Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

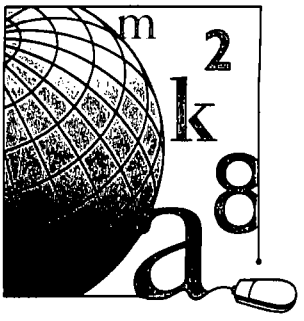
The CEO Forum

School Technology and Readiness

Professional Development: A Link to Better Learning

Year Two

February 22, 1999



CEO Forum
on Education & Technology

1001 G Street, NW

Suite 900 East

Washington, DC 20001

202.393.2260

202.393.0712 FAX

ceoforum@itstrategies.com

Additional Resources

21st Century
Teachers Network
888 17th Street NW
12th Floor
Washington, DC 20006
202-429-8744
www.21ct.org

American Association
of Colleges for
Teacher Education
One Dupont Circle NW Suite 610
Washington, DC 20036
202-293-2450
www.aacte.org

Center for Teaching
and Learning
National Education Association
1201 16th Street NW
Washington, DC 20036
202-822-7013
www.nea.org

Institute for the Transfer of
Technology to Education
National School Boards
Association
1680 Duke Street
Alexandria, VA 22314
703-838-6722
www.nsba.org/itte

International Society for
Technology in Education
480 Charnelton Street
Eugene, OR 97401
800-336-5191
www.iste.org

The Milken Exchange
on Education Technology
1250 Fourth Street
Santa Monica, CA 90401
310-998-2825
www.milkenexchange.org

Tech Corps
P.O. Box 832
Sudbury, MA 01776
781-687-1114
www.ustc.org

More information from the CEO Forum is available on the World Wide Web.

www.ceoforum.org

IWPR
Research News Reporter

June 1999

INSTITUTE FOR WOMEN'S POLICY RESEARCH
1400 20TH ST. NW, SUITE 104, WASHINGTON, D.C. 20036
TEL: (202) 785-5100, FAX: (202) 833-4362, WEB:WWW.IWPR.ORG

Work & Education

THE WALL STREET JOURNAL

By Maria Seminerio Wednesday, June 2, 1999

Keywords

economy
technology

Study Finds Most U.S. States Gained Jobs in Tech Boom

A new report on the technology industry's impact on the U.S. work force shows that the tech-fueled economic boom has spread far beyond Silicon Valley.

The "Cyberstates 3.0" report from the American Electronics Association (www.aeanet.org), released Wednesday, gives a state-by-state snapshot of high-tech job creation from 1990 to 1997, the most recent year for which statistics were available. The figures were gathered from the U.S. Bureau of Labor Statistics, AEA officials said.

During the eight-year period, Texas led the nation in tech job growth, adding more than 100,000 new jobs, according to the report. In 1997, the state was home to some 376,000 high-tech workers, second only to California, home to more than 784,000 that year, the AEA said.

Washington state led the nation in high-tech wages in 1997, with that state's workers earning an average annual wage of more than $80,000. That compares with an average annual wage of $30,000 for non-tech workers in Washington, the report states.

Wages are so high, on average, in Washington because the state is home to such a high concentration of software companies -- notably Microsoft Corp., according to an AEA spokeswoman.

"It's a combination of the Microsoft jobs and the large number of other high-paying software programming jobs" in the state that contributed to the high average, the spokeswoman said.

Wages for high-tech workers in Texas averaged $53,778 in 1997. In California, the average wage for tech workers was $63,000 that year.

WIDE-AREA WORKERS

AEA officials said the results were proof that even states not known as high-tech hotbeds are sharing in the economic boom, while local officials tried to spin the numbers to their best advantage.

All but nine states created some new high-tech jobs in 1996 and 1997, according to AEA Chairman Edward Bersoff, who called the report's results "nothing short of startling."

"The high-tech industry has had a profound effect on all 50 states and the District of Columbia" in terms of job growth, Mr. Bersoff said.

The head of the AEA's New York chapter, AIL Systems Inc. Chief Executive James Smith, noted that his state employed 320,000 high-tech workers in 1997, behind California and Texas.

Those workers earned an average wage of $57,000 that year, Mr. Smith said, adding that the figures prove the state has "come a long way in recovering from defense-industry cuts" a decade ago.

SMALL BUT STRONG

While Washington, California, New York and Texas might be expected to lead any list of tech-powerhouse states, there were some surprises in the report as well. South Dakota, for example, went from just 5,300 high-tech jobs in 1990 to 14,500 in 1997, a 172% increase.

And tiny New Hampshire had the highest concentration of high-tech workers in 1997 -- 82 per 1,000 private-sector workers.

In addition to the state-by-state breakdown, the report revealed that for the U.S. overall,

Study cited:
Cyberstates 3.0.
By American Electronics Association, June 1999.

Available from:
American Electronics Association
601 Pennsylvania Ave., NW
North Building, Suite 600
Washington, DC 20004
Tel: (202) 682-9110
Web: www.aeanet.org

Cost: $190.00
$ 95.00 members

more than a million new high-tech jobs were created between 1993 and 1997. As of the beginning of 1998, there were some 4.8 million high-tech workers in the U.S., according to the report.

In 1997, the average annual wage for U.S. high-tech workers was $53,000, 77% above the average wage for other U.S. workers. ❖

THE WALL STREET JOURNAL

By Rodney Ho

Tuesday, June 15, 1999

Keywords

business ownership
economics

Small-Business Optimism Fell in May, Survey Finds

Small-business optimism declined sharply in the latest survey.

For much of the year, business owners looked eagerly to the future, presuming the good times of the past eight years would continue. But that optimism appears to have taken a significant shift in May, according to the monthly National Federation of Independent Business small-business optimism index.

Six of the 10 components in the index, which includes areas of hiring, capital spending and credit, dropped while three went up and one stayed the same. The index, at 100 in May (1986=100), compared with 101.4 in April, had its weakest showing since last fall, when the stock market took a brief nose dive.

William Dunkelberg, NFIB's chief economist, who has tracked this survey for a quarter century, calls the drop "a surprise. It's fairly dramatic. I'm not sure what triggered it."

The most alarming trends included a big drop in hiring plans. Only 22% of small businesses surveyed plan to increase employment, compared with 31% in April. And those companies with a hard-to-fill position dropped to 27%, the lowest level in eight months. In addition, about 34% plan to boost capital spending, down from 38% a month earlier.

Another worrisome sign is prices, which appear to be edging upward in recent months.

One bright light is a major surge in plans to add inventory, which indicates strong consumer spending.

WANT A FRIENDLY HOST STATE? Try opening a business in South Dakota.

The Small Business Survival Committee, a conservative small-business lobbying group in Washington, in a new study used mostly tax-rate data to judge each state's climate for small business.

Small-Business Friendly States Ranking by Small Business Survival Committee, based on 14 mostly tax-related criteria:

The Best	The Worst
1. South Dakota	51. District of Columbia
2. Wyoming	50. Hawaii
3. Nevada	49. Rhode Island
4. New Hampshire	48. New Mexico
5. Texas	47. New York

Source: Small Business Survival Committee

"It's a mixed bag but some states are moving in the right direction" with tax cuts, says Raymond Keating, the SBSC economist who has done the study for four years. Strong tax revenues and state surpluses have generally weakened any pushes for tax increases, he adds.

The leader for three out of the four years has been South Dakota, which has no personal income tax or corporate income tax. The state also has the nation's second-lowest unemployment rate, at 2.4% in April, behind Minnesota.

"We also don't place as many regulatory burdens" on small business, says Dan Nelson, spokesman for the Sioux Falls, S.D., Chamber of Commerce. South Dakota, he notes, was once a mining and agricultural backwater but in the past two decades has greatly diversified into finance and technology.

Study cited:
Small Business Optimism Index, May 1999.
By the National Federation of Independant Businesses, June 15, 1999.

Available from:
National Federation of Independant Businesses
3322 West End Avenue
Suite 700
Nashville, TN 37203
Tel: (615) 385-9745
Fax: (615) 386-9349
Web: www.nfibonline.com

Cost: None

Free copy also available in full from the website.

The study also shows some interesting contrasts. Washington and Oregon may be considered two peas in a pod in the Pacific Northwest, but Washington was ranked sixth while Oregon placed 46th. The main difference is Washington has no corporate, personal or capital-gains taxes, while Oregon's personal tax rates are among the highest in the nation.

In the top 10 is a state not known for business: Mississippi. "They may have work to do in other areas," such as education, Dr. Keating notes. "But you have to pat them on the back for doing something right."❖

The Washington Post

By Dana Hedgpeth Saturday, June 26, 1999; Page B04

Keywords

college education
educational attainment

Next Step For Home Schooling

Ground Broken in Va. For Planned College

Plans to build the nation's first college for students who have been home-schooled moved a step closer to reality yesterday, as the project's organizers held a groundbreaking ceremony on a 44-acre site in western Loudoun County.

Michael P. Farris, president of the Purcellville-based Home School Legal Defense Association, said Patrick Henry College will open in the fall of 2000 with about 100 students and expand to 600 students over the next decade. He said the four-year school, although not restricted to students who were schooled at home, will seek to attract home-schoolers with a strong academic background and a commitment to Christian beliefs.

"This is an opportunity to take the home-schooling movement to the next level," said Farris, addressing a crowd of about 300 that included Lt. Gov. John H. Hager (R), local politicians and potential students and their parents. "The home-schooling movement is coming of age. This really is the next step of that movement."

Farris, a conservative activist who founded his advocacy group in 1983 and was the 1993 GOP nominee for lieutenant governor, initially proposed a two-year institution. He said he decided to make Patrick Henry a four-year school because the accreditation process will be simpler.

In a brochure advertising the school, he said he was concerned that students who had enrolled elsewhere as freshmen and sophomores might have taken courses taught in a manner "antithetical to the Christian worldview."

Several education analysts said the college likely will have no trouble drawing applicants from the estimated 1.5 million home-schooled students nationwide. Opinions were more mixed on whether it would be in a home-schooler's best interests to attend a college made up primarily of students from a similar educational and social background.

"They're going to prolong this cocoon existence," said Paul D. Houston, executive director of the American Association of School Administrators. "I understand people's point of wanting to protect their kids, but at some point, they've got to grow up."

Gerald Bracey, an education consultant based in Alexandria, agreed. "I have some real reservations about students continuing the particular perspective of home-schooling on the college level," Bracey said. He also questioned whether Patrick Henry would be able to attract qualified professors.

But Lawrence M. Rudner, director of the Educational Resources Information Center Clearinghouse on Assessment and Evaluation at the University of Maryland, said scholars will be drawn to Patrick Henry's approach. Students will spend half their time in classes and half their time working on faculty-supervised research projects for congressional offices, state legislators, federal agencies, think tanks and advocacy groups, according to Farris.

"The concept is attractive," said Rudner, who recently did a study of home-schooled students that was sponsored by Farris's group. "When you have bright kids who are capable of doing independent studies, it's a good recipe for success."

The school will offer a bachelor of arts degree in government and later add a law school and undergraduate programs in journalism and computer science, Farris said. He said students will live on the campus in Purcellville and tuition probably will run between $12,000 and $14,000 a year.

Study cited:
Home Schooling Works
By Lawrence Rudner, 1999.

Available from:
ERIC Clearinghouse on
Assessment and Evaluation
1129 Shriver Laboratory
University of Maryland
College Park, MD 20742
Tel: (800) 464-3742
Fax: (301) 405-7449
Web: www.ericae.net

Cost: None

Free copy also availabe in full from the website.

Farris said he still needs to raise $1.4 million to pay for the first phase of construction, which will cost about $6 million. He has mailed a glossy, six-page color flier to the 8,000 home-schooled students in his group's database.

The flier persuaded Joanna DePree, 16, of Midland, Mich., to put the college among her top three choices.

"I like the idea that it's a small school and it emphasizes the values and morals of our Founding Fathers," said DePree, a home-schooler who just finished her junior year and plans to become a lawyer. But, she added, "it would be kind of scary being the first college for home-schoolers, because when you graduate from Harvard everybody says, 'Wow!' because they recognize it, but [Patrick Henry] isn't widely known yet."

The name-recognition issue doesn't bother Kerry Medaris, 18, of Fairfax Station, who was taught at home for 12 years. She said she may turn down a $6,000 scholarship to George Mason University and accept an offer to work for a congressman for a year and then attend Patrick Henry when it opens.

"I'm really excited about being able to go there," Medaris said. "By us all being home-schoolers, we'll have that common thread that will make us like one big family." ❖

The Washington Post

By Michael A. Fletcher Tuesday, June 22, 1999; Page E06

Keywords

law
sexual harrassment
workplace environment

EEOC Issues Guidelines On Harassment Liability

Firms are liable for supervisors' acts of harassment if the behavior results in a "tangible employment action" such as a demotion or firing, or if the harassment is deemed sufficiently pervasive to create a hostile work environment, according to Equal Employment Opportunity Commission guidelines issued yesterday.

The new EEOC guidelines spell out the principles laid down in two major Supreme Court decisions last year that said employers are legally responsible for the sexual misconduct of supervisors, even if they knew nothing about the behavior. The decisions made it clear that workers need not prove that an employer knew or should have known about sexual harassment and failed to stop it in order for the employer to be liable for the conduct.

