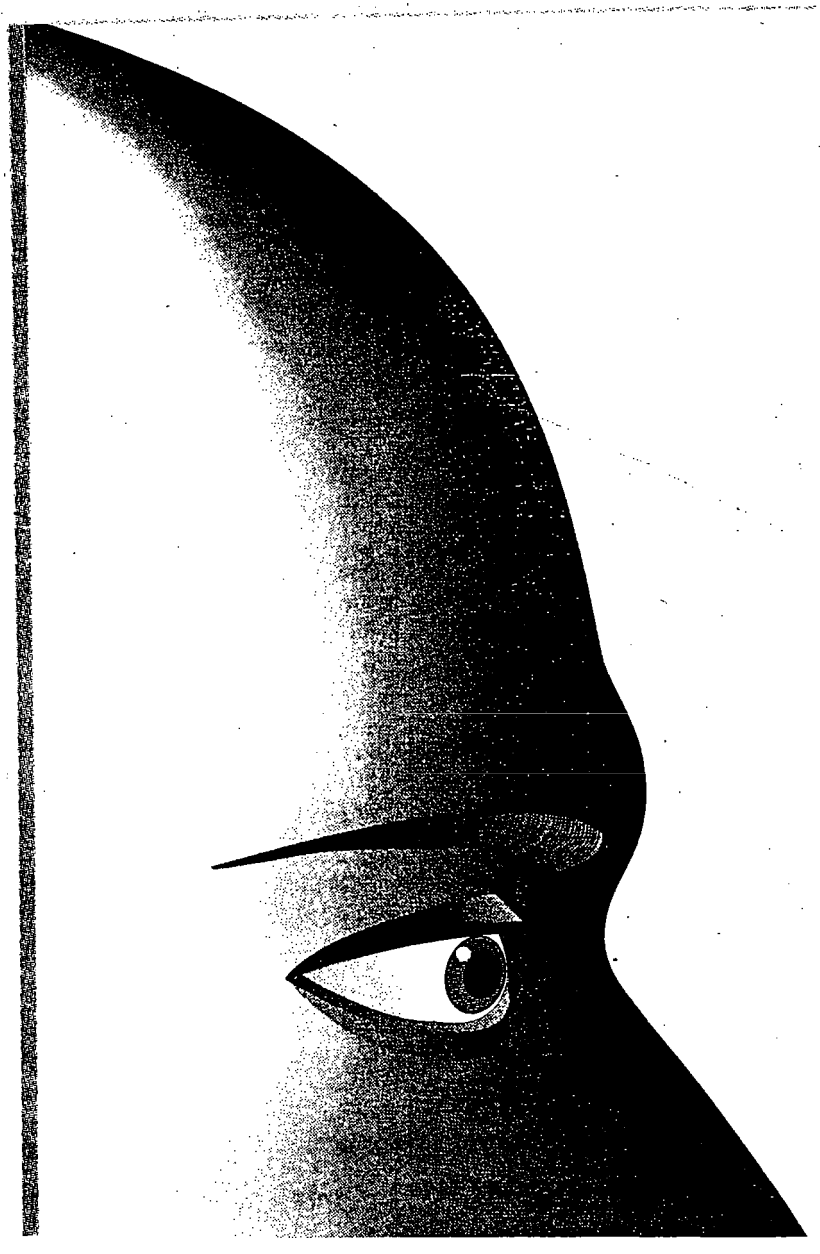
It doesn't mean apple-polishing. Jim Pawlak on 'managing up'. Page 9F.

BusinessMonday

Smoke screens

Tobacco circumvents advertising curbs with marketing push in coffeehouses, bars

PAGE 6F



In treatment and death rates, blacks and whites are still worlds apart

New research sponsored by the National Institute for Aging shows that blacks enjoy 56 years of reasonably good health, eight years

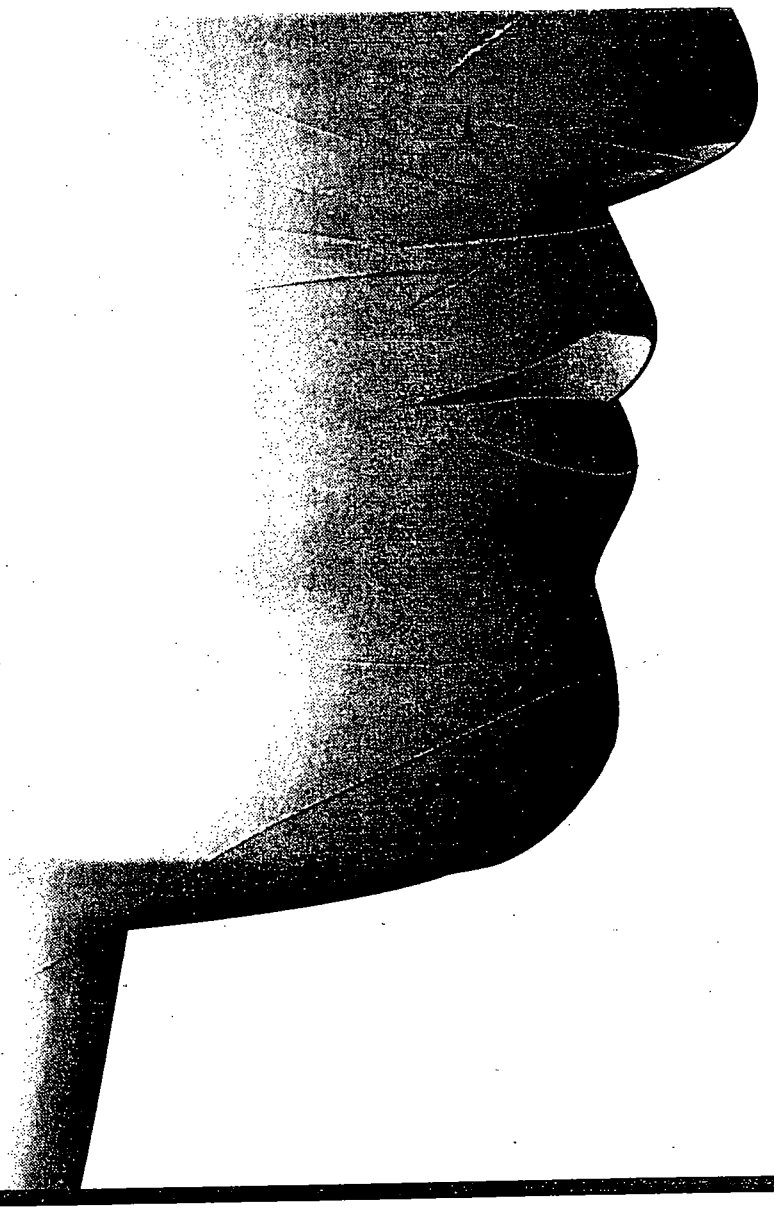
The hea

BY PETER T. KILBORN
New York Times

WASHINGTON — A robust economy and years of government pressure have helped move minority groups closer to the mainstream. But when it comes to health, studies show a stubborn, daunting and in some respects growing disparity between black and white Americans.

For decades, blacks have had higher death rates from nearly all major causes. Although life expectancy has increased for all groups, differences persist. And government and academic research shows a widening gap between blacks and others in the incidences of asthma, diabetes, major infectious diseases and several forms of cancer.

The federal Centers for Disease Control and Prevention reports that from 1980 to 1994 the number of diabetes cases rose 33 percent among blacks, three times the increase among whites. The gap in cases of infectious diseases has grown by the same magni-



fewer than whites and Hispanic Americans. In an institute survey, one-third of all blacks from 51-61 described their health as fair to poor, compared with one-fifth of all whites of the same age group.

With breast cancer, the CDC reports that from 1990 to 1995 the death rate for all women fell 10 percent, from 23.1 women per 100,000 to 21. But black women's higher rate did not budge from 27.5 per 100,000.

The erosion of black Americans' health relative to that of Americans at large stands in stark contrast to blacks' advances in areas like jobs, education and housing that three decades of civil rights laws have helped promote.

In the economy of the 1990s, poverty among blacks has shrunk, and gaps in income have narrowed. Sociological barriers to economic progress, such as a high teen pregnancy rate, have receded, too.

But blacks often receive less, and worse, health care than whites, analysts say, meaning that they are sicker than whites and typically die at about age 70, six or seven years earlier than whites.

Unequal system

"We have a two-tiered health care system," said Dr. Randall Morgan, an orthopedic surgeon and a former president of the predominantly black National Medical Association. He cites the difference in death rate statistics as evidence of that two-tiered system. (See charts on Page 8F).

The White House is grappling with new ways to address the problem. In response to a White House request, officials of the Department of Health and Human Services and the Health Care Financing Administration said they were compiling proposals to try to eliminate the gap after the year 2000.

Dr. Donald Berwick, a pediatrician in Boston and a member of President Bill Clinton's commission on health care quality, said: "Tell me someone's race.

ILLUSTRATION

th gap

e top 10 killers

The health gap between blacks and whites of both genders is measured in death rate statistics for Michigan and the United States. See charts on Page 8F.

me their income. And tell me whether they e. The answers to those three questions will tell ore about their longevity and health status than ther questions I could possibly ask. There's no ic blood test that would have anything like that edictive value."

ing the gap

ie growth of managed care, experts said, has had effect on the disparities between blacks and s. "The more we hear about the problems in the h care delivery system and managed care, the the issues of minorities stand out," said Bailus r, health policy director for the Joint Center for

Public health programs begun in Clinton's tenure have made little more headway against the gap than those of prior administrations, including Medicaid, the insurance program for the poor, and Medicare, the program for the elderly.

Programs that pay for prenatal care for mothers and nutrition and immunization for children have helped many additional children survive infancy. But deaths of black mothers in childbirth, although rare, jumped 48 percent from 1987 to 1995 (the rate soared in the late 1980s), compared with 7.6 percent for all mothers. And blacks still have two times the infant mortality rate of whites, a gap that has not changed in at least a decade.

Since the early '60s, the American Cancer Society said, black men's death rate from cancer rose 62 percent, compared with an increase of 19 percent for all American men. A gap in the incidence of prostate cancer has narrowed. But the incidence is 30 percent higher for black men, and just 66 percent survive for five years, compared with 81 percent of white men.