While the guidelines were prompted by the sexual harassment decisions, they also apply to harassment based on national origin, disability or age — or harassment in retaliation for complaints filed by employees.

"There have been a lot of questions raised over the exact meaning of the principles the court introduced with these decisions," said Ellen Vargyas, legal counsel for the EEOC.

The EEOC guidelines, which offer the agency's interpretation of the laws and court decisions, come after nearly a decade of sharp increases in the number of sexual and other types of harassment cases filed with the EEOC. Officials at the agency say the number of cases began soaring in 1991, when Anita Hill alleged improper conduct by Supreme Court Justice Clarence Thomas while he headed the EEOC, which enforces federal laws banning workplace discrimination. Also that year, Congress first allowed monetary damages to be paid to harassment victims. In 1998, sexual harassment charges made up 11.4 percent of the 80,000 charges filed with EEOC, officials said.

In the guidelines, the EEOC explains the circumstances under which employers can be held liable for unlawful harassment by supervisors, and the agency lays out steps employers can take to prevent and correct harassment and to shield themselves from legal liability.

They say employers should establish and enforce a policy against harassment and establish complaint procedures. The guidelines also make it clear that employers are not always legally responsible for harassment in the workplace.

For example, in cases when harassment does not result in "tangible job action," an employer is not legally responsible for harassment if it took reasonable care to prevent it. Also, an employer may not be legally liable if an employee does not complain about the harassment. In addition, the guidelines clarify that federal law does not hold employers liable for "simple teasing, offhand comments, or isolated incidents that are not extremely serious."

"This guidance marks another step in [EEOC's] ongoing effort to promote voluntary compliance with the equal opportunity laws," said EEOC Chairwoman Ida L. Castro. "Following the steps set forth in this guidance will help employers and employees safeguard their rights and avoid violations of the law."

The guidelines were applauded by women's groups, which say they were looking forward to having the EEOC expand on last year's Supreme Court rulings.

"It is a very down-to-earth and clear document that gives more detail on what the Supreme Court decisions mean," said

Study cited:
Enforcement Guidelines: Vicarious Employer Liability for Unlawful Harrassment by Supervisors.
By the Equal Employment Opportunities Commission, June 21, 1999.

Available from:
Equal Employment Opportunity Commission
1801 L Street, NW
Washington, DC 20507
Tel: (800) 669-4000
Web: www.eeoc.gov

Cost: None

Free copy also available in full from the website.

Yolanda Wu, a staff lawyer with the National Organization for Women's Legal Defense and Education Fund. "One thing that is made clear is that the burden falls on employers to be proactive about preventing harassment." ❖

The New York Times

By Felicia R. Lee

Wednesday, June 30, 1999

Keywords

academics
child development

Hearing the Results of Music Lessons

NEW YORK — They applauded Philip Glass as if he were a rap star and greeted the first notes of Beethoven's Fifth Symphony with a gasp of delighted recognition.
The Carnegie Hall audience the other day was composed of hundreds of students in grades four through six from schools around the city. Most had participated in Carnegie Hall's Linkup music education program, and it showed.

Linkup was developed in the 1980s when arts programs were being slashed in New York City public schools and elsewhere around the country. But how much the students actually learned was measured largely through anecdotes until now.

Carnegie Hall tried to improve on this with help from Columbia University's Teachers College and Educational Testing Services. Program administrators asked 6,000 students participating in the program to develop musical compositions at the beginning of the course and again at the end. The students used commercially available glockenspiels and homemade thumb pianos, guitars made of cardboard, a set of three can drums, can shakers and trumpets made from garden hoses.

Using a complicated scoring formula, testers evaluated the differences between the two compositions. The improvement was far from earthshaking, but evaluators concluded that it was "significant" given the modest length of the program, which ran for seven 45-minute sessions. The final compositions showed small improvements in how students produced sounds and alternated instruments.

And in written responses to questions about composing, the students gave more detailed explanations of how they used the instruments to create action, character and mood.
Results of the study were released this month. "I was very pleased with the modest gains,"said Carol Myford, a senior research scientist at Educational Testing Services in Princeton, N.J. "This is a short-term program."

Linkup emphasizes basic music concepts and music's relationships to other academic subjects through classes, planning sessions for teachers and artists, and concerts in schools and neighborhoods. This year, the 14-year-old program involved 22,000 students and 733 teachers at 176 schools in New York.

For the study, conducted in the 1996-97 school year, students working in groups of six were given a set of instruments and asked to write a piece of music that would illustrate a short story they were asked to read. Then they were asked, after some instruction in how to use the instruments, to choose sounds that "show" characters, action and mood.

The students had 15 minutes to create and practice a piece that was a minute or two long. Each group played its piece, which was recorded.

The exercise was repeated at the end of the program, and the compositions were taped again. The students' efforts were evaluated for use of timbre, texture, portrayal of the text and overall effectiveness. The students also responded to written questions on work sheets.

The study found that sixth graders made the greatest gains while fourth graders made the smallest. The report hypothesized that older students had had more exposure to the concepts of text, timbre and texture. Another hypothesis was that the curriculum was more appropriate for older students.

Overall, students showed the most improvement in their use of texture and the smallest gain in their exploration of timbre.

Study cited:
Assuring the Impact of Link-Up on Student Learning.
By Carol Mynard, October 1998.

Available from:
Educational Testing Services
Rosedale Road
Princeton, NJ 08541
Tel: (609) 921-9000
Fax: (609) 734-5410
Web: www.ets.org

Cost: None

Howard Gardner, a professor of cognition and education at the Harvard University Graduate School of Education, whose theories of multiple intelligences have gained wide popularity, said that the study sounded like a positive step but that follow-up was needed. It is important to determine whether the students continue to improve, after such a short program, and at what rate, Gardner said.

"That you can do something in a short time is worth noting," he added. "It's a good message to kids that this is something you can get better at." ❖

Politics & Society

The New York Times

By John Tierney

Monday, June 7, 1999

Keywords

gender equity
gender roles

THE BIG CITY

Suitable Men: Rare Species Under Study

Anyone who has planned a dinner party has encountered the great mystery of modern New York society: where are the men? The shortage of presentable unmarried heterosexual males has long baffled the finest minds on the singles scene. But on Friday evening, two field researchers began to provide answers.

The setting was a bar near Wall Street called the Bull Run, the sort of testosterone-rich environment familiar to both of the researchers, Lionel Tiger and Michael Segell. Dr. Tiger, a professor at Rutgers University, is the anthropologist who coined the term "male bonding" three decades ago; Segell is the journalist who wrote Esquire's column "The Male Mind." Both are Manhattanites who have just published books on the troubled state of modern males.

The strangest news from the field is a practice that Segell calls "sexual payback," whereby a young guy on the verge of consummating a relationship suddenly decides he's not interested anymore. The idea of a hormonally normal young male voluntarily getting out of bed and going home may sound incredible, but Segell heard about it time and again from the men and women in the focus groups he assembled.

"The only thing that's more enjoyable than having sex," one commodities trader explained to Segell, "is making a girl want it and not giving it to her."

What's happened to the male biological imperative? In his book, "Standup Guy: Masculinity That Works" (Villard), Segell concludes that sexual payback is a passive-aggressive response by men angry at women's power and resentful of politically correct lectures on sexual equality.

"In spite of all the talk about general equality," Segell explained Friday night, "men know that women are still attracted to men who make more money than they do, and women know that men value their beauty highly. Now that young women are making as much money as young men, the men are striking back by attacking women's physical beauty. They know they can humiliate a woman by rejecting her sexually."

Dr. Tiger compared them to male birds who stop singing when they lose their territory. "It may also," he observed, "be guys' way of saying, 'I can't play this game. My money's fake. I can't give you what you want.' It's a real problem for men and women in New York. Here you've got some of the most accomplished females in the world, and they're looking for guys with still higher status."

But couldn't the prosperous women afford to marry down? "They could, but they usually don't," Segell said. "In fact, the more money women make, the more emphasis they place on the guy's status. Guys will marry down, so the high-status men in New York can go after everyone, but the higher women go, the more limited their choices become."

Dr. Tiger was reminded of a moment at Wimbledon in 1996 involving a female multimillionaire. "During a lull in the action," he recalled, "a fan yelled out to Steffi Graf, 'Will you marry me?' She shouted back, 'How much money do you have?' The comment was ironic and serious at once."

Even when a woman is willing to marry down, she faces another modern problem: the commitment-phobic male who is reluctant to marry or raise a family. Dr. Tiger's book, "The Decline of Males"

Study cited:
Standup Guy: Masculinity that Works.
By Michael Segell.
Published by Villard, May 1999.

Available from:
Major Bookstores

Cost: $23.95

(Golden Books), analyzes the technological and social changes that have resulted in so many single women and fatherless children.

"Men have become alienated from the means of reproduction," Dr. Tiger said. "They don't feel they're rewarded enough by being family men, and there's no longer the coercion of religion or the law to discipline and motivate them. We won't solve the problem if we keep pretending that there's no difference between the sexes or shouting at men to behave more like women. We need new rules based on an understanding of the old rules of nature."

Segell suggested a post-P.C. code of sexual manners. "Men should stop retreating," he said. "The passive-aggressive approach is a mistake. Men need to accept today's working women, but they need to realize that these women still want an aggressive guy who makes his mark and fights to win the girl. We need an alpha male retrofitted to please today's woman."

If such a creature comes into being around here, he will have no trouble getting dinner invitations. ❖

The Washington Post

By Terry M. Neal Monday, June 14, 1999; Page A02

Keywords

guns
teenage behavior
violence

Quarter of Gun Deaths Committed by Youths 18 to 20

At Mayors' Conference, Gore to Release Report on Key Age Group Committing Firearm Violence, Push for Legislation

NEW ORLEANS, June 13—Nearly a quarter of all gun-related murders are committed by people ages 18 to 20, and that age group also is more likely than any other to use firearms in crimes that don't result in deaths, according to a new Justice Department report.

Vice President Gore will release the report Monday and call for the House to pass tough new guns laws during a speech before the 67th annual U.S. Conference of Mayors national meeting here.

With the future of a major gun-control proposal in the House increasingly uncertain, Democrats—and perhaps some moderate Republicans—will use the report to bolster the argument that the legal age to possess handguns should be raised from 18 to 21.

Many Republicans have opposed such a provision by, among other things, citing the incongruity of laws that allow 18-year-olds to fight in wars but not own guns.
In a letter to Gore, Deputy Attorney General Eric H. Holder Jr. and Treasury Undersecretary James E. Johnson said the report was significant because while so much political attention has been focused on rising crime among those under 18, the crux of the problem is among those a little older.

The report suggests that while 18- to 20-year-olds make up only 4 percent of the population, they commit about 24 percent of gun-related homicides. Holder and Johnson endorsed a number of provisions being considered in the House, including restricting the possession of handguns by anyone younger than 21 and increasing penalties for illegally selling firearms to youths.

"If possession of and access to firearms among this age group are reduced, deaths from armed crime will likely be reduced," Holder and Johnson wrote. "It is also reasonable to expect that by reducing access to firearms by this age group, it will also make it more difficult for their younger siblings, classmates and friends to obtain guns illegally, reducing gun violence among juveniles under 18."

Gun control and violence have been major themes during the five-day mayors' conference, which began Friday. A conference task force on gun violence has been gathering signatures from Democratic and Republican mayors this weekend for a letter to House Speaker J. Dennis Hastert (R-Ill.) urging the House to pass pending gun control legislation.

The gathering will provide a major forum for Gore to highlight an issue that Democrats are increasingly convinced will be a potent issue for them in the current election cycle—particularly if Republicans defeat the legislation in the House.

The conference also provided what Gore's aides suggested was further proof that his campaign, despite its early troubles and gaffes by the vice president, is starting to coalesce.

Early this afternoon, 167 Democratic mayors from around the country endorsed Gore's candidacy. Those signing on included Washington Mayor Anthony A.

Study cited:
Presale Handgun Checks: The Brady Interim Period. *By the United States Department of Justice,* June 14, 1999. Doc. #160.

Available from:
Bureau of Justice Statistics
950 Pennsylvania Ave., NW
Washington, DC 20530
Tel: (202) 307-0765
Fax: (301) 519-5550
Web: www.usdoj.gov

Cost: None

Williams and Baltimore Mayor Kurt L. Schmoke. Mayors of big cities such as Chicago, Miami-Dade County, Atlanta, Boston, Cleveland and Minneapolis as well as smaller towns, such as Capitol Heights and Hobart, Ind., also are supporting Gore.

Gore will begin his day here with a $1,000-a-plate fund-raiser at the Storyville Jazz Bar on New Orleans' famous Bourbon Street. Gore campaign officials said today that Louisiana Sens. Mary Landrieu and John Breaux as well as Mayor Marc Morial are helping to organize the event, which is expected to rake in as much as a quarter of a million dollars.

"We stand up early and we're going to stand up often," Morial said at a news conference attended by a couple dozen of the mayors. "We are here to say that we are going to make Al Gore the next president of the United States."

If the weekend belonged to Texas Gov. George W. Bush, who traveled to Iowa for his first campaign trip, then the Gore team wants the week to belong to him. He will officially announce his candidacy for president in Carthage, Tenn., on Wednesday.

The White House has clearly shifted into campaign mode, as was demonstrated by the fact that the Justice Department report was released by Gore's office along with a news release headlined, "Vice President Gore releases new study showing high rate of gun violence among American teenagers." ❖

The New York Times

By Lawrence K. Altman

Monday, June 28, 1999

Keywords

health
homosexuality
sexual behavior

Study Says Gay Men Reducing Levels of Risky Sexual Behavior

NEW YORK — Gay men in New York City have significantly reduced their levels of risky sexual behavior, and the number of men infected with the AIDS virus has dropped sharply over the last 15 years, city health officials said in issuing findings on Sunday from the largest survey ever of gay men's sexual health.

The survey, conducted last year in an unusual partnership between the city and Gay Men's Health Crisis, offers what they said is the clearest picture of how sexual practices of gay and bisexual men have changed in response to the AIDS epidemic.

The survey was completed by 7,650 homosexual and bisexual men, whose age ranged from 12 to 88 and averaged 34.5 years.

H.I.V. infection rates among gay men are lower than commonly believed, the survey found. About one in seven participants said they were infected, a drop from studies in 1985 showing an infection rate of one in three in New York City. About 9 in 10 participants said they had been tested for infection with H.I.V., the AIDS virus, and 8 in 10 were tested within the three years preceding the survey. Men less than 24 years and those 60 years and older were less likely to have had a test.

The survey also indicated that young gay men are heeding messages about the need for precautions. Use of condoms for first anal intercourse rose to 78 percent in 1998 from 34 percent in 1985, said Dr. Tracy J. Mayne, the director of epidemiology for the New York City Health Department's AIDS prevention planning group. He said that most men do not engage in unprotected anal intercourse, are reducing the risk if they do, and have fewer sex partners.

"It shows that prevention is working," said Dr. Mayne, who led the survey with Richard Elovich, who heads H.I.V. prevention for G.M.H.C. Dr. Mayne added: "H.I.V. prevalence is decreasing in New York City, no question. We have cut the rate at least in half."

With its broad reach and explicit detail, the survey helps fill a "shocking and irresponsible" void in research on the New York City epidemic, said Dr. Ron Stall, an AIDS epidemiologist at the University of California at San Francisco.

Elovich said "we were working without maps" to guide prevention efforts. New York City's gay populations are more diverse than other cities', and many important decisions about prevention have been based on information collected in other cities and not applicable to New York City, he said.

Although the new survey was not representative of all men who have sex with men in New York City and reflected only what the men said about themselves, it showed that more extensive efforts are needed, particularly among black and Hispanic gay men, to prevent men from becoming infected with H.I.V. The survey found that black and Hispanic gay men were less likely to engage in risk reduction. They were also twice as likely as white gay men to get their H.I.V. test in a hospital, usually when sick with AIDS, instead of at a clinic when feeling well.

The number of black, Hispanic, Asian and Pacific Islander gay men in the New York City survey was larger than in any other study specifically aimed at these groups, Dr. Mayne said.

Guided by the survey results, the G.M.H.C., with financing from the Health Department,

Study cited:
Results of the 1998 Beyond 2000 Sexual Health Survey. *By Gay Men's Health Crisis,* June 27, 1999.

Available from:
Gay Men's Health Crisis
119 West 24th Street
New York, NY 10011
Tel: (212) 807-6664
Web: www.gmhc.org
Email: noel_a@gmhc.org

Cost: None

began posting public service notices in subways last week aimed at black mothers and their sons and daughters and distributing cards with similar messages. In a campaign timed for Gay Pride month, G.M.H.C. is offering free tests to encourage more blacks to know their infection status.

The organization is seeking money to conduct a similar campaign in Spanish to reach Hispanic gay men, Elovich said. With no way to know the exact number of gay men living in New York City, health officials can only estimate it at 370,000, based on calculations that 10 percent of the population is gay. Scientists have been hampered in conducting the standard type of random surveys. Of hundreds of studies done since the start of AIDS, only one, a national telephone survey conducted by Dr. Stall's team at the University of California at San Francisco, has used methods thought to give a random sample of gay men, Dr. Mayne said.

The New York researchers' confidence in their findings has been buoyed by a forthcoming report by the San Francisco team.

Dr. Stall said that he would soon publish findings from a national study done by a different method from the New York City study and that showed almost precisely the same 1 in 7 rate of H.I.V. infection in gay men in New York City.

Since the AIDS epidemic was first recognized in 1981, more than 40,000 gay men have died from the disease in New York City and San Francisco. But the deaths account for only a small proportion of the drop in the percentage of H.I.V.-infected men in the two cities.

The same halving of infection rates has occurred in San Francisco, Dr. Stall said. "It's a big deal, extremely good news," he said.

The New York City survey was patterned after one conducted earlier in London by a group known as Sigma Research. Because the New York City researchers did not choose the participants randomly, they could not estimate the degree of sampling error, as is done in polling.

Volunteers wearing T-shirts identifying them as G.M.H.C. survey workers went on different days to 23 places where gay men congregate, including beaches, bars, bathhouses, parties and street corners. The men were asked to answer 20 explicit questions about their health and sexual practices, and put the completed questionnaire in a sealed box. Of the men approached, more than 90 percent returned the questionnaires.

G.M.H.C. instructed the volunteers about how to approach the men and the importance of confidentiality. The volunteers would clarify the meaning of questions for the participants, but otherwise did not discuss the answers with them. Volunteers were matched to the participants. "It was a young black man asking another young black man to fill this out," Elovich said.

Dr. Mayne said that the anonymous and confidential nature of the New York City survey was intended to encourage honest answers.

The study counters, in part, recent studies and news reports suggesting that more young gay men were having unprotected anal intercourse. While some men are having unsafe sex, the New York City survey found, many of these men are playing "mental calculus" in deciding when not to use condoms, Elovich said. Many studies have shown that the receptive anal partner has a greater risk of getting H.I.V.

There was "a common myth that men tend to prefer one role, insertive or receptive, either tops or bottoms," Dr. Mayne said, but half the men in the survey said they played both roles, often based on knowledge or perception of the partner's H.I.V. status.

In the year before the survey, about 1 in 10 gay men engaged in unsafe anal intercourse, which the New York City team defined as not using condoms during anal sex with someone of unknown or a different H.I.V. status. About two-thirds of those who did not use condoms reported doing so with only one partner. Also, in two-thirds of cases, both partners were believed to have the same H.I.V. test results.

When anal sex was riskiest, uninfected men said they stayed on top more often, and infected men stayed on the bottom more often.

In teaming up, the Health Department and G.M.H.C. stepped into a void left by academia. The Federal National Institutes of Health has paid for a continuing national survey that began in the mid-1980's. But it did not include New York City because "no New York researcher applied for it," Dr. Mayne said.

"Early in the AIDS epidemic, New York City did some of the finest research on gay men, and then for some reason the efforts were not sustained," Dr. Mayne said. For example, he said, San Francisco conducted a survey of young gay men six years before it was done in New York City.

The alliance accomplished what would have cost an estimated $250,000 if done under a Federal grant. G.M.H.C. and the Health Department did not have such sums available, Elovich and Dr. Mayne said. So Elovich's team used existing staff and financing and continued G.M.H.C.'s tradition of relying on volunteers.

Dr. Stall said the "survey was a very good use of scarce public health monies." Elovich said his team also recognized that "if we were to make prevention work to keep people uninfected in this city, we needed to get a younger generation of gay men invested the way an older generation had been."

When G.M.H.C. started the survey, Elovich said, "we thought we would get 2,000 men, but we passed every benchmark that we had set up."

They focused on places where they would find large numbers of gay men, like Fire Island and the corner of Christopher Street and Seventh Avenue in Manhattan. The aim was to find the men where they were not intending to talk about sexually transmitted diseases, H.I.V. testing, sexual practices or their alcohol and drug use, Elovich said.

No questions were asked about oral sex because the risk, though real, is much less than from anal intercourse, Dr. Mayne said.

The researchers hope to compare the 1998 survey with information from additional surveys being conducted this year and

planned for 2000. New questions are being asked to learn how gay men determine that their partner is H.I.V.-negative and to plan further prevention strategies.

As part of its effort to get more blacks and more young gay men in this year's survey, G.M.H.C. offered to pay the admission fee to a large ball at Roseland in exchange for filling out the questionnaire. "Over 1,500 black kids did," Elovich said, "and we would not reach them any other way." Elovich said the next survey would further refine questions about whether men talk about their H.I.V. status before having sex. "We are asking more questions about disclosure in the new questionnaire," he said. "What does knowing mean? How do people make their decisions? What do they know about their partner when they make these decisions? What are they communicating?"

"It is difficult for major Federal funding agencies to believe that a community-based organization could do something on this scale," Elovich said. "But what we have done here proves it can be done, it demonstrates the power of community-based research and it shows that there really is no such thing as a population that is too difficult to reach." ❖

The New York Times

By Alisa Tang

Wednesday, June 29, 1999

Keywords

adolescents
AIDS
sexual activity

Young People Open to H.I.V. Testing

Jennifer Jako once had a "not me" attitude about AIDS.

"I really was an unlikely candidate for this disease," Ms. Jako, an AIDS educator and documentary film producer, said in a panel discussion in New York last week. "I didn't think this would happen to me."

Ms. Jako, who is from Lake Oswego, a suburb of Portland, Ore., tested positive for H.I.V. eight years ago, when she was 18.

At 18, Jennifer Jako did not think H.I.V. could affect her. She was wrong. Now she educates young people about AIDS.

Her youth was typical of many people testing positive: 51 percent of new H.I.V. infections in the United States are among people under 25, the Centers for Disease Control and Prevention says. Yet, the agency says, only a quarter of sexually active teen-agers have been tested.

The panel discussion was held to announce a study by the Henry J. Kaiser Family Foundation, which explored the attitudes toward H.I.V. testing among 73 higher-risk teen-agers, defined as sexually active and economically or socially marginalized youth in urban areas that have a high incidence of H.I.V.

With few exceptions, the study found, young people believed that H.I.V. could not affect them. But most of the teen-agers said that, given the opportunity, they would be tested for the virus.

Maureen Michaels, president of Michaels Opinion Research, which conducted the study for the foundation, suggested that doctors ask sexually active adolescents whether they would like to be tested for H.I.V.

"It's a simple question," Ms. Michaels said. "It doesn't get asked all the time, but when it does, young people will say yes."

Authorities say that acting quickly is important. "The key to successful treatment is getting treatment early and consistently," said Victor Barnes, associate director for international H.I.V. prevention at the Centers for Disease Control. "For individuals who do not seek H.I.V. testing until they are experiencing symptoms of illness associated with H.I.V.-related diseases or AIDS itself, today's treatments cannot offer as much hope."

The teen-agers favored H.I.V. testing in offices that provided confidential and inexpensive tests, the study reported. Many did not want their parents to know.

Some of the teen-agers had called around for cost estimates for the H.I.V. test and given up because they thought they could not afford it and did not realize their other options, such as free testing in some cities.

The teen-agers also were more likely to be tested by doctors and nurses who respected the fact that they were sexually active. "I wouldn't have gotten tested if the nurse hadn't given me the opportunity," said Ms. Jako, who has received a grant from the Kaiser Foundation to travel and speak to young people about AIDS awareness. "As I was leaving the office, the nurse said, 'You've gotten tested for S.T.D.'s, why not get tested for H.I.V. as well?' My nurse and doctor were convinced that I was going to be healthy."

"I'm so grateful for their having provided me with the opportunity," Ms. Jako said. "It is their responsibility to give us the opportunity to be tested. If they hadn't tested me then, I could have attributed symptoms I had to other things, and I would never know to this day that I'm H.I.V. positive." ❖

Study cited:
Hearing Their Voices: A Qualitative Research Study on HIV Testing and Higher Risk Teens.
By the Henry J. Kaiser Family Foundation, June 1999.

Available from:
Henry J. Kaiser Family Foundation
1450 G Street, NW
Suite 250
Washington, DC 20005
Tel: (202) 347-5270
Fax: (202) 347-5274
Web: www.kff.org

Cost: None

Free copy also available in full from the website.

The Washington Post

By Libby Copeland Tuesday, June 29, 1999; Page A01

Keywords

child development
homosexuality

Out of the Closet, but Not Out of Middle School

Gay Youths Say They're Aware of Sexuality Earlier

On the last day of seventh grade, Dave Grossman mounted some cardboard boxes down the street from his junior high school and held a one-boy rally.

I'm sick of pretending, he announced into a cheap loudspeaker.

I'm gay.

The affair was a bit botched. Dave's principal, fearing a "disruption," asked him to move his makeshift stage and rainbow flags away from school grounds. The event caused barely an eye-roll from his peers, who scattered from school eager to inaugurate summer.

Still, there was Dave with his loudspeaker and his conviction. Like a soap opera character haunted by a secret past, he had been living two lives. In school, he was a straight kid with straight A's. After classes, he rode the Metro downtown and hung with gay friends past dinner time. He says few people could believe that at 13, he was so certain he was gay.