In general, the nation has realized declining death rates from leading killers such as heart attack, stroke and cancer. But blacks still suffer those and other disabling conditions sooner than whites.

As a result, new research sponsored by the National Institute for Aging shows that blacks enjoy 56 years of reasonably good health, eight years fewer than whites and Hispanic Americans. In an institute survey, one-third of all blacks 51-61 described their health as fair to poor, compared with one-fifth of all

...could possibly ask. There's no
tic blood test that would have anything like that
edictive value."

ing the gap

ıe growth of managed care, experts said, has had
effect on the disparities between blacks and
s. "The more we hear about the problems in the
ı care delivery system and managed care, the
the issues of minorities stand out," said Bailus
r, health policy director for the Joint Center for
cal and Economic Studies, which focuses on

inistrations since the '60s have been aware of
h gap and have started dozens of programs,
es and conferences to tackle it.
epartment of Human Services has an Office
ity Health, which among other activities
es a newsletter, Closing the Gap. The depart-
mpiles ambitious annual reports on progress
goals for 2000 to prolong healthy lives and
he disparities.
the results are mixed. For many conditions
proportionately touch blacks, including asth-
sity, homicide, maternal mortality, diabetes
alcohol syndrome, the report published in
hows the incidences not only falling short of
but also slipping in relation to the conditions
'80s and early '90s, on which the goals were

Mo n said government attempts to reduce the
p ar odest and subject to sporadic financing.
'e g program, and then it's over," he said. "We
't a sustained effort. The tragic thing is it's
tin erica more and more every day to have the
ma babies — not the ones who die — who go
to d the health system's resources."

five years, compared with 81 percent of white men.

In general, the nation has realized declining death rates from leading killers such as heart attack, stroke and cancer. But blacks still suffer those and other disabling conditions sooner than whites.

As a result, new research sponsored by the National Institute for Aging shows that blacks enjoy 56 years of reasonably good health, eight years fewer than whites and Hispanic Americans. In an institute survey, one-third of all blacks 51-61 described their health as fair to poor, compared with one-fifth of all whites of the same ages.

Kenneth Manton, director of the Center for Demographic Studies at Duke University, who wrote an analysis of the survey, said: "If you look at the total population, you find a significant decline in chronic disability and institutionalization for people 65 and older. But if you break it down among blacks and whites, you find almost all the improvement is among whites."

White House attention

Concern about the gap has entered into White House planning for Clinton's last two years in office. The issue has come more into focus because of experts' doubts that the enactment last year of a five-year, $24-million plan to provide care to half the nation's 10 million uninsured children would help reduce the disparities.

Clinton's balanced budget proposal, presented earlier this month, proposed a number of health initiatives that could close the racial health care gap, ranging from a large increase in biomedical research funded by money from a settlement with tobacco companies to an expansion of Medicare.

Please see HEALTH GAP, Page 8F

Y SES HARRIS / DETROIT FREE PRESS

MIND

The health gap

HEALTH GAP, from Page 7F

As part of the "21st Century Research Fund," health and biomedical research funds will increase by $1.2 billion in 1999 and by $17 billion over five years. Overall, Health and Human Services' 1999 budget of $380.8 billion is 6 percent higher than the 1998 budget.

In 1999, $1.15 billion will go to the National Institutes of Health in Bethesda, Md., where it will be used to fund research on topics including heart disease, diabetes and cancer, leading killers of all races and both genders.

The Centers for Disease Control and Prevention in Atlanta would receive $25 million to establish a program to detect diseases early and to promote disease-reducing lifestyles. And the Agency for Health Care Policy and Research in Rockville, Md., is slated for $25 million to study the best ways to get research from the bench to the bedside.

Other highlights of the budget proposal include:

- $75 million to develop and expand national early warning sys-

To curry support to close the gap, the president is likely to define the issue in terms of minority health, not simply black health.

Other minority groups suffer from some diseases more than blacks. American Indians have higher levels of diabetes. Hispanic Americans tend to suffer more fatal and disabling strokes. Puerto Rican children have the highest incidence of asthma.

The CDC reports that in 1996, tuberculosis among Asian-Americans was nearly 15 times higher than among whites and nearly twice the level for blacks.

But as the largest minority group and the one with the highest death rates from most diseases, blacks arouse the most concern among experts.

"There is a minority group that is very disadvantaged with respect to health, and that's African Americans," said Samuel Preston, a demographer and dean of the School of Arts and Sciences at the University of Pennsylvania.

"It's not a minority problem. It's a black problem."

The intractability of the gap is

The top 10 killers in Michigan

Below are the 1996 rates (deaths per 100,000 people) for the leading causes of death for black men and women in Michigan compared to the rates for the same causes of deaths among white men and women in Michigan, and the risk ratio associated with being black as opposed to white. For example, in the first listing, black men in Michigan die of heart disease at a rate 1.5 times greater than white men.

Cause of death	Black men	White men	Risk ratio	Black women	White women	Risk ratio
Heart disease	283.1	186.1	1.5	165.4	101.5	1.6
Cancer	223.9	151.6	1.5	138.3	109.8	1.3
Homicide	75.9	3.7	20.5	14.8	1.8	8.2
Stroke	53.8	27.6	1.9	34.4	23.8	1.4
Unintentional injuries	48.7	35.8	1.4	16.8	17.2	1.0
Pneumonia and influenza	31.3	16.2	1.9	15.6	10.5	1.5
Chronic liver disease and cirrhosis	24.5	10.0	2.5	7.3	4.5	1.6
Chronic obstructive pulmonary disease and associated conditions	24.6	26.2	0.9	13.5	18.4	0.7
Diabetes	21.2	14.4	1.5	24.5	12.3	2.0
Suicide	15.3	18.7	0.8	15.3	4.0	3.8

The top 10 killers in the United States

Below are the 1995 rates for the 10 leading causes of death for black males and females of all ages and the to 10 leading causes of death for white males and females of all ages in the United States. The numbers are deaths per 100,000 people.

Black males		White males		Black females		White females	
Heart disease	244.2	Heart disease	297.9	Heart disease	231.1	Heart disease	29
Cancer	209.1	Cancer	226.1	Cancer	159.1	Cancer	20
Human immunodeficiency virus (HIV/AIDS)	61.9	Stroke	48.6	Stroke	60.4	Stroke	
Homicide	56.3	Unintentional injuries	47.4	Diabetes	36.1	Chronic obstructive pulmonary disease and associated conditions	4
Unintentional injuries	56.2	Chronic obstructive pulmonary disease and associated conditions	46.1	Human immunodeficiency virus (HIV/AIDS)	24.5	Pneumonia and influenza	3
Stroke	51	Pneumonia and influenza	30.8	Unintentional injuries	22.5	Unintentional injuries	2
Diabetes	26.1	Suicide	21.4	Pneumonia and influenza	21.7	Diabetes	2
Pneumonia and influenza	25.6	Human immunodeficiency virus (HIV/AIDS)	21.2	Chronic obstructive pulmonary disease and associated conditions	16.8	Alzheimer's disease	
Chronic obstructive pulmonary disease and associated conditions	24.9	Diabetes	20	Kidney disease	12.9	Kidney disease	
				Conditions	12.7	Blood poisoning	

gap

HEALTH GAP, from Page 7F

As part of the "21st Century Research Fund," health and biomedical research funds will increase by $1.2 billion in 1999 and by $17 billion over five years. Overall, Health and Human Services' 1999 budget of $380.8 billion is 6 percent higher than the 1998 budget.

In 1999, $1.15 billion will go to the National Institutes of Health in Bethesda, Md., where it will be used to fund research on topics including heart disease, diabetes and cancer, leading killers of all races and both genders.

The Centers for Disease Control and Prevention in Atlanta would receive $25 million to establish a program to detect diseases early and to promote disease-reducing lifestyles. And the Agency for Health Care Policy and Research in Rockville, Md., is slated for $25 million to study the best ways to get research from the bench to the bedside.

Other highlights of the budget proposal include:

- $75 million to develop and expand national early warning systems for unsafe food and emerging infectious diseases.
- A pilot program to give Medicare patients with cancer the chance to participate in clinical trials.
- Increased funding for states to spread the word about the children's health insurance program, passed last year, which offers health insurance to parents who make too much for Medicaid but whose employers don't offer private coverage.

Disparity in care

The effort to improve minority groups' health also is entering other arenas.

To curry support to close the gap, the president is likely to define the issue in terms of minority health, not simply black health.

Other minority groups suffer from some diseases more than blacks. American Indians have higher levels of diabetes. Hispanic Americans tend to suffer more fatal and disabling strokes. Puerto Rican children have the highest incidence of asthma.

The CDC reports that in 1996, tuberculosis among Asian-Americans was nearly 15 times higher than among whites and nearly twice the level for blacks.

But as the largest minority group and the one with the highest death rates from most diseases, blacks arouse the most concern among experts.

"There is a minority group that is very disadvantaged with respect to health, and that's African Americans," said Samuel Preston, a demographer and dean of the School of Arts and Sciences at the University of Pennsylvania.

"It's not a minority problem. It's a black problem."

The intractability of the gap is stirring searches for explanations beyond the conventional one of disproportionately low income. Hispanic Americans, too, are relatively poor and are much less likely to have health insurance than any other group. Yet the CDC finds that they stay healthy longer than non-Hispanic whites, as well as blacks.

Research has shown slight, apparently genetic, predispositions among blacks for prostate cancer, sickle cell anemia and low birth weights. But analysts say the major disparities arise less from inherent differences among races than from attitudes

Stroke	53.8	27.6	1.5			
Unintentional injuries	48.7	35.8	1.4	16.8	17.2	1.0
Pneumonia and influenza	31.3	16.2	1.9	15.6	10.5	1.5
Chronic liver disease and cirrhosis	24.5	10.0	2.5	7.3	4.5	1.6
Chronic obstructive pulmonary disease and associated conditions	24.6	26.2	0.9	13.5	18.4	0.7
Diabetes	21.2	14.4	1.5	24.5	12.3	2.0
Suicide	15.3	18.7	0.8	15.3	4.0	3.8

The top 10 killers in the United States

Below are the 1995 rates for the 10 leading causes of death for black males and females of all ages and the top 10 leading causes of death for white males and females of all ages in the United States. The numbers are deaths per 100,000 people.