Two years later, Dave puts it like this: "It was a lot of built-up frustration over everyone saying, 'You're too young, you're too young, you're too young.' "
In the national debate about gay and bisexual identity, age is a volatile fault line along which schools are being forced to pick sides. Gay-youth advocacy groups say the average age of kids who "come out" has decreased substantially in recent years. Whereas once a teenager might have come out in senior year with a burn-your-bridges disinhibition, now that same teenager is making his homosexuality public in middle school or ninth grade.

Puberty is a roulette wheel of biding time and spurting growth. One preteen is sexually active while her classmate is still collecting stickers. American girls are hitting puberty far earlier than they were a century ago, and there's growing awareness of a disconnection between physical and mental maturity. Add the perennial dilemmas of sex education — how much kids should learn, how soon, from whom — and you have a recipe for controversy.

What happens when a middle school student — in braces, in a training bra, inexperienced — announces that she's gay?

It's happening. Ritch Savin-Williams, a developmental psychologist at Cornell University, used data from nine independent studies conducted over the last 20 years to conclude that the average age at which young men label their same-sex attractions as gay dropped from almost 20 in 1979 to just 13 in 1998. They may not, however, definitively call themselves gay until a few years later.

"Every time we sample these kids, the average age is getting younger," says Savin-Williams. "What's different is that now gay kids are becoming like straight kids — they know that they're gay before they have sex."

At Longfellow Middle School in Falls Church, Dave Grossman forced the issue that advocacy groups, educators and mental health providers have been debating for several years: Should the nation's struggle over sex and morality play out inside schools, involving kids in a debate that can be loudspeaker loud? Or should such issues be fought at the ballot box, from church pulpits and at home?

Study cited:
And Then I Became Gay: Young Men's Stories. *By Ritch Savin-Williams.* Published by Routledge Press, 1997.

Available from:
Major Bookstores

Cost: $19.99

Longfellow's principal, Gail Womble, respected Dave's desire to come out, if not his venue. In the end, she was relieved that Dave said his piece without causing an uproar.

"I did have concerns about how middle school students would meet that kind of disclosure," says Womble, who has since moved to Rachel Carson Middle School in Fairfax. "At this age, we have kids who are old enough to be exploring those feelings and other kids who are still playing with Barbie dolls."

Dave's mother was disgusted by what she felt were "outrageous" banishing dictums imposed on her son, like making Dave move his stage across the street. Donna Brown Grossman says Womble also asked Dave to cover a T-shirt reading "Nobody Knows I'm Gay," and would not let him pass out homemade pamphlets promoting his rally.

"Her reaction was one thing that made me feel that I had to take my child out of the public school system," says Grossman, 48, who subsequently transferred her son to Thornton Friends, a private Quaker school. As school systems debate whether to allow gay support groups, or pass anti-harassment policies on behalf of gays, or show their faculty the controversial documentary "It's Elementary: Talking About Gay Issues in School," proponents on both sides point to the tender age of the youngsters as evidence of the rectitude of their positions.

Gay-rights advocacy groups and much of the mental health community cite 12-year-old gay youngsters as proof that being homosexual is "natural." Christian conservative groups argue that young adolescents bombarded by hormones and pop images of sexuality are especially susceptible to gay "recruiting."

"Those kids are incredibly impressionable, and I think certainly the younger the age, the more they can be swayed," says Peter LaBarbera, editor of the Lambda Report on Homosexuality, which argues that the declining age at which youngsters are coming out is largely the product of gay propaganda inside schools.

"There's different gradations. Love, sexuality: It's a very tangled web."

This is Ellen Sweeney, 18, an assured young woman who was co-leader of the gay discussion group at Sidwell Friends, a private school in Northwest Washington, during this, her senior year. She began to question her own sexuality in seventh grade, joined the discussion group in high school, and recently, has taught workshops to middle school students on gay issues. Incidentally, Sweeney is straight. But, she says, "I question myself up until this day."

This open attitude toward sexuality is a splinter in the skin of many who oppose gay discussion groups. They ask, what if youngsters who would otherwise be straight are encouraged to question, and ultimately, to declare themselves gay?

In the last few years in the Washington area, at least 15 gay discussion groups have cropped up in high schools and one middle school. The majority of the groups are in Montgomery County, where, amid a storm of controversy three years ago, the school board added gay students and teachers to the list of people protected from discrimination. The groups, which range from sanctioned clubs to informal lunch gatherings, serve as sounding boards — to examine homophobia, for example, or the feelings of a member who says she has been "questioning."

The problem with such discussions, opponents say, is that they don't offer an alternative to open-armed acceptance of homosexuality. Janet Folger, national director of the Center for Reclaiming America, an arm of Coral Ridge Ministries, says if gay issues must be part of the school climate, youngsters should at least be exposed to "ex-gays" and told of the health risks of homosexuality.

As things stand, "there is no balance," Folger says. "There is no message of hope . . . that you can walk away from it."

Like many area private schools, Edmund Burke School in the District doesn't see it that way. When a gay-issues discussion group was created there this year, middle school students were included in the weekly lunch meetings. Hugh Taft-Morales, the group's faculty adviser, said the group has "no agenda."

"They are already talking about this," he says. "What we're doing is taking responsibility as adults to raise the level of the discussion."

Although no exhaustive data can be found on discussion groups in schools, the New York-based Gay, Lesbian and Straight Educational Network keeps tabs on clubs that register with it. Its national list has blossomed from roughly 150 high school "Gay/Straight Alliances" last year to about 400 this year, concentrated mainly in Massachusetts, California and the New York City area. In Maryland and Virginia, there are seven registered high school alliances.

"Some people feel it's not our job," says Pamela Latt, principal of Centreville High School, which is on track to become the third high school in Virginia with a registered gay/straight alliance. Centreville has had a gay counseling group for two years, but a few students have been pushing for more.

"Having a counseling group sort of sends the wrong message," says Caroline Zuscheck, 17, a straight student involved in the effort. "It's like if you have an eating disorder or a problem with depression."

But although the principal supports starting an alliance next year, she also has reservations. On one hand, she says, it will contribute to a healthier environment for gay teenagers, a high-risk group. But Latt knows she is treading on important toes in conservative Centreville, where some School Board and community members have already voiced discomfort with a school-sanctioned club. "I don't blame people for being very cautious and careful," she says.

Latt is conflicted for other reasons. She is Catholic and has puzzled over whether homosexuality is wrong (she doesn't think so) and what causes it (she doesn't know). At any rate, she says, the alliance is about "saving lives," not promoting homosexuality. But perhaps in an ideal world, this messy moral stew wouldn't fall into the principal's lap.

"This really shouldn't be a part of my job," Latt says finally. "But I don't think I have a choice."

Amy Levy and her son remember the moment differently. The way Will tells it,

his mom was nagging him, Why don't you have a girlfriend? The way Levy tells it, Will's confession came straight out of the clear blue sky.

Never mind why. That moment changed everything. One minute, the mother is dropping her son off in the car. The next, he tells her, "I'm gay," and hops out.

He is 14.

For Levy, 50, that belly-flop into reality challenged a lot of rules. Will was the first openly gay student at his tiny Bethesda private school, which has no specific policies on the issue. In an attempt to carve a comfortable space for himself, Will, now 16, met with teachers. Levy met with teachers. Teachers met with other teachers.

Levy says Will's coming out made them all dissect their feelings about homosexuality. "Do you really believe in what you thought you believed in when it becomes part of your life?" she wonders. (To protect her son, Levy asked that Will's last name, which is different from hers, not be published.)

Gay-rights advocates say this type of discussion is a door slowly creaking open, a departure from past decades when an unofficial "don't ask, don't tell" policy reigned in high schools and middle schools.

At a recent meeting for gay Montgomery County youths, two adults leading the session reminisced about how different it once was: one man, one woman, both in their forties or fifties, both of whom married at 23, both of whom divorced, both of whom realized only in adulthood that they were, in fact, gay.

They listened to the teenagers and then ticked off each belated milestone in their own closeted lives, as if to say, All those years lost.

Dave Grossman is a slight, blue-eyed youth with an energy and intelligence that sometimes gets the better of him. He skipped eighth grade, and, after ninth, went to Simon's Rock, a college in Great Barrington, Mass., designed for kids of high school age. Now he's transferring to American University, entering his second year of college at 15.

While he was growing up, Dave says, instinct told him he liked other boys. He just knew, natural as corn. In fourth grade, he says, "I came to my senses. I was just staring benignly at the boy across from me."

At 11, Dave found online chat rooms and located the gay bulletin board in short order.

At 12, he told his parents, because there was no reason not to, because now he knew for sure, and the knowledge pressed in on him. It was after synagogue on a late summer night. The date sticks in his mind — Aug. 30, 1996. He recalls his mother crying with the shock and the strangeness. "She was like, 'Wow, I didn't even know you had a sexuality.' "

And Dave started his journey, because he saw himself as a young man with a sexuality and an image to build, and he shed his baby fat, his glasses and his gawky hair and hatched a plan to let people know that he had found himself. A stage, a loudspeaker, a grand announcement.

"I was going to do something," he says. "Something that was extravagant."

A showdown of sorts — even if there were few people around to watch. A showdown, at the very least, with the person who mattered. ❖

Family Life

The Washington Post

By Rick Weiss Saturday, June 12, 1999; Page A02

Keywords

child safety research

N.Y. Research Centers Faulted in Child Study

Patient Protection Is Found Lacking

A yearlong federal investigation into alleged research abuses of children in New York City came to a close yesterday with the release of findings indicating multiple shortcomings in patient protections at two of three research centers examined.

The federal Office for Protection from Research Risks (OPRR) said the Mount Sinai School of Medicine and the City University of New York breached federal regulations meant to protect human subjects in a study several years ago of elementary school children with attention deficit hyperactivity disorder (ADHD).

The report does not conclude whether any children were harmed. But in its most serious charge, the OPRR determined that Mount Sinai researchers subjected four healthy, normal children in a "control group" to a level of medical risk not allowed under federal regulations—including placement of intravenous lines for a full day of multiple blood drawings; the infusion of a drug called fenfluramine for a purpose not approved by the Food and Drug Administration; and unspecified genetic testing procedures.

In a June 8 letter released yesterday, the OPRR demanded that the hospital contact those children's families and give them a thorough "debriefing" of the medical center's noncompliance with federal rules.

One expert in patient protections, speaking on the condition of anonymity, predicted that the decision could lead to legal troubles for the hospital, since almost any psychiatric or behavioral ailment exhibited by the children in the future might be blamed on the research, no matter how unlikely the medical connection may be.

Separately, the OPRR, part of the National Institutes of Health, exonerated the New York State Psychiatric Institute for similar research it had conducted in 1994 and 1995. That research came under fire last year and became a rallying point for patient activists for its alleged racial discrimination, unjust recruiting inducements and use of fenfluramine in healthy children. OPRR concluded that the small risks were justified because, as required by federal regulations, the research had the potential to answer questions about the childrens' "conditions."

Psychiatric Institute director John Oldham yesterday said he was gratified that the government had found no problems with the research, which involved brain chemistry studies on 6- to 10-year-old minority children whose older siblings had been arrested. The researchers hoped to find biological clues to the causes of violent behavior.

But critics who had attacked the study last year criticized the OPRR's report yesterday for not addressing the question of what "condition" the participants suffered from, other than being related to petty criminals. Oldham said yesterday that he and his colleagues had explained to the OPRR that younger siblings of delinquents have a condition in that they're "at increased risk" of antisocial and violent behavior as adults, and that some of them had already been "in trouble" at school.

The OPRR cited City University's research review board for failing to review properly the ADHD study, conducted with Mount Sinai, and for its failure to consider extra patient safeguards, as required for vulnerable subjects such as children.

Study cited:
Human Subjects: Assurance of Compliance.
By the Office of Protection from Research Risks,
June 12, 1999.

Available from:
Office of Protection from Research Risks
National Institutes of Health
6100 Executive Boulevard
Suite 3B01, MSC-7507
Rockville, MD 20892
Tel: (301) 496-7005
Web: www.helix.nih.gov
Email: oppr@od.nih.gov

Cost: None

It called the failings "consistent with the systemic deficiencies in CUNY's system for protecting human subjects that were previously documented" during an OPRR site visit in 1997. That visit had resulted in restrictions on CUNY's federal license to conduct human research, which the OPRR said yesterday will continue until "corrective actions" are taken.

The OPRR cited Mount Sinai for additional shortcomings in the ADHD study. Children were taken off their medications and subjected to brain chemistry tests but were not given "an adequate description of the reasonably foreseeable risks and discomforts," OPRR concluded. Mount Sinai's federal license to conduct human research has now been restricted.

In a statement yesterday, the medical school said the study had been reviewed in advance by two committees at the National Institute of Mental Health, and neither had identified any risks to participants. ❖

The Washington Post

By Marc Kaufman

Tuesday, June 22, 1999; Page Z11

Keywords

child abuse
psychology
violence

Helping Children Cope With Trauma

Federal conference focuses on the psychological impact of violence on young victims

Thousands of miles lie between the traumatized young refugees of Kosovo and American children exposed to violence and other painful experiences, but the emotional distance between them may not be so great. That's because children who lose their sense of safety and trust — whether due to marauding soldiers, neighborhood gangs, a loud and vicious divorce or a car crash — are in for a potentially difficult time. Unless their inevitable turmoil is addressed, they are at risk of suffering significant emotional and social consequences.

It doesn't really matter what invades the safe haven of a child, according to an evolving consensus of professionals who work with children exposed to trauma. If the invasion is violent or otherwise wounding, and especially if it continues over months and years, many children will face deep and fundamental problems as they grow up.

"A sense of safety is a basic requirement of growing up healthy from a mental health point of view," said Pamela Fischer, a psychologist with the Children's Mental Health Alliance in New York. "In situations where children are exposed to trauma, especially if it's recurring, they are going to be at risk for a host of chronic and acute mental health problems."

The issue of how children respond when they are exposed to trauma and violence — and why some can express their feelings and heal while others cannot — has become a hot research topic in recent years. Growing concern over child abuse and the explosion of violence in some inner-city neighborhoods first triggered the work, but the string of school shootings in suburban and rural settings has made it increasingly urgent.

In the wake of these outbreaks, the departments of Justice and Health and Human Services are hosting a three-day conference in Washington to explore the impact of violence on children. Justice Department statistics show that of the 22 million American adolescents between ages 12 and 17 in 1997, 3.9 million had been victims of violent crime and another 9 million had witnessed serious violence.

"What those kids in Kosovo are dealing with is a concentrated version of what kids in too many inner city neighborhoods are dealing with in this country," said Deputy Attorney General Eric H. Holder, who is directing the conference. "They have had too much exposure to violence in their lives, and that has to have a negative impact on them and on our society."

A 1997 study for the National Institute of Justice found that 43 percent of male adolescents and 35 percent of females had witnessed some form of violence—a shooting, knifing, sexual assault, mugging, robbery or threat with a weapon—firsthand. Trauma, however, does not always involve intentional violence. According to Steven Marans, a Yale child psychoanalyst who will attend the conference, trauma is "a set of psychological and neurophysical responses to an event that is overwhelming and unanticipated."

The National Institute of Mental Health (NIMH) broadly defines childhood trauma to include natural disasters and accidents as well as intentional violence. Mental health professionals note a similar cascade of emotions from domestic trauma in which a child suffers abuse or loses a parent through death or divorce.

Study cited:
1997

Available from:
National Institute of Justice
810 Seventh Street, NW
Washington, DC 20531
Tel: (202) 307-2942
Fax: (202) 307-6394
Web: www.ojp.usdoj.gov

Cost: None

Often, Marans continued, "it is very, very difficult for adults to appreciate the range of presentations that children have. Many children have witnessed the worst possible violence between parents and friends, have seen a dead body lying nearby, and can look calm and relaxed. But the trauma may not be expressed in tears, but rather flatness and withdrawal, or maybe symptoms that don't present in full for days and weeks."

A NIMH guide to childhood trauma describes typical reactions for three age groups. Children aged 5 and younger are prone to excessive clinging, crying and screaming, regressive behaviors like bed-wetting and fear of darkness. For children 6 to 11, reactions include anger and fighting, sleep problems, refusal to attend school as well as depression, anxiety and emotional numbing. And for adolescents under 17, responses can range from depression and academic decline to antisocial behavior, withdrawal and extreme feelings of guilt.

"The more direct the exposure to the traumatic event, the higher the risk for emotional harm," the report concludes. "But even secondhand exposure to violence can be traumatic. For this reason, all children and adolescents exposed to violence or a disaster . . . should be watched for signs of emotional distress." Considerable attention has been focused on the small but significant percentage of children exposed to trauma who will develop the uncontrollable fight-or-flight symptoms of post-traumatic stress disorder, or PTSD.

"There is good evidence now that the cluster of PTSD symptoms first associated with combat veterans is relevant to children exposed to trauma," said Ferris Tuma, who heads the NIMH research program on children and trauma. "The heightened sympathetic nervous system activities, the arousal you see and the over-response to triggers look very similar in adults and in children."

Researchers are also studying the complex issue of why some children seem much more resilient to trauma than others. While much of the work is in progress, Tuma said that some conclusions are possible. For instance, children who have been victims of previous child abuse or other forms of trauma, or have other mental health problems, are likely to suffer most from exposure to violence. Children without strong family support are also more likely to recover poorly from traumatic events.

Similarly, researchers are finding that the long-term consequences of exposure to severe accidents and natural disasters are generally less damaging than exposure to interpersonal violence. "There is clearly a qualitative difference in the psychological impact of trauma at the hands of another human being, especially a family member, as opposed to an accident," Tuma said. Nonetheless, many of the recommended family responses and professional treatments are similar. For instance, the need to establish a safe space for children is important after an accident, just as it has been in the refugee camps where "safe" places were designated for the children of Kosovo. The NIMH also says that all children exposed to trauma should be encouraged to express their feelings, without judgments from adults. It is normal to feel upset, sad and tearful, they should be told, and there is no need to be "tough." They should not be criticized for regressive behavior and should be given time before returning to old routines.

The NIMH report concludes that children showing signs of avoidance and numbing may need the help of a mental health professional, while more common reactions like re-experiencing the event and the tendency to startle easily generally respond to ongoing support from parents and teachers. For children suffering from PTSD, cognitive-behavior therapy can be useful in exploring why painful feelings persist and medications can reduce overwhelming symptoms of hyper-arousal.

According to Carl Bell, a psychiatrist with the University of Illinois in Chicago and an expert on childhood trauma in inner cities, there are major differences between children exposed to a single or concentrated eruption of violence and those exposed to it chronically.

"Children who live with chronic violence don't show up with PTSD as much as kids in suburban settings," he said. "They show up more with behavior disorders, fighting and drug use and school failure.

With children like that, he said, there's a need for crisis intervention as well as long-term therapies and often medications. "A primary need is to create a safe environment where the child can tell his story, get some help making sense of it, and work to turn the negatives and the helplessness into positives and helpfulness."

Bell pointed out that inner city violence has been scarring American children for years now. Yet there hasn't been a national outcry like the one heard on behalf of the Kosovo children. He said he hoped this week's conference would change that.

Holder agreed. "All the research shows that children exposed to violence as direct victims or as observers suffer as a result," he said. "They are more likely to become people who inflict violence, more likely to achieve at a lower level at school, less likely to become successful and less able to establish strong ties with others. This is a serious problem for all of us." ❖

THE WALL STREET JOURNAL

By Sue Shellenbarger Wednesday, June 23, 1999

Keywords

child care
child development
parenting

Here's the Bottom Line On Child Care's Impact

IF YOU'RE confused by the news on child care, you're not alone. A raft of new child-care research has sparked reports that conclude, among other things, that child care is good for school readiness, is bad for mother-child bonding or has no effect at all. In fact, there aren't any simple answers.

Researchers are only beginning to understand how dozens of factors combine and interact to shape children's development. Still, these latest studies are delving deeper into the effects of child care than they ever have before, and doing a better job of separating cause and effect.

The picture of how the nation's patchwork of child-care services is affecting kids is mixed. After plowing through a three-inch stack of studies, I offer my best attempt at a working parent's brief guide to the risks and rewards of child care:

School readiness: The mother of all child-care studies, by the National Institute of Child Health and Human Development, has been tracking 1,103 children since 1991, recently releasing the third series of reports on its continuing research. It has found no overall difference in the cognitive and language skills of three-year-olds in their mother's care vs. those in full-time child care, after controlling for many family and home factors.

Kids in high-quality child-care settings, as gauged by care-giver sensitivity, responsiveness and conversation, did better than all other children, even those in their mother's care, on cognitive and language tests. Kids in child-care centers, as opposed to those with nannies or in family day-care homes or other settings, did best. Children in poor-quality child care did worst.

A separate study, a four-university Cost, Quality and Child Outcomes study, tracking 800 children through second grade, also found that children who attended high-quality centers had better language, math and social skills through kindergarten.

Bonding: Some studies have suggested that extensive use of child care early in life can damage children's emotional bonds with their mothers. NICHD findings so far have tempered but not erased those concerns. When measured at 15 months old, children's attachment to their mothers wasn't hurt by child care alone, researchers found. But there was some slight damage to bonding when mothers were less sensitive. That is, child care puts kids with insensitive mothers at greater risk.

WHEN THOSE same children were three years old, their attachment to their mothers, as measured by whether they seek contact and closeness after a brief separation, wasn't affected. Researchers will continue to track the children.

Sensitivity: Here's a twist: Child-care use affects parents. The NICHD study shows that the more hours of child care a child receives from infancy through age three, the less sensitive the child's mother is. Mothers' sensitivity was rated by the supportiveness, warmth and respect they showed their children during videotaped play session. Mothers whose children were in high-quality care tended to be more sensitive, suggesting parents draw support from good care-givers.

Aware that mothers who are already insensitive by nature might be choosing to use more child care in the first place, researchers controlled the results for many factors that tend to indicate or cause insensitivity — including mothers' attitudes toward separation from their children, emotional state, personality, income, education and family support.
What do the findings mean? Tuning in to a child is a skill that takes practice, time and

Study cited:
The Cost, Quality and Child Outcomes in Child Care Centers, Stun Child Care Centers Study.
By University of Colorado at Boulder, University of California at Los Angeles, University of North Carolina and Yale University, 1999.

Available from:
The Bush Center in Child Development and Social Policy
310 Prospect Street
New Haven, CT 06511

Cost: None

Study cited:
National Institute of Child Health and Human Development Study of Early Child Care.
By National Institute of Child Health and Human Development, 1991- present, ongoing.

Available from:
National Institute for Child Health and Human Development
PO 3006
Rockville, MD 20847
Tel: (800) 370-2943
Fax: (301) 984-1473
Web: www.nih.gov/nichd/

Cost: None

effort, a process parents need consciously to safeguard when using lots of child care. Other studies suggest dads are affected by child care, too. Jay Belsky, a child-care researcher at Pennsylvania State University, found in a study of 120 families that using more day care led to slightly less positive interaction by fathers with their children. And Deborah Lowe Vandell at the University of Wisconsin, Madison, another veteran researcher, found in a study of 500 families that heavier use of child care for infants was tied to increased depression and marital worries in fathers, among other things.

Parent Power: There's growing evidence that parents have the power to mediate any bad effect of child care. One study found good parenting sharply reduced the bad effect lots of early child care seemed to have on kids' behavior. Also, in the NICHD study, children of working mothers who believed that their employment benefited their children developed better skills in child care.

AWARENESS is parents' best tool. In past studies, "kids whose mothers were perceptive about the potential effects were doing really well in child care," says NICHD researcher Margaret Tresch Owen of the University of Texas, Dallas. These mothers were making "an effort to monitor, to moderate" any risks of child care and "encourage the good potential."

Quality: High quality is the closest thing to a magic bullet you will find in nonmaternal child care, erasing nearly every risk and yielding benefits in cognitive, language, math and social skills and behavior. Trouble is, the NICHD found only 9% of U.S. child care is excellent and only 30% is rated "good." Three-fifths of child-care settings fail the high-quality test, with 53% rated fair and 8% rated poor.

As complicated as all that is, the findings ring true in my experience. And they shed light on our best path as a society: to shore up child-care quality, and to shore up parents as well, expanding the choices they have early in children's lives, and affirming them in the monumental role they play in shaping kids.❖

The Washington Post

By William Branigin Thursday, June 24, 1999; Page A13

Keywords

family composition
immigrants

Families With Mixed Citizenship On the Rise

One in 10 children in the United States lives in a family of "mixed immigration status" in which at least one parent is a foreign national and one child is a U.S. citizen, according to a new study by the Urban Institute.

The large number of these "mixed-status families," which surprised researchers of the Washington-based think tank, reflects high immigration levels in recent years, the U.S. tradition of birthright citizenship and the tendency of immigrants to have more children than the native-born. "The prevalence of so many mixed-status families suggests that recent welfare and illegal-immigration reforms limiting the rights and benefits of noncitizen adults are affecting a large number of the nation's U.S. citizen children who live in the same houses and eat at the same tables," said Wendy Zimmerman, co-author of the Urban Institute study.

According to the study, entitled "All Under One Roof: Mixed-Status Families in an Era of Reform," 75 percent of children in immigrant families nationwide are U.S. citizens.

Mixed-status families are especially common in California and New York, two states with high concentrations of immigrants, the study found. In Los Angeles, 47 percent of all children live in mixed-status families, it concluded. In New York City, 27 percent live in such families.

According to Michael Fix, the study's other author, use of welfare benefits has dropped much more sharply among mixed families than among U.S. citizen families with comparable incomes. He attributed this in part to "confusion" about welfare reform among noncitizen parents and fear that use of welfare by their citizen children would adversely affect their own immigration status.

Critics of the current high immigration levels said the report ignores a fundamental policy issue — the admission by the United States of large numbers of poor, unskilled immigrants who are ill-equipped to compete in a modern economy and thus likely to resort to welfare.