Black males		White males		Black females		White females	
Heart disease	244.2	Heart disease	297.9	Heart disease	231.1	Heart disease	297.4
Cancer	209.1	Cancer	226.1	Cancer	159.1	Cancer	202.4
Human immunodeficiency virus (HIV/AIDS)	61.9	Stroke	48.6	Stroke	60.4	Stroke	76
Homicide	56.3	Unintentional injuries	47.4	Diabetes	36.1	Chronic obstructive pulmonary disease and associated conditions	41.2
Unintentional injuries	56.2	Chronic obstructive pulmonary disease and associated conditions	46.1	Human immunodeficiency virus (HIV/AIDS)	24.5	Pneumonia and influenza	36.6
Stroke	51	Pneumonia and influenza	30.8	Unintentional injuries	22.5	Unintentional injuries	24.4
Diabetes	26.1	Suicide	21.4	Pneumonia and influenza	21.7	Diabetes	23.5
Pneumonia and influenza	25.6	Human immunodeficiency virus (HIV/AIDS)	21.2	Chronic obstructive pulmonary disease and associated conditions	16.8	Alzheimer's disease	11.5
Chronic obstructive pulmonary disease and associated conditions	24.9	Diabetes	20	Kidney disease	12.9	Kidney disease	8.8
Conditions originating in the perinatal period	17.4	Chronic liver disease and cirrhosis	13.2	Conditions originating in the perinatal period	12.7	Blood poisoning	6.8

Sources: 1996 Michigan Resident Death File. Division for Vital Records and Health Statistics; 1995 National Center for Health Statistics/Centers for Disease Control and Prevention

They isolated the lowest-risk group of mothers, from 20 to 39, who were college-educated, married to college-educated men, had prenatal care in their first trimesters and had no prior miscarriages or stillbirths.

search at George Washington University here, blacks often receive worse care than whites. "When you take black and white Americans," Rosenbaum said, "and exactly the same situation — like being hospitalized for a

and untreated disease.

"Policy that only deals with people in their 50s is going to have a minor impact on eliminating differences, because a series of health shocks has happened already," said James Smith, a senior economist at Rand Corp.

the National Institutes of Health in Bethesda, Md., where it will be used to fund research on topics including heart disease, diabetes and cancer, leading killers of all races and both genders.

The Centers for Disease Control and Prevention in Atlanta would receive $25 million to establish a program to detect diseases early and to promote disease-reducing lifestyles. And the Agency for Health Care Policy and Research in Rockville, Md., is slated for $25 million to study the best ways to get research from the bench to the bedside.

Other highlights of the budget proposal include:

- $75 million to develop and expand national early warning systems for unsafe food and emerging infectious diseases.
- A pilot program to give Medicare patients with cancer the chance to participate in clinical trials.
- Increased funding for states to spread the word about the children's health insurance program, passed last year, which offers health insurance to parents who make too much for Medicaid but whose employers don't offer private coverage.

Disparity in care

The effort to improve minority groups' health also is entering other arenas.

The president's advisory board on race, which has been dwelling mostly on discriminatory barriers to economic opportunity, has begun soliciting testimony on health.

Berwick said he and other members of the health commission were urging the commission to include a proposal to close the gap in the panel's final report in March.

est incidence of asthma.

The CDC reports that in 1996, tuberculosis among Asian-Americans was nearly 15 times higher than among whites and nearly twice the level for blacks.

But as the largest minority group and the one with the highest death rates from most diseases, blacks arouse the most concern among experts.

"There is a minority group that is very disadvantaged with respect to health, and that's African Americans," said Samuel Preston, a demographer and dean of the School of Arts and Sciences at the University of Pennsylvania.

"It's not a minority problem. It's a black problem."

The intractability of the gap is stirring searches for explanations beyond the conventional one of disproportionately low income. Hispanic Americans, too, are relatively poor and are much less likely to have health insurance than any other group. Yet the CDC finds that they stay healthy longer than non-Hispanic whites, as well as blacks.

Research has shown slight, apparently genetic, predispositions among blacks for prostate cancer, sickle cell anemia and low birth weights. But analysts say the major disparities arise less from inherent differences among races than from attitudes toward the races and unequal care.

A study in October in the New England Journal of Medicine suggested something peculiarly American to being black and unhealthy, beyond genes. For the study, two neonatologists in Chicago, Drs. James Collins and Richard David, surveyed the birth weights of all children born in Illinois from 1980 to 1995.

Black males		White males		Black females		White females	
Heart disease	244.2	Heart disease	297.9	Heart disease	231.1	Heart disease	297.4
Cancer	209.1	Cancer	226.1	Cancer	159.1	Cancer	202.4
Human immunodeficiency virus (HIV/AIDS)	61.9	Stroke	48.6	Stroke	60.4	Stroke	76
Homicide	56.3	Unintentional injuries	47.4	Diabetes	36.1	Chronic obstructive pulmonary disease and associated conditions	41.2
Unintentional injuries	56.2	Chronic obstructive pulmonary disease and associated conditions	46.1	Human immunodeficiency virus (HIV/AIDS)	24.5	Pneumonia and influenza	36.6
Stroke	51	Pneumonia and influenza	30.8	Unintentional injuries	22.5	Unintentional injuries	24.4
Diabetes	26.1	Suicide	21.4	Pneumonia and influenza	21.7	Diabetes	23.5
Pneumonia and influenza	25.6	Human immunodeficiency virus (HIV/AIDS)	21.2	Chronic obstructive pulmonary disease and associated conditions	16.8	Alzheimer's disease	11.5
Chronic obstructive pulmonary disease and associated conditions	24.9	Diabetes	20	Kidney disease	12.9	Kidney disease	8.8
Conditions originating in the perinatal period	17.4	Chronic liver disease and cirrhosis	13.2	Conditions originating in the perinatal period	12.7	Blood poisoning	6.8

Sources: 1996 Michigan Resident Death File, Division for Vital Records and Health Statistics; 1995 National Center for Health Statistics/Centers for Disease Control and Prevention

They isolated the lowest-risk group of mothers, from 20 to 39, who were college-educated, married to college-educated men, had prenatal care in their first trimesters and had no prior miscarriages or stillbirths.

The researchers found that 2.4 percent of the 12,361 American-born white mothers delivered underweight babies, compared with 3.6 percent of 608 mothers living in Illinois and born in sub-Saharan Africa, and 7.4 percent for American-born black mothers.

In hospitals and clinics, said Sara Rosenbaum, director of the Center for Health Policy Research at George Washington University here, blacks often receive worse care than whites. "When you take black and white Americans," Rosenbaum said, "and exactly the same situation — like being hospitalized for a heart attack and having the same insurance — the chance that the black patient will get the advanced care is much less than it is for the white patient. The medical system appears to treat them differently."

Analysts say solutions require attention to the health conditions of the very young, before they can be affected by poverty, toxic environments, bad diets, violence and untreated disease.

"Policy that only deals with people in their 50s is going to have a minor impact on eliminating differences, because a series of health shocks has happened already," said James Smith, a senior economist at Rand Corp. who testified this month before the race commission.

Policy goals should also change, said Berwick in Boston.

"It isn't enough to say we're going to close the gap by equalizing services," he said. "I don't think that's the heart of the problem. It's not equality of access. It's equality of result that we should seek."

DONE

SEIU
Leading the Way

May 19, 1998

Sandra Thurman
Director
Office of National AIDS Policy
Washington, DC

Attention: Sarah

Dear Ms. Thurman:

I am writing on behalf of Andrew Stern, International President of the Service Employees International Union, AFL-CIO, to request a meeting with Sandra Thurman to discuss how the use of safer needles can prevent the transmission of HIV to our nation's healthcare workers.

SEIU represents over 1.2 million members, including over 500,000 healthcare workers. Our healthcare members have been deeply committed to providing the compassionate care that AIDS patients need and deserve since the early days of this epidemic. However, on a daily basis, many of these same members face the life-threatening risks posed by preventable needlestick injuries. It is estimated by the CDC that upwards of 800,000 needlestick injuries are reported each year; perhaps an equal number going unreported. As a result, thousands of healthcare workers are occupationally contracting bloodborne diseases including Hepatitis B, Hepatitis C, and HIV. Experts estimate that over one hundred healthcare workers eventually die each year as a result.

It is a greater tragedy that we can easily prevent these injuries, illnesses, and deaths today with existing technology

SERVICE EMPLOYEES
INTERNATIONAL UNION
AFL-CIO, CLC

1313 L Street, N.W.
Washington, D.C. 20005
202.898.3200
TDD: 202.898.3481
www.seiu.org

currently available to every healthcare institution in the country. Safer medical devices have now been on the market for a number of years, and everyone agrees that their purchase would significantly reduce this problem by 80%-90%. However, these safer devices are not getting into the hands of our nation's healthcare workers. Market forces are such that while needle manufacturers are now producing safer medical devices, they continue to produce a much greater quantity of the older inherently dangerous devices. And since the safer devices costs more money, most hospitals and other healthcare institutions will not buy the safer products. The larger needle manufacturers have also entered into questionable agreements with group purchasing organizations (GPOs) which severely restrict a healthcare facility from buying superior safer products produced by a number of the smaller needle manufacturers.

Our International President is interesting in meeting with you to discuss your leadership role on HIV prevention within the White House, and how we can work together to address this very preventable method of HIV transmission.

Please contact me to advise on the availability of Ms. Thurman. I can be reached directly at 202-898-3385.

Thanking you in advance, I am

Sincerely Yours,

Bill Borwegen
Occupational Health and Safety Director

cc Andrew Stern

GOVERNMENT AND PUBLIC RELATIONS

THE Sheridan GROUP

FAX TRANSMITTAL

DATE: 5/11/98

TO: Sandy Thurman

FAX #:

FROM: Tom Sheridan

2 **PAGES INCLUDING COVER SHEET**

1808 SWANN STREET NW • WASHINGTON DC 20009
phone 202.462.7288 *fax* 202.483.1964

PAUL D. COVERDELL
GEORGIA

CONFERENCE SECRETARY

United States Senate

WASHINGTON, DC 20510-1004

CHAIRMAN
WESTERN HEMISPHERE SUBCOMMITTEE
FOREIGN RELATIONS COMMITTEE

CHAIRMAN
MARKETING, INSPECTION, AND PRODUCT
PROMOTION SUBCOMMITTEE
AGRICULTURE COMMITTEE

SMALL BUSINESS COMMITTEE

April 30, 1998

Dear Colleague,

As you know, the Clinton Administration recently considered using taxpayer dollars to fund distribution of free needles to drug addicts. This is an outrage and I have introduced legislation, S.1959, along with Senators Ashcroft and Brownback, to permanently ban the use of federal funds for needle distribution.

A previous temporary ban lapsed March 31, 1998, giving the Secretary of Health & Human Services the authority to fund needle exchange programs. Although the Administration announced it will not fund these programs at present, HHS Secretary Shalala's strong endorsement of needle giveaways raises the possibility that this policy could change in the future. My bill is intended to permanently prevent such a disastrous decision.

The House of Representatives adopted companion legislation (H.R. 3717) by a vote of 287-140 on Wednesday, April 29. These bills prohibit the federal government from spending taxpayer dollars on any program which directly or indirectly distributes sterile needles or syringes for the injection of any illegal drug.

Numerous studies -- including those done by General McCaffrey's Office of National Drug Control Policy -- have concluded that needle exchange programs increase illegal drug use and fail to save lives. In addition, they do not reduce the spread of HIV. A recent study published in the prestigious *American Journal of Epidemiology* confirmed this: drug addicts who participate in needle exchange programs are 2.2 times more likely to contract HIV than addicts who do not participate.

The activity that needle exchanges are designed to facilitate is illegal. It would be inconsistent for us to institute federal policies encouraging drug use while we are renewing our efforts to win the war on drugs. Needle exchange programs undermine the anti-drug message we should be sending strongly and consistently to our children.

Please call Dan McGirt of my office at 4-4812 with any questions. I urge you to support our legislation to permanently ban federal funding of needle exchange programs.

Sincerely,

Paul D. Coverdell
United States Senator

Georgia Cooperative Health Manpower Education Program, Inc.

1826 VETERANS BOULEVARD
CARL VINSON VA MEDICAL CENTER (OOA)
DUBLIN, GEORGIA 31021

Note

FACSIMILE TRANSMISSION

DATE : 5/28 TIME: 2:30 pm

TO : Sabra Thurman or Assistant

AGENCY :

FAX # : 202-456-2439

FROM : Marsha Tyson

GEORGIA CHEP/OFFICE OF EMPLOYEE EDUCATION
CARL VINSON VA MEDICAL CENTER
DUBLIN, GEORGIA
FAX NO. 912/277-2821

Memo 18, 19, & 20th

NO. OF PAGES: 17 (including cover page)

PLEASE NOTIFY IMMEDIATELY IF NOT PROPERLY RECEIVED

REMARKS:

Please notify me at your earliest convenience. Thanks!

912-272-1210 X4704

The Georgia CHEP/Office of Employee Education/Department of Veterans Affairs and the Georgia Department of Human Resources/Division of Public Health

Present.....

Weaving Threads of Hope In The Fight Against HIV/AIDS:

Lessons Of A Decade

October 6, 7, 8, 1997
Jekyll Island Convention Center
Jekyll Island, Georgia

CO-SPONSORED BY:

Georgia AIDS Coalition, Atlanta, Georgia
AIDS Survival Project, Atlanta, Georgia
AIDS Task Force of Alabama, Birmingham, Alabama
Coastal Area Support Team, Inc., Brunswick, Georgia
Southeast AIDS Training and Education Center, Atlanta, Georgia
Augusta VA Medical Center, Augusta, Georgia
Lake City VA Medical Center, Lake City, Florida
Carl Vinson VA Medical Center, Dublin, Georgia
Dade County Department of Health, Miami, Florida
Comprehensive AIDS Resource Encounter (CARE), Jesup, Georgia
Magnolia-Coastlands Area Health Education Center, Statesboro, Georgia
Project CHALENG for Veterans, Dublin, Georgia
Southern Center for Continuing Education
Georgia Southern University, Statesboro, Georgia
AID Atlanta, Atlanta, Georgia

IN COOPERATION WITH...
Pfizer • Glaxo-Wellcome • Astra-Merck • Searle • Purdue-Frederick

FEATURING

The Names Project AIDS Memorial Quilt
Jim Howley, HIV-Positive Triathlete

Harold Kaiser, M.D.
Sandra Dillman, Ph.D.
Matthew Goetz, M.D.
Barbara Aranda-Naranjo, RN, MSN
Claire Hicks, M.D.
Ronald Valdiserri, M.D.
Michael Burke, M.D
The Extended Outreach Coalition

With
Daniel Baxter, M.D.
Author of *The Least of These My Brethren*
Plus 23 Additional Outstanding Presenters

Jim Howley

Jim Howley's life has pretty much been a sink or swim proposition. He sank for a while—swept up in a whirlpool of drugs, alcohol, cigarettes, and despair after testing positive for HIV which had been contracted through sexual contact about 12 years ago. In 1988, he joined Alcoholics Anonymous and never looked back on his period of substance abuse. But in 1989, Howley's life took another precarious turn when he was diagnosed as having full-blown AIDS and given 18 months to live. At that point though, rather than slipping back into his former self-destructive ways, Howley decided to make the most of what life he had left. It was the news that he had full-blown AIDS that led Howley to turn his life around through swimming, biking, and running. He began competing in triathlons, and through training for and completing races as a personal challenge, he found a way to defy what he regarded as a death sentence. The 35-year old is now an active triathlete and is the first known person with AIDS ever to complete the Hawaii Ironman Triathlon (consisting of a 24-mile ocean swim, 112-mile bike ride, 26.2-mile run). Today, Howley swims more than 2 miles every day. He also runs about 45 miles per week and bikes another 150-200. Of course, Howley went through events in his life far more grueling than Ironman. In recent years, he has overcome non-AIDS-related testicular cancer and CMV, a disease that often affects AIDS patients and can cause blindness and death. Howley is functioning—for the most part—without an immune system, and as part of his medication regimen, he must swallow 60 pills a day and take four injections every week. Still, Howley continues his work counseling other AIDS patients and has formed an organization called "AIDS", Athletes Instead of Depression and Sickness. He is also currently pursuing a master's degree in clinical psychology and giving motivational seminars trumpeting the benefits of exercise. In a sink or swim world, Jim Howley definitely emerges as a swimmer.

Daniel Baxter

"Shatteringly affecting recollections.....expert and ennobling" was how Publishers Weekly reviewed The Least of These My Brethren, authored by Daniel Baxter, M.D. It is the AIDS story of American's poorest citizens—the story that no one has written about so far—told with penetrating insight and compassion that has already gathered critical praise prior to its April 1997 publication. As epic as Randy Shilts' And The Band Played On, Dr. Baxter's compelling vision of what AIDS should mean to us at the approach of the millennium expands the present boundaries of AIDS literature and encompasses themes not brought together before:

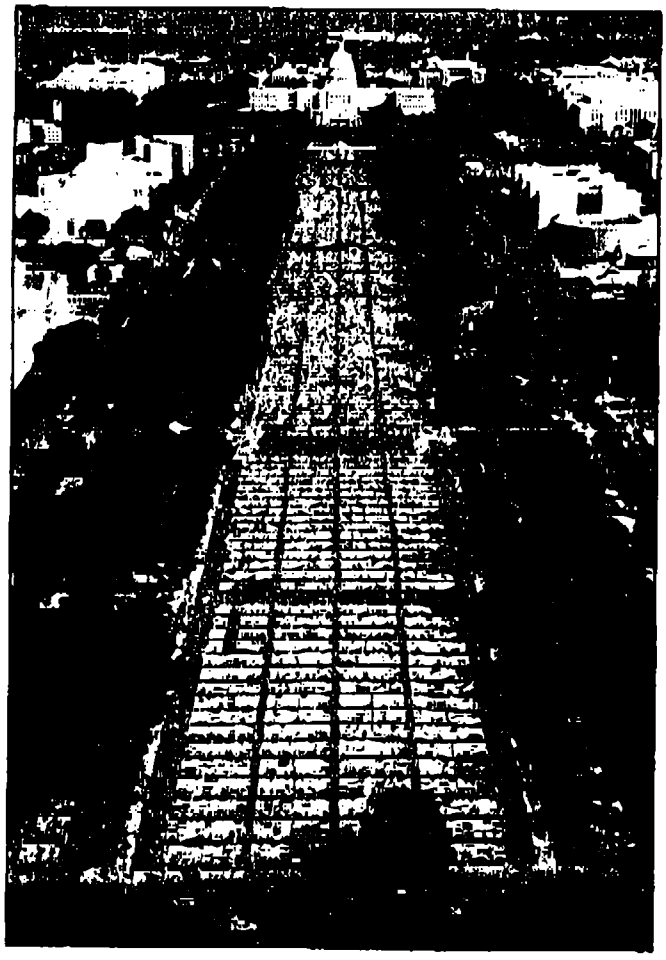
> How life-affirming lessons can unfold in the unlikeliest of settings: a squalid AIDS ward in a neglected New York City hospital that is the last resort—and often the last stop—for the forgotten poor; How there is a human face to those people with AIDS most affected by "welfare reform" and government "downsizing"—too often code words for turning our backs on the less fortunate; How death need not be the fearsome adversary many of us encountered in Dr. Sherwin Nuland's How We Die.

With the keen observation of Dr. Abraham Verghese in My Own Country, Dr. Baxter challenges us to reexamine the meaning of love and suffering through his extraordinary experiences on his inner-city ward, his crucible of despair and hope.

Dr. Baxter is a graduate of Ohio State University and the University of Pennsylvania School of Medicine, and he did his residency at University Hospital of Cleveland. Currently, he practices at an AIDS skilled nursing facility in the Bronx New York and travels the country sharing his message and weaving threads of hope in the continued fight against AIDS.

As we went to press, Mayor Willie Brown of San Francisco asked that we express to conference participants his regrets that he would be unable to join us at this year's conference. He wishes for our participants a successful and uplifting conference and hopes to join us at some future educational offering.