"The important question is not how these immigrant families are faring in the welfare system, but rather why our immigration policy is admitting so many poor people in the first place," said Mark Krikorian, director of the Center for Immigration Studies here. He said he views the study as a "tool in the lobbying campaign to reinstate welfare eligibility for noncitizens." ❖

Study cited:
All Under One Roof: Mixed Status Families in an Era of Reform.
By Michael Fix and Wendy Zimmerman, June 1999.

Available from:
Urban Institute
2100 M Street
Fifth Floor
Washington, DC 20037
Tel: (202) 833-7200
Fax: (202) 659-8955
Web: www.urban.org

Cost: None

Free copy also available in full from the website.

to 2,300 parents for misidentifying them as delinquent and announcing they would lose their hunting and fishing licenses. Officials attributed the mistake to a computer programming error. "We're not perfect," a state official said at the time. California officials also misidentified hundreds of men after it began the federally mandated, data-driven crackdown on deadbeats. In some cases, they confused men who had similar names. "In my estimation, this is going to be nothing more than a huge invasion of privacy," said James Dean of Oshkosh, Wis., who was unable to get a fishing license because he refused to provide his Social Security number.

Connie White, the system-development manager for the Virginia division of Child Support Enforcement, said she understands such qualms. But she believes the system is ultimately in the best interests of society. "I have problems with the Big Brother concept myself," White said. "But the need for people to support their children far outweighs their need for privacy."

Wade Horn, a former official in the Administration for Children and Families, agrees about the need to improve child support. But he is far from certain about the right balance between government action and individual privacy. "What we're now going to do is put a system into place that will track the earnings and comings and goings of the entire adult population of the U.S.," said Horn, head of a fathers' rights group in Maryland. "In a free society, we should always be on the lookout for the possibility we do harm through good intentions."

HOW INFORMATION IS COLLECTED AND PROCESSED

As part of the welfare overhaul in 1996, Congress mandated a national data-collection system to help locate child-support delinquents across state lines. It requires state officials to gather and send data about new hires, quarterly wages for employees, people who receive unemployment benefits and all child-support cases to federal officials. Those officials then use computers to sort and send back to proper state authorities reports about people obligated to pay child support.

SOURCES OF INFORMATION:

EMPLOYERS
Wages
New hires
Send data about individual wages and all new employees, including name, Social Security number and other information.

STATE
Unemployment
Child support cases
Information on all people who receive state unemployment payments; data for child support cases includes names of parents and children.

FINANCIAL INSTITUTIONS
Delinquent accounts
Information includes names, Social Security numbers, and account information such as for savings, money market accounts and others.

CLEARINGHOUSES:
STATES
Child support enforcement offices
Data on child support cases, wages, information on new hires
U.S. Administration for Children and Families
Information on new hires, wages, child support cases and financial data

STATES
Child support enforcement offices

ENFORCEMENT:
Local child support enforcement offices
Withhold wages
Freeze/seize assets
Monitor parents who owe
Provide info to state and federal authorities

THE WALL STREET JOURNAL

By Paul Farhi Tuesday, June 29, 1999; Page A01

Keywords

censorship
parenting
television

Parents Not Tuned To V-Chip

New TV Device Arrives Unnoticed

It's potentially the most revolutionary piece of TV technology since the VCR. President Clinton thinks it could change what a generation sees on television, shielding children from a culture of violence. And after years of debate, the V-chip, a little bit of silicon destiny, is finally here.

Except that hardly anyone outside of official Washington seems to have noticed. Parents trolling the TV section at the Wal-Mart in Germantown during the weekend weren't aware that the program-blocking technology is now almost as ubiquitous as stereo sound on new sets. Retailers around the area report the same level of consumer demand: zero.

The V-chip — which allows parents not only to screen out violence (hence the V) but also offensive language and sexual situations — now comes as standard equipment on many new TVs. V-chip-equipped sets have been trickling into stores in the past two months; by Thursday, federal law requires manufacturers to make half of all new TV sets V-chip-equipped. By Jan. 1, every new set bigger than 13 inches has to have it, the law says. Set makers say they're meeting or exceeding Washington's deadlines now.

The timing of the technology's arrival seems fortuitous. Coming just after the shootings in Littleton, Colo., violence in TV programs and movies is under renewed scrutiny in Congress. The V-chip, President Clinton said when the 1996 law mandating it was passed, could "put the remote control back in the hands of parents." In an interview, William Kennard, Clinton's appointed chairman of the Federal Communications Commission, called it "a high-tech tool for parenting in a high-tech age."

So far, however, the V-chip seems to be causing a stir mostly among those involved in the political battle to make it required equipment. At Best Buy's huge Rockville store, "no one has asked for it," reported a harried clerk. Salespeople at a Myer-Emco outlet in the District and a Circuit City store in Tysons Corner weren't initially sure what the V-chip was when asked about it.

"To be honest, none of the manufacturers told us we were getting it," said Paulo Teixeira, manager of the Pro Video outlet in Glover Park. "We had to get a call from The Washington Post to find out" it was standard in new models.

The widespread availability of the device — an integrated circuit — has prompted little media attention. Set makers haven't advertised it, though the Consumer Electronics Manufacturers Association says it is designing a sticker and a logo to alert buyers. The cable and broadcast industries, working with family-advocacy organizations, say they'll eventually air public service announcements.

Many people seem vaguely aware of the device, but the details are more elusive. In a nationwide survey of 1,001 parents earlier this month, the Kaiser Family Foundation found that 77 percent said they would use a V-chip to block shows they didn't want their children to see. But far smaller percentages understood the TV rating system, which is critical to understanding the V-chip.

The chip works in concert with those ratings, the little black-and-white symbols ("TV-PG," "TV-MA," etc.) that the networks began flashing on the screen at the start of their shows in early 1997. The V-chip scans these ratings — which are electronically embedded in television signals — and blocks shows based on a ratings threshold that parents set in advance. Grabbing a remote control and pointing it at a new Sony television, Pro Video's Teixeira showed how it's done. Choosing "parental control" from an on-screen menu, he first

Study cited:
Parents and the V-Chip: A Kaiser Family Foundation Survey.
By the Henry J. Kaiser Family Foundation,
May 10, 1999.

Available from:
Henry J. Kaiser Family Foundation
1450 G Street, NW
Suite 250
Washington, DC 20005
Tel: (202) 347-5270
Fax: (202) 347-5274
Web: www.kff.org

Cost: None

Free copy also available in full from the website.

punched in a four-digit personal identification number — a secret code designed to foil children who want to defeat the blocking mechanism. After switching the "parental lock" feature to "on," he began selecting the ratings he wanted the chip to block. His choice: "TV-PG-D."

That means any show that is rated PG or beyond and contains suggestive dialogue ("D") won't appear on the set. And just like that, an afternoon soap opera went blank on the screen, replaced by a little symbol of a lock and the word "BLOCKED."

The chip can also be set to block R-rated movies, or shows that carry no rating at all, such as news, sports and public affairs. The concept gets a strong endorsement from parents perusing the aisles of the Germantown Wal-Mart. "For her, at her age, it's not useful now," said Terry Hedrick, glancing at his infant daughter, Cassidy. "But I can see it in a few years." "There are a lot of things you just don't want kids watching," said Steve Pinkley, at the store with his 3-year-old granddaughter, Martha. He wonders, though, whether there's any device that kids can't beat. "She's already on the computer and knows about e-mail," he noted. Neither Hedrick nor Pinkley was aware the technology is now available.

Given that many people can't even program their VCRs, it's questionable whether parents will ever be chip-hip. In its survey, for example, the Kaiser Family Foundation found that only 3 percent of adults could correctly identify the meaning of the rating "FV," which stands for fantasy or cartoon violence. And only 2 percent knew what "D" stood for.

If it does come into widespread use, the V-chip conceivably could alter the television landscape — and the way in which children relate to it.

"To the extent that there are parents trying to limit access to violence or inappropriate content, I think it could make a pretty substantial difference," said Vicky Rideout, who directs the Kaiser program that studies the public health impact of the entertainment media. "I think it could stop young children from being bombarded with violent images in cartoons. I think it might encourage families to seek alternatives and build audiences for more nonviolent and educational programs."

A violent or bawdy show that is automatically blocked by many households would likely lose advertisers — and quickly go off the air. But some observers worry about the opposite effect: that the V-chip might give producers an excuse to turn up the sex and violence because families now have the means to block it automatically.

"We don't think that will happen," responded Dennis Wharton, spokesman for the National Association of Broadcasters, which represents TV stations and networks. After the Colorado high school murders, "there is a real sensitivity to the programs we put on. That's not to say we are into censorship, but our sensitivities have been heightened, no question."

Deployment of the chip could come relatively quickly. About 25 million TV sets are sold each year in the United States, according to the Consumer Electronic Manufacturers Association. Since about 10 percent of existing TVs are replaced with new sets each year, roughly half the households in the country could have a V-chip TV in five years (manufacturers say the addition of the technology will add little, if anything, to the cost of a new set).

Yet recent history suggests that many V-chips will never be used.

Under a 1984 law, cable TV companies are required to offer channel-blocking "parental lock boxes" to subscribers. Industry-wide figures are not available, but several people in the cable industry say there have been few requests.

What's more, the V-chip in a slightly different form proved to be a flop in a test last year. Tri-Vision Electronics, a company based in Toronto, marketed so-called "outboard" V-chips, which retrofit old TVs to block programs. Despite spending $3.5 million to promote the device in Chicago, Nashville and Indianapolis last September, Tri-Vision got an underwhelming response: It sold just 870 units.

"We asked people if they were interested in a device that could screen out programs they didn't want their kids to see, and a significant majority said yes," said Todd Grunberg, Tri-Vision's vice president of marketing. But the details of the rating system tended to confuse would-be buyers, discouraging them from making a purchase, he said. Tri-Vision is now concentrating on licensing its device to manufacturers, such as Sharp Electronics, for incorporation into their sets.

"We still have faith in the technology," Grunberg said, "but this isn't going to be a short exercise. It's going to be a long one." ❖

Health & Reproductive Issues

The Washington Post

By Reuters

June 1, 1999

Keywords

diagnosis
sexually transmitted disease

Women's Disease Is Linked to Sexual Contact

CHICAGO -- A little-publicized condition that is more common than yeast infections and can lead to more problems in women may be sexually transmitted, researchers said.

The condition, bacterial vaginosis, infects and destroys vaginal lactobacilli, bacteria that play an important role in maintaining vaginal health.

The condition primarily affects women who are sexually active, and is the most prevalent cause of vaginal discharge and unpleasant odor.

Women with bacterial vaginosis are at increased risk for pelvic inflammatory disease, premature babies with low birth weights and for H.I.V., the virus that causes AIDS.

While scientists do not know what causes bacterial vaginosis, the new study was the first evidence that sexual contact was to blame for spreading the condition, researchers said in a study released at a meeting of the American Society for Microbiology.

Lactobacilli create an acidic environment that protects against harmful bacteria. Bacterial vaginosis can lower acidity, making the environment more hospitable to organisms that cause sexually transmitted diseases. Researchers at the University of Illinois at Chicago who presented the report said they studied 67 virus-infected vaginal lactobacillus strains isolated from 207 American and Turkish women. Among those, they selected five strains in two groups.

"We found three women who were all infected by one identical virus," said Lin Tao, associate professor of oral biology at the university, who led the study with Dr. Sylvia Pavlova

"This fact indicated that the virus might be getting around and infecting different women, presumably by sexual contact," Dr. Tao said.

While the findings were preliminary, Dr. Tao said the research could help find a cause and a treatment.

Dr. Tao said women generally knew little about bacterial vaginosis, which receives much less publicity than yeast infections.
June 1, 1999 ❖

Study cited:
Initial Evidence for Sexual Transmission for Vaginal Lactobacilli.
By Lin Tao, Fall 1999.

Available from:
University of Illinois at Chicago
Department of Biology
Chicago, IL 60612
Tel: (312) 355-4077
Fax: (312) 996-6044
Web: www.uic.edu
Email: ltao@uic.edu

Cost: Not yet available

The Washington Post

By Nancy Beth Jackson

June 1, 1999

Keywords

hormones
osteoporosis

New Therapy Builds Bone Without Unpleasant Side Effects

A new study suggests that low-dose hormone replacement therapy combined with calcium and vitamin D supplements may increase bone mineral density in women over 65 by at least as much as the higher hormone doses now recommended but without unpleasant side effects.

The study, conducted by researchers at Creighton University in Omaha, is of particular importance in osteoporosis research because it helps establish that increased levels of calcium and vitamin D can enhance the effectiveness of estrogen. Osteoporosis, which often goes unnoticed until a person suffers a debilitating fracture, is the most common bone disease in America, particularly among postmenopausal women. Many women avoid hormone replacement therapy, or H.R.T., which helps prevent osteoporosis, because of side effects and increased risk of more serious complications.

As reported in The Annals of Internal Medicine this week, a study of 128 healthy women ages 65 to 91 and covering three and a half years found that those taking only 0.3 milligrams of estrogen daily showed as much as 5.2 percent increase in spinal bone mass density. Previously, the lowest dose effective for building bone density was considered to be 0.625 milligrams. Side effects like weight gain, breast tenderness and spotting were minimal initially and disappeared totally within six months, the study said.