The Names Pro'ect A DS Memorial Qui t



In June of 1987, a small group of strangers gathered in a San Francisco storefront to document the lives they feared history would neglect. Their goal was to create a memorial for those who had died of AIDS, and to thereby help people understand the devastating impact of the disease. Today, ten years later, The NAMES Project AIDS Memorial Quilt is a powerful visual reminder of the AIDS pandemic. More than 40,000 individual three-by-six-foot panels—each one commemorating the life of someone who has died of complications related to AIDS—have been sewn together by friends, lovers and family members. The NAMES Project Foundation coordinates displays of portions of the Quilt worldwide. We, the sponsors of this annual AIDS conference, find it fitting that this extraordinary hand-made memorial—created during the last ten years—occupy a place of honor at this year's event—"Weaving Threads Of Hope In The Fight Against AIDS: Lessons Of A Decade."

The National High School Quilt Program:

The National High School Quilt Program enables high schools across the country to display up to 32 panels from the AIDS Memorial Quilt Free of charge to enhance locally determined HIV/AIDS education activities in the schools. This program, designed to augment local district approved HIV prevention curricula, provides multi-disciplinary lesson guides for teachers, student guides, videos, books, posters, installation guides and education guides. High schools form a Quilt Display Team organized and led by students to conduct AIDS awareness activities. Through evaluations from over 250 schools, the National High School Quilt Program has proved to be effective in strengthening HIV prevention programs. This has been accomplished by using the the Quilt's unique ability to make AIDS real, humanizing the epidemic beyond the statistics, starting a dialogue about AIDS in and out of the classroom, and inspiring behavior change in young people.

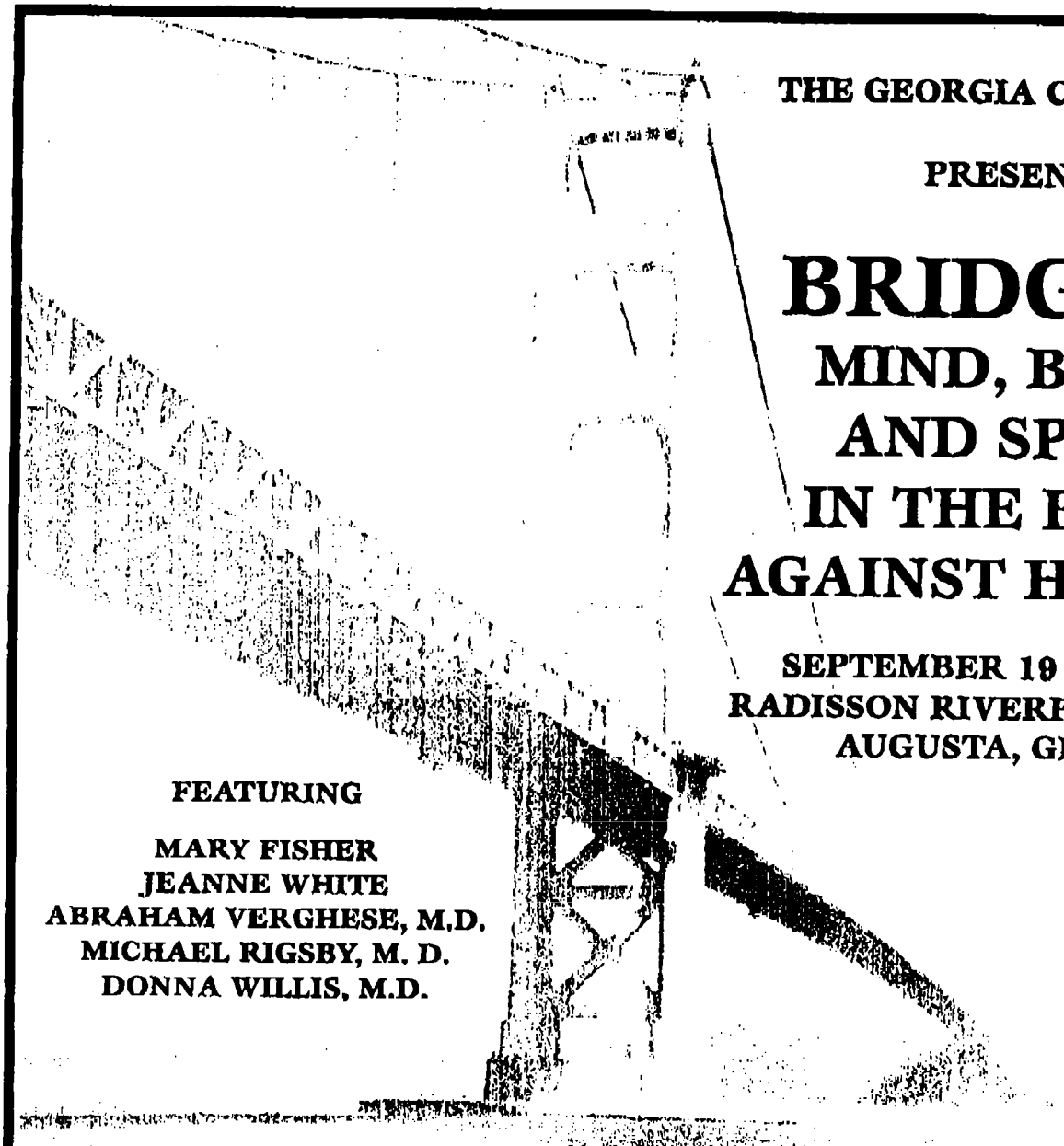
Conference Overview

In this, our Eleventh Annual AIDS Conference, we are placed in the remarkable position of being able to communicate real messages of hope to health care providers as well as to the PWAs who attend our educational offering each year. The past two years saw enormous changes and advances in our understanding and treatment of HIV and AIDS. Many researchers now predict with confidence that HIV/AIDS should not be viewed as an immediate death sentence, rather, the disease may now be viewed with the hope of long-term chronic management. It is our desire to provide a forum whereby those who work with and are affected by the epidemic and its new direction may come together for discussion, information, and dialogue. Our theme honoring the Names Project Memorial Quilt—"Weaving Threads of Hope in the Fight Against HIV/AIDS: Lessons of a Decade", reflects this new and hopeful perspective.

This extraordinary three-day event will provide a broad range of HIV/AIDS health care, education, and service providers with the information they need to reshape the existing systems in response to a changing epidemic. Even while we embrace the notion that significant progress has been made, we realize the fight is not over. In some ways this is a time of relief and reassurance for providers, clients and families, but it is also a time of new fears, risks and uncertainties. Together we must all renew our commitment to continue the fight by looking back at what we have learned together during the last decade and then by looking ahead to the new spirit that is sweeping the AIDS community. This unique educational event will give all of us the opportunity to do just that.

Target Audience

This conference is designed for professionals to include nurses, physicians, physician assistants, homeless providers, dietitians, physical therapists, respiratory therapists, health educators, allied health and mental health professionals, clergy, school counselors, teachers as well as parents, community leaders, and others responding to the challenges of HIV/AIDS.



THE GEORGIA CHEP/AHEC

PRESENTS

BRIDGING
MIND, BODY, AND SPIRIT IN THE FIGHT AGAINST HIV/AIDS

SEPTEMBER 19 & 20, 1996
RADISSON RIVERFRONT HOTEL
AUGUSTA, GEORGIA

FEATURING

MARY FISHER
JEANNE WHITE
ABRAHAM VERGHESE, M.D.
MICHAEL RIGSBY, M. D.
DONNA WILLIS, M.D.

Co-Sponsored By
Carl Vinson VA Medical Center, Dublin, Georgia
Atlanta VA Medical Center, Decatur, Georgia
Augusta VA Medical Center, Augusta, Georgia
Project Inform, San Francisco, California
Atlanta AIDS Information Hotline, Atlanta, Georgia

A Special Thanks To
The Augusta/Richmond County
Convention and Visitors Bureau

Ryan and Jeanne White

One week before Christmas in 1984 Jeanne White-Ginder was told that her son Ryan, a hemophiliac, had contracted AIDS from a tainted blood product. Although the doctors gave him only six months to live, Ryan's outlook was positive, and he was determined to live a relatively normal life. He wanted to stay in school, and Jeanne was determined to give her son his dream. What seemed like a small wish turned into a nightmare when the Whites' hometown, frightened and uneducated on the realities of AIDS, abused the family and refused to allow Ryan back to school. Jeanne turned to the court system, and the newswires grabbed on to the story. Ryan became a reluctant international celebrity, and Jeanne became an educator of the masses. Jeanne and Ryan eventually moved to another town and his dream was realized when he returned to school, became an honor roll student, and earned a driver's license, but his health was rapidly deteriorating. On Sunday, April 8, 1990, five and a half years after he was diagnosed with AIDS, Ryan White died. Since that time Jeanne has spoken before numerous groups all over the country and serves as Founder and President of the Ryan White Foundation, a non-profit organization that seeks to educate teens and adolescents on the personal, family, and community issues related to HIV/AIDS. Jeanne's hope is that through Ryan's name and her efforts she will create a legacy of understanding, acceptance, and love.

Mary Fisher

Before speaking in Houston at the 1992 Republican National Convention, Mary Fisher had been a successful television producer and an Assistant to the President of the United States (The Honorable Gerald Ford). She had become a nationally recognized artist and the mother of two healthy sons: Max, now 8, and Zachary, now 6. When she left Houston - following an address that stunned millions around the world - she had a new role as ambassador of compassion in the fight against AIDS. In 1992 Ms. Fisher founded the Family AIDS Network Inc., a national nonprofit organization to heighten community and national awareness and compassion, and in this role she makes more than 100 appearances and addresses annually throughout the nation. Ms. Fisher is frequently cited and featured in print and broadcast media. She has been recognized with a variety of honors and awards, and is the recipient of three honorary doctorate degrees. In an address in Pittsburgh, Pennsylvania in 1994 Mary Fisher stated, "I'm convinced, based on my experience and that of thousands I've met, that grief can be the instrument by which we come to grace; that sickness can be the vehicle we ride to new depths of self-discovery or charity toward others; that pain and loss and grueling anxiety can be the pathway by which we come to rock-hard certainty about our own purpose. Of course it isn't the pathway I'd choose. But we don't make the choices."