Dr. Joan McGowan, head of the muscular-skeletal diseases branch of the National Institute of Arthritis and Musculoskeletal and Skin Diseases, said she was surprised and delighted when she saw the paper several months ago. "Estrogen is less investigated than people think it is," she said. "It has never been adequately tested before, if giving a lower dose could be effective."

Dr. Robert R. Recker and his colleagues at the Osteoporosis Research Center at Creighton's School of Medicine, initiated their study because they felt complications in hormone replacement therapy were dose-related and the role of vitamin D in increasing calcium absorption particularly unexplored.

"We gave a little less than half of what was previously thought of the lowest dose of estrogen to get the effect and boosted the calcium and vitamin D above levels anybody had ever dosed before," Dr. Recker explained.

The study revealed that initially more than 75 percent of the women had daily calcium intakes under 1,000 milligrams. They received supplements to bring their calcium intakes above 1,200 milligrams and supplements for vitamin D.

The results of the study, however, cannot be applied to younger women without additional research, said Dr. Bess Dawson-Hughes of Tufts University, who has researched the benefits of calcium and vitamins. The lower levels of estrogen even with the supplements may not be sufficient to cover the drastic decline in estrogen that can lead to bone loss experienced in the first few years of menopause, she warned.

But some estrogen is better than no estrogen, she said, adding that the dose-cutting may be more pertinent to those who cannot tolerate more.

Dr. McGowan, who is also a project director of the Women's Health Initiative, a National Institutes of Health study of menopausal women, pointed out that the study did not look at the levels of estrogen needed to achieve other possible benefits like improved cardiovascular health or attempt to determine if lower doses would cut the H.R.T. risk of breast or endometrial cancer. ❖

Study cited:
The Effect of Low-Dose Continuous Estrogen and Progesterone Therapy with Calcium and Vitamin D on Bones in Elderly Women: A Randomized, Controlled Trial.
By R.R. Recker, K.M. Davies, et al.
Published in the *Annals of Internal Medicine*, Vol 130, June 1999.

Available from:
The Annals of Internal Medicine
190 North Independance Mall West
Philadelphia, PA 19106
Tel: (215) 351-2657
Fax: (215) 351-2644
Web: www.aiponline.org

Cost: None

Free copy also available in full form the website.

The Washington Post

By Holcomb B. Noble

Keywords

body image
drug use
gender study

Steroid Use by Teen-Age Girls Is Rising

Whether trying to reach stardom in high school sports, working to achieve a fashionable lean-but-muscular look or suffering from a deep psychological disorder, teen-age girls are using illegal anabolic steroids in sharply increasing numbers, health authorities say.

The increased usage among girls, which some researchers attribute in part to a kind of reverse anorexia, has caught up to levels that began to be established by boys in the 1980's. And steroid use, researchers say, exposes girls to the same severe health risks, but with the added potential of destroying their ability to bear children.

The National Institutes of Drug Abuse says about 175,000 teen-age girls in the United States have reported taking anabolic steroids at least once within a year of the time surveyed -- a rise of 100 percent since 1991. The surveys, by the University of Michigan's Institute for Social Research, the National Household Survey of Drug Abuse and the Youth Risk and Behavior Survey System, were done in schools or the home through anonymous self-reported questionnaires.

Dr. Lloyd D. Johnston, director of the Michigan project, which has been conducting annual youth surveys since 1975, said the actual number of users may actually be higher than the most recent surveys show, since people tend to underreport drug use. The rate among teen-age boys has also continued to rise, to the current estimated level of 325,000.

Other indications, including the results of a small study in Oregon, are that steroid use among both girls and boys is increasing unabated. The three national surveys were conducted before Mark McGwire set baseball's single-season home run record last year, acknowledging that he used androstenedione, a precursor of testosterone, to help him build muscle. Whether androstenedione, which is allowed in professional baseball but banned in other sports, does in fact build muscles remains a matter of medical dispute, though the perception of many athletes, both adult and adolescent, is that it does. In any case, sports medicine doctors generally agree that its potential for inducing serious side effects is similar to that of anabolic steroids.

"I get calls every day from the coaches and parents of girls as well as boys," said Dr. Linn Goldberg, a physician at Oregon Health Sciences University in Portland and a United States Olympic Committee drug testing official. "Some are concerned and some want to know whether their children should use androstenedione."

His answer is an unequivocal no, either to use of steroids or androstenedione.

Anabolic steroids are synthetic substitutes for testosterone, the hormone that directs the body to produce or add male characteristics like increased muscle mass, facial hair and a deep voice.

The hormone exists in females as well, though in much smaller amounts.

Liver cancer, heart disease and uncontrollable aggressiveness are among other serious side effects that can occur in both males and females of all ages.

The health damages might not appear for years or decades after the steroids are taken, said Dr. Gary I. Wadler, a professor of clinical medicine at New York University School of Medicine.

Dr. Charles E. Yesalis, a steroid authority at Pennsylvania State University, was among the first to analyze the 1997 female-adolescent data in December of that year in the Archives of Pediatrics and Adolescent Medicine and to sound the alarm.

Study cited:
Monitoring the Future.
By Lloyd Johnston, 1999.

Available from:
University of Michigan
Institute for Social Research
426 Thompson Street
Ann Arbor, MI 48104
Tel: (734) 764-8363
Fax: (734) 647-4575
Web: www.isr.umich.edu

Cost: None

Most prevention programs, he said recently, have not been effective.

"I am asked to speak in schools and other institutions," Dr. Yesalis said, "but you don't get anywhere with speeches or charts or film clips or posters. We know one-shot messages don't work."

Dr. Goldberg said teen-age boys and girls generally obtain illegal steroids from people who congregate at commercial gyms. "That's where most people say they obtain them," Dr. Goldberg said.

"Someone, in this part of the country, will go down to Mexico, where it is easy to get the stuff, and bring it back, either in pill form or injectables." And then one young person will buy some and distribute them to his or her schoolmates, he said.

The new interest among teen-age girls, these and other health experts say, reflect a gradual change in attitude, and fashion, or teen-age peer pressure, away from a preoccupation with thinness. Some teen-age girls now desire to look more healthy and somewhat more muscular, but this has led some girls toward an unhealthy compulsion to be ever fitter with larger muscles.

"We've gone from the overweight beauty of the Rubens women, to the thin rail of the Twiggy types and now back to something in between, the lean but muscular type," Dr. Wadler said. "These are people who are virtually addicted to the mirror. But they will never be satisfied with what they see, and this is now happening to teen-age girls who want bigger muscles no matter how much bigger their muscles have become."

Dr. Harrison G. Pope Jr., chief of the Biological Psychiatry Laboratory of Harvard Medical School's McLean Hospital, and colleagues referred to a similar disorder in male weight lifters as "reverse anorexia" after it was observed in 1993.

The researchers recently updated the work with a study of 32 women bodybuilders, 17 of whom showed signs of an emotional disorder called body dysmorphism, which is the excessive preoccupation with a trait or traits of the body viewed as ugly or defective whether they are or not.

Several women in the study were so addicted to working out that they cut off job opportunities and close personal relationships. But Dr. Pope said too little research had been done on this emerging obsession among teen-age girls to draw specific conclusions about its complex causes.

The case of one of the worst known adverse reactions to steroid use, reported by Dr. Goldberg, is that of a 19-year-old West Coast woman who was preparing to enter her first bodybuilding contest, lifting weights and eating a high-protein diet. She then switched to a drastically reduced intake of food and water. Obsessed with her goal, she began taking anabolic steroids and a diuretic. The steroid would add muscle and the diuretic would drain the body of fluid and make the muscle stand out more.

She won the contest, but it will probably be her last. After she collected her trophy, she resumed drinking water and eating normally, and her weight shot up by 25 pounds in three days.

It turned out that the diuretic had masked the actual amount of muscle she had built up, said Dr. Goldberg, who was one of a group of health experts who reviewed the case. When she drank more fluids, he said, her muscles pushed out to the full over-developed size and crushed blood vessels in her legs.
Called compartment syndrome, the condition put her limbs, if not her life, in danger, and surgeons had to cut open both legs to protect her vascular system and remove significant amounts of the new muscle tissue.

Dr. Goldberg and Dr. Diane L. Elliot hope to educate girls about the dangers of steroid use as they have done with boys. They recently completed a program, called Atlas, that is supported by the National Institute on Drug Abuse and is aimed at reducing steroid use among young male athletes. A main element of the program, involving 3,200 male athletes at 31 high schools in Oregon and Washington, was to teach the students to educate one another on the problems. The number of male students that reported having used steroids within a year was cut by 50 percent. Under another National Institute of Drug Abuse grant, they are developing a similar program for girls.

Dr. Yesalis said the Goldberg-Elliot program was the only one he knew of that worked.

"Unless young people are taught to know where and how to draw the line, to know that it's not right to try to win at all costs, they're not going to listen when you tell them steroids put their lives at risk for the glory of winning," he said. ❖

The New York Times

By The Associated Press June 17, 1999

Keywords

AIDS
cancer
funding
medical research

Study Finds AIDS and Cancer Get Bulk of NIH Funding

A study suggests that diseases like AIDS and breast cancer get a disproportionately large share of federal research dollars in relation to the toll they take on public health.

The study, published in Thursday's New England Journal of Medicine and conducted by researchers at Johns Hopkins University, is the first systematic comparison of National Institutes of Health funding for specific diseases and the burden imposed by these illnesses.

Overall, the study found a strong correlation between NIH funding in fiscal 1996 and the years of life lost to disability and death from 29 diseases in the world's industrialized nations — a measure called disability-adjusted life-years, or DALYs.

That's good news for NIH, said Dr. Cary Gross, who led the study.

"A lot of people have been critical of the NIH for quite a while in saying their funding allocation was arbitrary," Gross said. However, the study found that diseases with strong political lobbies — especially AIDS — got more money according to the DALY measure than diseases with less-vocal advocates, such as emphysema and depression.

AIDS got $1.4 billion in grant money in fiscal 1996 and was estimated to lead to the loss of 1.27 million DALYs — about $1,114 per DALY. Breast cancer received $381.9 million for 1.42 million DALYs, or $269 per DALY. Depression got $148.8 million for 8.4 million DALYs, or $17 per DALY. Emphysema got $62.4 million for 2.28 million DALYs, or $27 per DALY.

The study also found a pretty good correlation between NIH funding and two other, commonly used measures of the burden of disease: deaths caused and years of life lost to premature death.
But Gross said the DALY measure is superior because it better captures the effect of chronic, debilitating diseases like mental illness and diabetes.

Lauri Flynn, executive director of the National Alliance for the Mentally Ill, said the study suggests what mental health advocates have long claimed — that research into mental illness is not as high a priority as it should be.

"We see ourselves as historically underfunded," she said. "It would certainly gladden my heart if they took some of this information into the equation more."
However, scientists and advocates warned that using the study to conclude that NIH is pouring too much money into AIDS research would be a huge mistake.

AIDS is not the most burdensome disease in the industrialized world, but it is deadly, infectious and rampant in Africa and parts of Asia, said Daniel Zingale, head of AIDS Action.

"This is a global pandemic that threatens to bring down entire nations, and America is the leader in medical research in the world," Zingale said. "If you make the error of simply looking at it as dollars for deaths, you could come to some rash conclusions."
Dr. Jeffrey Laurence, a Cornell University researcher and adviser to the American Foundation for AIDS Research, also noted that AIDS research has led to breakthroughs in other diseases, such as new drugs for hepatitis B and C — two other disabling, worldwide viral epidemics.

"All the money that's being spent on AIDS research has broad benefits for other diseases," Laurence said.

Study cited:
The Relation Between Funding by the National Institutes of Health and the Burden of Disease.
By Cary P. Gross et al.
Published in the *New England Journal of Medicine*, Vol.340 No.24, June 17, 1999.

Available from:
New England Journal of Medicine
1440 Main Street
Waltham MA 02154
Tel: (617) 893-3800
Web: www.nejm.org

Cost: $10.00

A government advisory group, the Institute of Medicine, recommended such a cost comparison be done. About one-third of NIH's $15.6 billion budget is spent on disease-specific research; the rest supports basic science.

Leon Rosenberg, chairman of the committee that recommended the comparison, said that the study provided important information but that it would be foolish to use the burden of disease as the sole criterion for funding.

"I'm concerned about the use of these data" by advocacy groups, he said. "But the alternative is worse — namely, to wall scientific decision-making off from any public scrutiny."

In an accompanying editorial, Dr. Harold Varmus, the head of NIH, also cautioned that NIH considers many factors when awarding grants, including whether a big push in a particular area is likely to yield major scientific gains or public health benefits.

"Advocacy groups have tended, understandably, to focus their attention on alleged inequities between the toll of a specific disease and spending for research on that disease," Varmus wrote. "These claims are of great concern to the NIH, because they threaten to undermine the agency's credibility, and to Congress, because they challenge its oversight in a politically sensitive area."