Conference Schedule

Wednesday, September 18, 1996

4:00 p.m. Sign-In/Packet/Pickup (Optional)
6:00 p.m. End Early Sign-In

Thursday, September 19, 1996

7:30 a.m. Continental Breakfast/Exhibit Hall/Sign-In Packet Pickup
8:45 a.m. Welcome/Announcements
Senator Charles W. Walker, 22nd District
Marsha G. Tyson, Conference Coordinator
Charles Lang, III, Georgia CHEP/AHEC Executive Director
9:00 a.m. Building Bridges to Continue the Journey: The Ryan White Legacy
Jeanne White-Ginder, Mother of Ryan White; Founder and President of the Ryan White Foundation
10:00 a.m. Break and Book Signing by Jeanne White-Ginder
10:30 a.m. Improving the Outlook: Recent Advances in Medical Management of HIV
Michael O. Rigsby, MD, Assistant Professor, Department of Internal Medicine, Yale University School of Medicine, Staff Physician/Director HIV Care Program, West Haven Connecticut VA Medical Center
12:00 noon Lunch (On Your Own)
1:30 p.m. Concurrent Sessions

A. The ABCs of HIV: Understanding Basic Pathophysiology
Janet Briggs, MSN, RN, FMNP, Nurse Practitioner/Clinical Nurse Specialist, Infectious Diseases, Department of Veterans Affairs Medical Center, Cleveland, Ohio; Adjunct Clinical Faculty Kent State University School of Nursing, Kent, Ohio; Volunteer Early Intervention Program, Free Medical Clinic for HIV-Positive Patients, Cleveland, Ohio; Who's Who in American Nursing; Hands and Heart Award

B. Examining the Psychosocial Aspects of HIV-Positive Patients
Joseph Shannon, PhD, Licensed Psychologist, Private Practice, Columbus, Ohio; Specializes in Treatment of Patients with Addictive and Co-Addictive Disorders; Appears on Nationally-Televised Programs including CBS This Morning and PBS Viewpoint

C. Preventing HIV Infection in Substance Abusers
L. Susan Ford, NCAC II, CCS, Licensed Practical Nurse; Certified Addiction Counselor; National Certified Addiction Counselor; Certified Clinical Supervisor; Certified AIDS Counselor; Employed by Pineland Mental Health Substance Abuse and Willingway Hospital, Statesboro, Georgia; President-Elect Georgia Addiction Counselors Association(GACA); TRAC (Training, Referral, Assessment, Consultation) Services President

D. Through the Heart: Creative Activities for Learning About HIV/AIDS
Phyllis Wezeman, MS in Education; President of Active Learning Associates, Inc.; Executive Director of the Parish Resource Center of Michigan; Author or co-author of over 375 books and articles on creative approaches to education and positive activities for peacemaking, including Creating Compassion: Activities for Understanding HIV/AIDS which was awarded the "Best Health Book of 1995" by the Midwest Publishers Association

E. Called to Compassion: Meeting the Spiritual Needs of the AIDS Patient
Larry Harris, Pastor, Old Bethel Baptist Church, Jesup, Georgia; Guest on Ted Koppel's "Nightline" February 29 and March 1, 1996 where he outlined his own personal experience with AIDS through the loss of his son May 17, 1995

F. Removing the Fear: Working Confidently With the HIV-Positive Patient
Sandra M. Hillman, PhD, RN, Assistant Professor, School of Nursing, Medical College of Georgia, Augusta, Georgia; Owner and President, Hillman International Consulting; Former consultant in Bermuda for Inpatient Hospice Facility For AIDS Patients; Listed in Who's Who in International Medicine, Who's Who Among American Nurses and Who's Who Among American Women

3:00 p.m. Break
3:30 p.m. Repeat Above Concurrent Sessions
5:00 p.m. Adjourn

Friday, September 20, 1996

8:00 a.m. **Continental Breakfast/Exhibit Hall**

9:00 a.m. **My Own Country: A Doctor's Story of a Town and People in the Age of AIDS**
Abraham Verghese, MD, Chief, Infectious Disease, Texas Tech Medical Center, El Paso, Texas

10:00 a.m. **Break and Book Signing by Abraham Verghese**

10:30 a.m. **Building Bridges Over Controversy: Addressing the Challenges of Women in High Risk Groups**
Donna L. Willis, MD, MPH, Internist, Instructor with the Department of Medicine, Medical Researcher, Johns Hopkins University School of Medicine; Founder, "Breath of Life/Heart,Body, and Spirit"; Medical News Correspondent, NBC TV, The Discovery Channel, The Learning Channel

11:30 a.m. **Lunch (On Your Own)**

12:30 p.m. **Concurrent Sessions**

G. **Cross-Cultural Counseling: Understanding and Appreciating Differences**
L. Susan Ford, NCAC II, CCS, Pineland Mental Health; Willingway Hospital, Statesboro, Georgia

H. **Establishing Mentoring/Youth Programs for HIV Prevention**
W. Mary Langley, MPH , Instructor, Morehouse School of Medicine, Department of Community Preventive Medicine, Atlanta; Program Director for High Risk Youth Grant funded by Center for Substance Abuse Prevention; Former Director Continuum Alliance for Healthy Mothers and Children and New Life Project, Atlanta

I. **Mind and Body Medicine: New Aspects in Alternative Healing for AIDS Patients**
Pat Robinson, BS, RN, RN-C; Nurse Practitioner in Family Planning and Women's Health Care; Certified HIV Counselor; Certified CCU Nurse; National presenter on programs dealing with the continuum of mind with body and promotion of healing of the soma as well as treatment of illness

J. **How Managed Care Has Affected the Fight Against AIDS**
Anne Donnelly and David Lewis, Project Inform, San Francisco, California; Co-authors "HIV Infection and Managed Care" published December 1995; Anne Donnelly, BA, is the Public Director at Project Inform, one of the United States most influential AIDS treatment information and advocacy organizations. Ms. Donnelly has coordinated Project Inform policy initiatives such as the Future Directions in AIDS Research meetings sponsored in conjunction with Harvard AIDS Institute and the University of Wisconsin at Madison. Ms. Donnelly also assisted with the founding of Treatment Action Network (TAN), one of the most responsive, effective and largest AIDS research grassroots policy teams. TAN currently has over 1000 members in 48 states.
David Lewis has BA and Masters degrees, and worked for 12 years as a non-profit library and museum director in the Midwest and in Massachusetts. Since being diagnosed with AIDS 9 years ago, David has lived in San Francisco and worked as an AIDS activist. During that time he served as a benefits counselor to people with HIV/AIDS, campaigned for health care reform initiatives in California, was a member of Act Up for several years, and was appointed by the California Insurance Commissioner to serve on two task forces charged with investigating discrimination against PWA's. For the past four years David has volunteered in the Public Policy Department of Project Inform.

K. **Putting It All Together: Outcomes Management in Late Stage Disease**
David R. Haburchak, MD, FACP; Associate Professor of Medicine, Medical College of Georgia, Department of Medicine, Section of Infectious Diseases, Augusta, Georgia; Former Chief, Infectious Disease Service, Eisenhower Army Medical Center; Former Chairman, Augusta Area Council on AIDS; Active in medical missions to Kasakhstan, USSR (1991), Irkutsk and Omsk, Russia, Pavlodar Kazakhstan (1992), Penza, Russia (1993); Popular presenter for annual Augusta Area Teacher's Workshops "AIDS: The Role of Teachers" and "Clinical Manifestation of AIDS"

L. **Care Parameters of HIV in the Long-Term Care Setting**
Janet M. Briggs, MSN, RN, FMNP, VA Medical Center, Cleveland, Ohio

2:00 p.m. **Break**

2:30 p.m. **Repeat Breakout Sessions**

4:00 p.m. **My Name Is Mary**
Mary Fisher, Founder, Family AIDS Network, Inc., Author, Sleep With the Angels and I'll Not Go Quietly, and her newest book published in January 1996, My Name is Mary: Former Assistant to President Gerald Ford

5:00 p.m. **Book Signing by Mary Fisher/Awarding of Certificates**

The Georgia/Alabama Rural Institute on HIV/AIDS

Under the Joint Sponsorship of

The Georgia CHEP/AHEC in Dublin, Georgia and The Tuskegee CHEP/TAHEC in Tuskegee, Alabama

presents

Learning To Live With HIV/AIDS: *Rural Communities Meeting the Challenge*

August 13 - 15, 1995

Callaway Gardens Resort, Pine Mountain, Georgia

Featuring

Greg Louganis, Gold Medal Olympic Diver

Sunday Evening, August 13, 1995

"Breaking The Surface: Learning To Live With AIDS"

Athos Menaboni Convention Center

5:30 p.m. - 6:30 p.m.

Reception

Following Mr. Louganis' presentation, there will be a reception for all conference attendees and exhibitors from 6:45 p.m. to 8:30 p.m. on the Gardens Patio and in the Menaboni Center. Hors d'oeuvres and non-alcoholic beverages will be served. Dress for the entire conference is resort casual.

CONFERENCE SCHEDULE

Sunday, August 13, 1995

Athos Menaboni Convention Center
Plenary Session

3:00 p.m.	Sign-In/Packet Pickup
5:15 p.m.	Welcome/Announcements Marsha G. Tyson, Conference Coordinator Charles Lang, III, Georgia CHEP/AHEC Executive Director
5:30 p.m.	Breaking the Surface: Learning to Live With AIDS Greg Lougaris
6:45 p.m.	Hors d'oeuvres/Non-Alcoholic beverages Networking/Exhibit Hall - Gardens Patio and Menaboni Center
8:30 p.m.	Adjourn

Monday, August 14, 1995

Athos Menaboni Convention Center
Plenary Session

7:45 a.m.	Coffee/Exhibit Hall/Sign-In
8:45 a.m.	Welcome/Announcements Marsha G. Tyson, Conference Coordinator Sceiva Holland, Tuskegee CHEP/TAHEC Director Charles Lang, III, Georgia CHEP/AHEC Executive Director
9:00 a.m.	Rural America Confronts AIDS Martha M. McKinney, Ph.D. Chief, Program Evaluation and Epidemiology Branch Bureau of Health Resources Development Health Resources and Services Administration Rockville, Maryland
10:15 a.m.	Break/Exhibit Hall
10:45 a.m.	The Invisible Epidemic: Adolescents and HIV/AIDS Andy Humm, M.P.H. Director of Education Hetrick-Martin Institute New York, New York
12 noon	Lunch (Served in the Convention Center)
1:30 p.m.	Women and HIV: A Growing Epidemic in Rural Communities Carol Dukes, M.D. Assistant Professor of Medicine Duke University Medical Center Senior Staff Physician Durham VA Medical Center Durham, North Carolina
2:45 p.m.	Break/Exhibit Hall
3:15 p.m.	My Own Country: A Doctor's Story of a Town and Its People in th e Age of AIDS Abraham Verghese, M.D. Chief, Infectious Diseases Texas Tech Medical Center El Paso, Texas
4:15 p.m.	Book Signing - Dr. Verghese - My Own Country, Vintage

CONFERENCE INFORMATION

The conference facilities are fully accessible to persons with disabilities. Lodging for handicapped participants is available upon request, and services will be made available to hearing/sensory impaired individuals attending the conference if requested at least three weeks prior to the conference. Please indicate your needs on the registration form or call Marsha Tyson at 912-277-2704.

If your office needs to reach you during the conference, the following numbers should be used: Menaboni Center Lobby - 706-663-2281 ext. 5351 (Sunday and Monday); Callaway Conference Center Lobby - 706-663-5127 or Pine Mountain Chalet - 706-663-2211 (Tuesday). You may receive faxed information at the Business Center located between the Photo Shop and the Sales and Conference Center Office at 706-663-8114.

Babysitting services are available by calling Guest Services at 706-663-2281. You will need to tell the representative the date and time a sitter should arrive as well as how many children will require these services. These arrangements should be made prior to the conference, if possible.

Additional information will be provided in the program packet you will receive upon sign-in at the conference including locations of concurrent sessions, a listing of exhibitors, names and locations of area restaurants, and much more.

Dress for the entire conference is resort casual.

CONTINUING EDUCATION CREDITS

NOTE: The hours listed below are for the entire conference. If you attend only a portion of the conference, hours will be pro-rated accordingly.

As an organization accredited for continuing medical education, the Carl Vinson VA Medical Center, Georgia CHEP/AHEC/Office of CME designates this continuing medical education activity for 10.25 hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

This program has been approved for 12.3 contact hours through the Georgia CHEP/AHEC of the Carl Vinson VA Medical Center by the Georgia Nurses Association, Inc. (GNA), which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center Commission on Accreditation (Offering NO. 16808).

This program has been approved for 10.25 hours in the area of Patient Care for the Georgia State Board of Nursing Home Administrators (GSBNHA).

Application has been made to award 10.25 contact hours through the Georgia Chapter of the National Association of Social Workers (NASW).

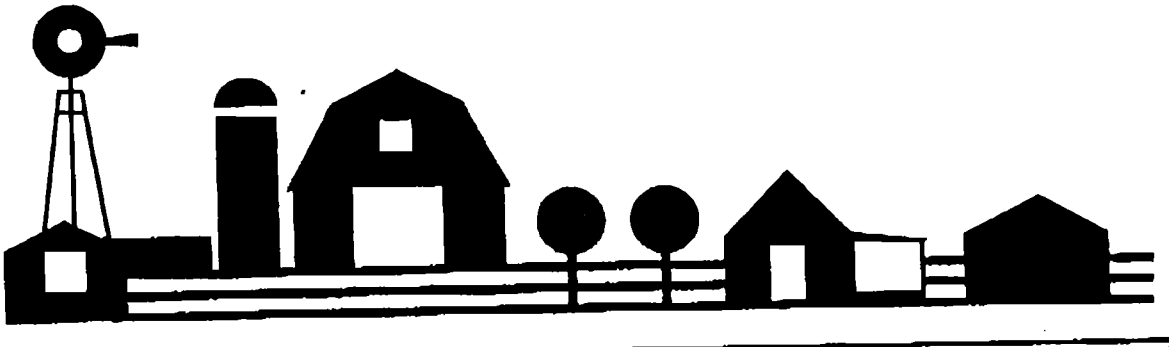
Application has been made to award 10.25 CRECE - Category 1 contact hours through the American Association for Respiratory Care (AARC).

Application has been made to award 10.25 contact hours through the Georgia Mental Health Counselors Association (GMHCA).

Application has been made to award 10.25 contact hours through the Georgia Addiction Counselors Association (GACA).

This program has been approved for 10.25 hours by the Georgia Board of Dentistry.

These program approvals require that participant certificates be issued only upon completion of conference.



Presented by...

The Georgia CHEP Office of Employee Education

Department of Veterans Affairs;

The Magnolia Coastlands Area Health Education Center;

The Comprehensive AIDS Resource Encounter, Inc. (CARE)

In Cooperation with...

The Southeast Health Unit

AID Atlanta

Southern Center for Continuing Education

Georgia Southern University

Carl Vinson VA Medical Center

Hospice of Southeast Georgia

Hospice Altamaha

Hospice of Coastal Georgia

Purdue Frederick

Featuring...

Mamie McCullough

Lynn Muller, M.Div.

Tyler Cassity, M.D.

Marilyn Webb

Exploring the JOURNEY to Life's End

A Conference on Death & Dying

MARCH 26-28, 1998

JEKYLL ISLAND CONVENTION CENTER
JEKYLL ISLAND, GEORGIA

CONFERENCE SCHEDULE

Thursday, March 26, 1998

7:30 a.m. Sign-In/Packet Pickup/Coffee/Exhibit Hall

8:15 a.m. Welcome/Announcements
Marsha Tyson, Educational Specialist, Educational Service Representative, Network 9, Department of Veterans Affairs
Charles Lang, III, Director, Georgia CHEP, Inc., Educational Service Representative, Network 7, Department of Veterans Affairs

9:00 a.m. How to Find Humor at a Time Like This, **Mamie McCullough**, President and Founder, Mamie McCullough and Associates, Dallas, Texas; Author of *I Can, You Can Too!, Get It Together and Remember Where You Put It* and *Mama's Rules for Livin'*

10:00 a.m. Break/Book Signing

10:30 a.m. Concurrent Sessions

A. Legal Issues and Advance Directives, **Robert W. Bush**, J.D., Managing Attorney of the HIV/AIDS Legal Project, Savannah Regional Office of Georgia Legal Services

B. Understanding Effective Pain Management, **Michael Brescia, M.D.**, Medical Director, Calvary Hospital, Bronx, New York

C. The Importance of Spirituality and Caregiving, **Kenneth Doka, Ph.D.**, Professor, Graduate Gerontology Program, College of New Rochelle, New Rochelle, New York

D. Dying Is a Family Affair, **Susan J. Levy, M.Ed.**, Psychotherapist, Licensed Marriage and Family Therapist

E. Working with Grieving Children, **Alyson Levy, M.S.**, Group Supervisor/Case Manager AID Atlanta; **Maestro Evans, MSW**, Group Manager, AID Atlanta

F. Understanding Complicated Grief, **Paul R. Bronner**, Executive Director, Jacob Perlow Hospice, Beth Israel Health Care System, New York

G. Examining the Tasks of Dying, **Thomas Votaw, Ph.D.**, Staff Psychologist, Carl Vinson VA Medical Center, Dublin, Georgia

12:00 Lunch/Round Table Discussions

1:30 Concurrent Sessions

H. The Effective Use of Humor in Gray Situations, **Mamie McCullough**

I. Strings of Solace: Music Vigils for the Dying, Sue Moore, Certified Music Thanatologist, Graduate of the [illegible] of the Chalice of Repose Project in Missoula, Montana, [illegible] two-year resident program founded by [illegible] Sheker. Affiliated with Hand-In-Hand Hospice in Gainesville, Georgia, Ms. Moore has provided over 300 music vigils for dying patients

J. 12 Steps to Dealing with Multiple Loss, **Lee Kearney, M.A.**, Founder and President, AIDS and Substance Abuse Speakers Network; Counselor, Charter Anchor Hospital, Atlanta; Faculty, Florida School of Addictions (Internet HIV Program)

K. Understanding the Psychological Aspects of Grief and Their Treatment Modalities, **Thomas Votaw, Ph.D.**, Staff Psychologist, Carl Vinson VA Medical Center

In planning this unique conference, we gathered together physicians, hospice staff, nurses, ministers, legal experts, pain specialists, financial planners, and health educators to lend their expertise concerning the complex issues surrounding the end of life.

CONFERENCE OVERVIEW

All of us experience grief and loss, both in our personal lives and through the clients we serve. As we embark on the journey to life's end—and face our own mortality—we must choose a path. Will the course we choose be a path to enlightenment, or a descent into darkness? In this our First Annual conference on Death and Dying, we will explore the tools that will enable participants to gain a new understanding of death, dying, and the grief process.

Medical science has progressed to the point that many people fear not death itself, rather they fear how to ensure that they die with dignity and that their loved ones are prepared. The grieving process, too, is being reshaped as we learn more about the issues surrounding death. What can we learn about living from the dying? Why does the knowledge of having a life-threatening illness ennoble some people, yet defeat others?

Whether we approach these questions from a personal or professional view, all of us require assistance in developing the skills needed to cope with loss. In planning this unique conference, we gathered together physicians, hospice staff, nurses, ministers, legal experts, pain specialists, financial planners, and health educators to lend their expertise concerning the complex issues surrounding the end of life. Forty-seven compelling sessions will be presented by over thirty knowledgeable faculty. Together we will laugh—and cry. But, more importantly, we will all come away with a new outlook of comfort, hope, and healing to share with others.

All of us experience grief and loss, both in our personal lives and through the clients we serve. As we embark on the journey to life's end—and face our own mortality—we must choose a path. Will the course we choose be a path to enlightenment, or a descent into darkness?

These are just a few of the highlights of our conference:

Review "12 Steps to Dealing with Multiple Loss" with Lee Kearney and learn to look for signs, signals, and opportunities that present themselves to guide us through the healing process.

Discover "How to Find Humor at a Time Like This!" with Mamie McCullough and learn how to cultivate a positive mental attitude that will lend power and strength in the darkest of situations.

Recognize the need to address the practical matters of illness and death with Bryan Freeman in "Assisting Clients with Financial Planning and Viatical Settlements," and with Caryl Fallaw in discussing wills, probate court, and death certificates in "The Business Side of Grief."

Understand cultural diversity with Catherine Harper and examine various customs and rituals surrounding dying, grieving, burial and life after death with Gary Byrd.

Explore the future of hospice care with Samira Beckwith, Immediate Past Chair of the National Hospice Association.

and

Network with professionals from all over the Southeast at the plenary sessions, during the concurrent workshops, in the exhibit hall and refreshment areas, and during the round-table luncheon session on Thursday.

THE GEORGIA CHEP/AHEC
OF DUBLIN, GEORGIA
AND
THE COMMUNITY MENTAL
HEALTH CENTER
OF MIDDLE GEORGIA

present

"HELPING FAMILIES COPE WITH A CHANGING WORLD"

May 16 and 17, 1996

Plenary Sessions/Registration
Theatre Dublin
314 Academy Avenue
Dublin, Georgia

featuring

JOYCE BROTHERS, Ph.D.

For 30 years Dr. Joyce Brothers has been the Dean of American Psychologists. Possessing limitless energy and vitality, Dr. Brothers, who is an NBC Radio Network personality, is also a noted psychologist, columnist, author, business consultant, wife and mother. Recognition of her significant activities and outstanding influence has come from many quarters. For six years Dr. Brothers has been listed in George Gallup's poll of the "most admired women". A United Press International Poll named her one of the most influential American women, and a survey conducted by the Greenwich College Research Center listed her among the 10 most admired women by college students. Still another poll, conducted by Good Housekeeping magazine to find "Women in the World Most Admired By Women" ranked Dr. Brothers in a 10th place tie with Golda Meir of Israel. With organizational skills that could evoke favorable comment from the most fastidious time-and-motion expert, Dr. Brothers is able to pursue her other careers simultaneously. She is a regular columnist who is published in more than 350 newspapers, and her books have been translated into 26 languages. As a consultant to the business world, Dr. Brothers creates and performs in films and seminars designed for corporate personnel training programs. She has been a frequent guest on several network television programs including NBC-TV's "Tonight Show", "Mike Hammer", "Moonlighting", "Mr. Belvedere", "Melrose Place", and various panel shows. Dr. Brothers is a news commentator for "USA Today" on TV and CBS-TV News in Los Angeles. For six years she was a member of the faculties of Hunter College and Columbia University in New York City and now is a frequent guest lecturer at universities across the country. Dr. Brothers is a graduate of Cornell University and received her Ph.D. from Columbia University. She was married to the late Dr. Milton Brothers, an internist, and they have one daughter, Lisa, who resides in New York City.

Heart of Georgia Council on Aging, Inc.
McRae, Georgia

Central Cooperative Regional Prevention Resource Center
At
The Middle Georgia Council on Drugs
Macon, Georgia

Helpline Georgia
Warner Robins, Georgia

Georgia Baptist Children's Home and Family Ministries, Inc.
Atlanta, Georgia

Christ Episcopal Church, Dublin, Georgia
First Baptist Church, Dublin, Georgia
First United Methodist Church, Dublin, Georgia
First African Baptist Church, Dublin, Georgia
Dublin Parks and Recreation Department
Jefferson Street Baptist Church, Dublin, Georgia

This comprehensive two-day conference will provide you a unique opportunity to explore the dynamics of today's American family. Gone are the days of the "typical" nuclear family - by the end of this century single-parent families and blended families will outnumber traditional families by a wide margin. This conference will examine the problems that all of us face as counselors, clergy, therapists, educators, social workers, and family members, and will provide strategies for strengthening family systems. Together we will foster an understanding of the complex internal and external relationships within American families and will gain valuable insight into ways to revitalize and reinforce our commitment to the family unit.

We will kick off our conference in the newly-renovated Theatre Dublin in Downtown Dublin with a dynamic presentation by the world-famous Dr. Joyce Brothers. Eighteen other experts will help you develop a clear understanding of the mental health status and the mental health needs of the American family. These exciting concurrent sessions will be held at area churches within walking distance of the Theatre.

Here's just a sample of the highlights of our conference:

"Bioethics and Family Issues" with Bruce Corsino, PsyD. and learn how to reduce pain and protect the treatment choices and life savings of your loved ones. This fast-paced three-hour session will meet the ethics requirements for nursing home administrators and mental health professionals.

"Cultural Competence" with Gary Byrd, M.Ed., CACII, and gain insight on how to work effectively with families from diverse populations.

"Child Abuse and Neglect" and address collaboration issues with Curt Holmes, Ph.D. Gain skills for detecting and assessing suspected abuse and identify strategies for addressing this abuse.

To the world of "Cinderella and Her International Sisters" and explore with Catherine Meeks, Ph.D. and Mary Ann Carswell, Ph.D., a master storyteller, the dynamics of today's blended family. Understand the bonds, boundaries and stumbling blocks step families face and review the developmental passages which blended families encounter in their journey.

With mental health professionals from all over the Southeast at the plenary sessions, during the concurrent workshops, in the exhibit hall and refreshment areas and during the complimentary lunch provided each day.

Georgia Cooperative Health Manpower Education Program, Inc.

1826 VETERANS BOULEVARD
CARL VINSON VA MEDICAL CENTER (OOA)
DUBLIN, GEORGIA 31021

May 28, 1998

Sandra Thurman, Director
Office of National AIDS Policy
Washington, D.C.

Fax: 202-456-2439

Dear Ms. Thurman:

On behalf of the staff and Board of Directors of the Georgia CHEP, Inc., I would like to invite you to serve as a keynote presenter at our twelfth annual AIDS Conference November 18, 19 and 20, 1998. This year's event will be held at the Classic Center in Athens, Georgia, and we expect about 800 participants.

If you are available, we would ask you to give an hour-long update on the national perspective on AIDS from 10:30 to 11:30 a.m. on Thursday, November 19. Other keynote presenters who have confirmed are Kate Shindle, Miss America 1998, Dr. Abraham Verghese, author of My Own Country and The Tennis Partner and Kenneth J. Doka, Ph.D., author of AIDS, Fear and Society.

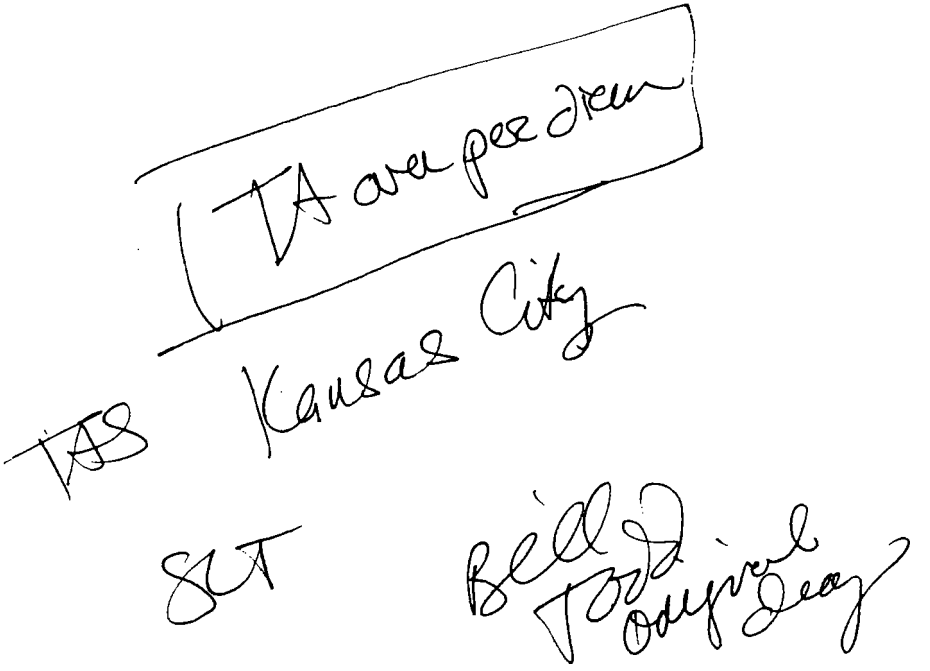
Our theme this year is "Communities Joining Together: To Teach, To Prevent, To Treat and To Heal". Our audience is primarily made up of health care professionals and students as well as PWAs.

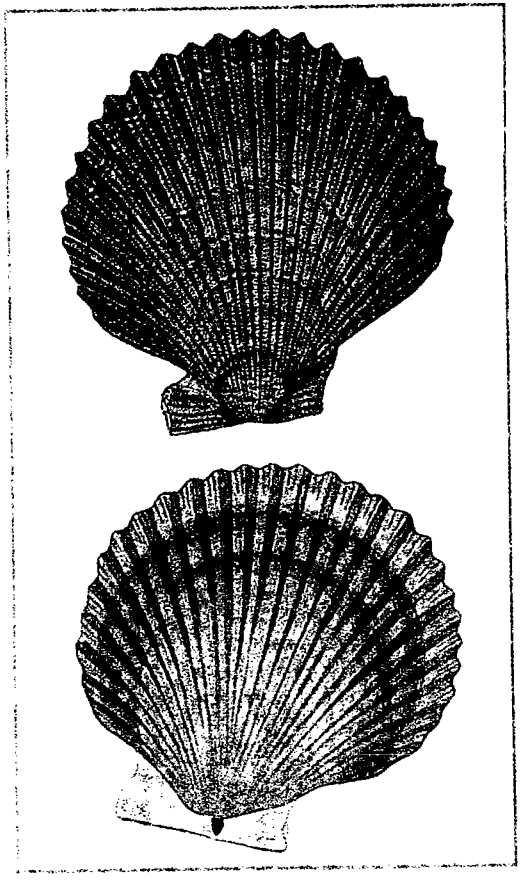
We have attached excerpts from other conference brochures so that you may get a feel for the type of conference we do. In the past we have had wonderfully received conferences with keynoters such as Greg Louganis, Mary Fisher, Jeanne White, and Dr. Joyce Brothers.

Please have the person who handles your bookings call me at 912-277-2705 or fax a reply to 912-277-2821. We look forward to the possibility of working with you on this conference.

Sincerely,

Marsha G. Tyson
Director, Continuing Education


TA over pee dress
TAS Kansas City
SLT
Bill Todd
Original Design



Hallmark

BM 405-6

Sandy,

I've been seeing you everywhere lately! Great work on handling the needle exchange issue - the Post article was a loveFest. A friend asked me if you were 1/2 as terrific as the article suggested - I said they terribly understated you! Hang in there, Kid - I'm so proud of you! Call when you have time for a T! Love, Peg

Mary Ann
1711 East Ohio
Nelson, VA 2980

MAY 11 1990

JMU

Ms. Sandra Thurman
Director, White House Office of Drug Policy
736 Jackson Place NW
Washington DC 20503