Dr. Donald Mattison, medical director of the March of Dimes, which gives out about $25 million a year to study birth defects, disputed the study's suggestion that prenatal and newborn research is underfunded. He noted, for example, that some alcoholism and diabetes grants have been used to look at the effects of those diseases on fetal development and pregnancy.

"Frankly, I'm pleased with the way NIH has funded," he said. ❖

The Washington Post

By Amy Goldstein Wednesday, June 23, 1999; Page A03

Keywords

HMO
medicare

Medicare Overpays HMOs, Report Says

GAO Study Comes as Plans Lobby for More

As a pivotal federal deadline looms, disgruntled representatives of the nation's health plans are conducting a 50-state lobbying swing, griping that Medicare is paying HMOs so poorly that many will be forced to start charging elderly patients more money—or stop caring for them altogether. But a new government analysis adopts a very different view. Even though Congress has restricted Medicare payments for the growing cadre of older Americans in private health plans, the government still may be too generous, according to an as-yet unpublished report by the General Accounting Office.

Medicare overpaid HMOs by $1.3 billion in 1998, the first year after rate changes began to take effect, and that excessive spending can be expected to increase as more elderly patients sign up for managed health care, the GAO has concluded. "Some plans could make a normal profit and provide [more services] even if Medicare payments were reduced," according to a draft obtained by The Washington Post.

That appraisal is likely to further inflame a combustible relationship that has developed between the government and private health plans since 1997, when Congress and the White House adopted a federal budget agreement that seeks to rely more heavily on HMOs to care for the 39 million elderly and disabled Americans who qualify for Medicare. Six million Medicare recipients now belong to HMOs.

The health plans are now among many kinds of providers of health care—ranging from major teaching hospitals to tiny home-health companies—that are beseeching Congress for more money, complaining that the budget cuts set in motion two years ago went too far.

The timing of the report by Congress's investigative arm is particularly delicate. A few copies of the GAO's findings have begun circulating just a week before July 1, the deadline by which HMOs must inform the agency that runs Medicare whether they will continue to participate in the program for the coming year.

Federal health officials are steeled for a possible repeat of the tumult that erupted last year, when nearly 100 HMOs dropped out of Medicare or stopped serving certain communities, forcing 450,000 patients—including nearly 50,000 in the Washington area—to scramble for new sources of care. As this year's deadline approaches, the conventional wisdom within both the government and the American Association of Health Plans, the industry's main trade group, is that the number of outright defections from Medicare is likely to be somewhat smaller. But they also expect that many health plans will cause disruption nonetheless by shifting a bigger burden of their expenses onto elderly patients, by requiring patients, for instance, to pay new premiums or new surcharges for prescription drugs.

The trade group has been quick to point out that several major HMOs already have announced they are retreating from Medicare next year. Among them, Cigna Health Care plans to drop about 10,000 patients in seven states, while Senatara Healthcare intends to drop nearly 14,000 patients in southeastern Virginia.

Yesterday, the association's president, Karen Ignani, reacted angrily to the GAO findings. "Their conclusions conflict with reality," she said. "This program is being destroyed."
The GAO analysis was conducted at the request of three senior Democrats, Sen. Daniel Patrick Moynihan (N.Y) and Reps.

Study cited:
(Study is not ready for publication and is currently untitled).
By the General Accounting Office, 1999.

Available from:
General Accounting Office
441 G Street, NW
Washington, DC 20548
Tel: (202) 512-3000
Web: www.gao.gov

Cost: Not yet published

John D. Dingell (Mich.) and Fortney "Pete" Stark (Calif.). The study concludes that health plans are being overpaid partly because the federal budget agreement set rate changes based on what HMOs were paid in 1997, a year when it says Medicare payments were especially excessive. In addition, it says HMOs tend to attract healthy patients who need relatively little care—a conclusion that Ignani disputed. Dingell said the GAO's findings raised fundamental questions about whether the government should rethink Medicare's growing reliance on HMOs. "If we can't pay enough to satisfy them, and if we still are overpaying them, we've got a big problem," Dingell said. ❖

THE WALL STREET JOURNAL

By Elyse Tanouye and Philip Connors June 29, 1999

Keywords

health care
medication

New Price Data on Prescriptions Show Big Hikes for Many Drugs

For many Americans, feeling better is an increasingly expensive proposition. According to a new analysis by a major pharmacy-benefits manager, the prices of several top-selling brands of prescription drugs — including some of the most commonly used medications — jumped 10% to 20% over a recent two-year period.

The findings, by Express Scripts Inc., will add fuel to the already raging debate in Washington over whether prescription-drug coverage should be added to Medicare, the federal health program for 39 million elderly and disabled. Tuesday afternoon, President Clinton is scheduled to unveil his Medicare-overhaul plan, which calls for providing drugs to all Medicare beneficiaries.

"Each side will use this report to its benefit," says Bruce Vladeck, professor of health policy and geriatrics at Mount Sinai School of Medicine in New York. "The advocates will say, 'This shows how critical drug coverage is,' while the opponents will say, 'We can't afford to buy a pig in a poke that may kill the federal budget in 20 years.'

The Express Scripts report comes at a time when drug makers are already being criticized for heavy spending on marketing efforts, including consumer advertising, that have contributed to escalating drug spending. But the pharmaceutical industry defends rising prices by pointing to the massive, high-risk research and development programs that can produce effective new medications. The industry is considering a big public-relations and advertising campaign to get its point across.

There is no question that developing new drugs is an economically risky endeavor, involving legions of scientists, expensive technology and often years of effort — with no certainty of success. "We have an abundant pipeline of lifesaving drugs for cancer, cardiovascular disease, arthritis and other diseases," says Kristin Fayer, a spokeswoman for G.D. Searle, a unit of Monsanto Co., whose insomnia drug Ambien rose 14.8% in price over the two-year period. "It takes a lot of money to develop those drugs, and we manage to keep our prices extremely competitive."

Mary Sawyers, a spokeswoman for Bayer Pharmaceuticals, a unit of Bayer AG, says the company is working on a new generation of cancer drugs that cost hundreds of millions of dollars to develop. "We reinvest the revenue from price increases with the goal of producing more and better drugs" she says. The cost of Bayer's antibiotic Cipro rose by 16.7% over the same two-year period.

But the political reality is that the elderly — a crucial voting bloc — are the biggest users of prescription drugs, and many have to pay for their prescriptions out of their own pockets because Medicare currently doesn't cover outpatient medications.

The Express Scripts report says the increase in drug prices — from January 1997 through December 1998 — was the largest seen since it began tracking these figures in 1993. During that period, insurers and health-maintenance organizations spent 16.8% more on prescription drugs.

COMPLEX CAUSES

The causes of this surge are complex, reflecting price hikes by drug manufacturers, as well as the fact that patients are using newer and thus more expensive drugs, according to the analysis. The authors had predicted a smaller increase in spending by health plans, "but we didn't expect inflation to more than double," says Fred Teitelbaum, one of the report's authors and a vice

Study cited:
Medication Prescribing Patterns Vary Widely Between, Within States and the Classes.
By Express Scripts, Inc., June 29, 1999.

Available from:
Express Scripts, Inc.
Web: www.express-scripts.com

Cost: None

Free copy available in full from the website.

president of outcomes research and cost management at Express Scripts.

Some of the price increases the study noted during the two-year period: allergy drug Vancenase AQ, up 19%; diabetes drug Glucophage, 11.9%; and several acne medications, more than 17%. Many drugs used by older patients also had big increases: The arthritis drug Daypro cost 11.4% more. The overall consumer inflation rate was 3% during those two years.

Overall, Express Scripts found average wholesale drug prices, or list prices, increased 5.1% in 1998, more than double the 2.4% increase in 1997. That matches the rate found by the University of Minnesota's Prime Institute, which also tracks prescription-drug prices, says Stephen Schondelmeyer, head of the institute.

Looking ahead, the authors of the Express Scripts report predict drug spending by insurers and HMOs will increase by 13% to 17% a year if those health plans don't aggressively control drug usage.

Express Scripts, based in Maryland Heights, Mo., manages drug benefits for a number of major health plans. In compiling its report analyzing outpatient-drug prescriptions, the company used a sample of 7.2 million people in 1997 and 8.8 million people in 1998. The analysis excludes Medicare patients because the limited drug coverage offered by most private health plans would have distorted the data, Dr. Teitelbaum says.

The pharmaceutical industry exercised restraint in raising prices immediately following President Clinton's attacks on high drug prices in the early 1990s. But the dynamics have changed. Major drug companies are feeling pressure from makers of generic medicines, which retail for less than name brands. Dr. Schondelmeyer also suspects some drug makers may be raising prices now in case the government overhauls the Medicare program — and imposes price controls.

The Pharmaceutical Research and Manufacturers of America, an industry trade organization, also cites the fact that many patients are in "transition from older, less effective medicines to newer, more effective drugs. And the cost of research and development continues to go up. It now costs up to $500 million to research and develop one new drug."

A spokesman for the trade group says he hasn't had a chance to review the Express Scripts report's methodology. But he cites another analysis, by IMS Health, a pharmaceutical-market research firm, showing a lower drug-price inflation rate of 3.2% in 1998 and 2.5% in 1997.

"We have considerable respect for IMS Health because its acquisition-price database encompasses more than 20,000 pharmaceutical products and is updated continuously," the spokesman says.❖

Poverty & Income

The New York Times

By Michael M. Weinstein Thursday, June 3, 1999

Keywords

economy
welfare reform

New Welfare Rules May Be Tested in Next Recession

Proponents of the 1996 welfare law are finding plenty of reasons to feel smug these days. Republican leaders held a news conference last week to proclaim a triumph after releasing a study by the General Accounting Office that showed plunging welfare rolls, soaring employment rates among former recipients and no burst of homelessness, as many of the law's opponents had predicted.

So should opponents, including several high-ranking administration officials who resigned when President Clinton signed the Republican-sponsored bill, acknowledge they were wrong?

"No," says Wendell Primus, one of those officials who resigned in protest and who now works for the Center on Budget and Policy Priorities, a liberal research group in Washington. It might seem churlish to slough off all the good news, but Primus has a point. The test of the '96 act comes when the next recession hits and there will be no federal security blanket for the first time in 60 years.

In an interview this week, Primus echoed testimony he gave to Congress last week. "Many former recipients are surviving on less income today than when they were on welfare. And the number that will need to return to the rolls in the next few months or years in an effort to make up for their lost income by combining work and welfare could prove staggeringly high."

First, the good news. Douglas Besharov, a resident scholar at the American Enterprise Institute, a conservative research group, testified last week that the welfare law, rather than the robust economy, was a key reason "for this unprecedented decline -- now reaching 44 percent since March 1994" in caseloads. He estimates that there are almost 7 million fewer people on welfare. He cites an analysis by the federal budget office that reductions in welfare benefits were offset by "two- or threefold gains in income due to work." Besides, he says, perhaps 30 percent of poor single-mother families live with nonfamily members from whom they can derive support.

The GAO adds to the cheery evaluation. Its review of studies from seven states finds employment rates of people who left welfare rolls ranging from 61 percent to 87 percent. Those are stunningly high numbers, well beyond predictions when the law was passed. By contrast, the employment rates among current welfare recipients hover around 30 percent.

Sarah Brauner and Pamela Loprest at the Urban Institute reviewed 11 studies of people who have recently left welfare and turned up another encouraging result: More than half of the employed people who left welfare worked 30 or more hours a week, nearly full time. A few of the studies found that a majority of recent welfare recipients report that life is better for those who leave the rolls.

Primus presents a darker view. Incomes of single-mother families did rise before the 1996 act passed. But between 1995 and 1997, the income of the poorest 20 percent of single-mother families fell by almost 8 percent despite a fast-growing economy, a substantial increase in federal tax credits for poor working parents and the fact that time limits on welfare benefits had not kicked in. The fall in welfare benefits overwhelmed the rise in earnings. And Primus rebuts Besharov's suggestion that the income of nonfamily members could fill in the gap. "Maybe 3 percent of the million households who lost money coped by sharing income," he said.

Study cited:
How Well Can Urban Labor Markets Absorb Welfare Recipients?
By Robert Lerman et al, 1999. #A-33

Available from:
Urban Institute
2100 M Street, NW
Fifth Floor
Washington, DC 20037
Tel: (202) 833-7200
Fax: (202) 659-8955
Web: www.urban.org

Cost: None

Free copy also available in full from the website.

"I find an income loss for roughly a million families of $860 per family, which represents a decline of 15 percent," he added. "That's big."

Primus also points out that welfare rolls fell after 1995 five times more than did the number of people living in poverty. He says that Besharov exaggerates the importance of income gains reported by the government for all female-headed families because many of those families were not poor. In one study, only 35 percent of those who left welfare earned as much as $12,000 a year, and even that level falls short of the poverty level for a family of three by about $1,000. A Wisconsin study showed that between a third and a half of those who left welfare for good had income above the poverty level.

The Urban Institute study concludes that most people who leave welfare "report having incomes that are lower than or similar to their combined earnings and benefits before exit." Its review also shows that only about half to two-thirds of people who leave welfare receive Medicaid benefits and only about half receive food stamps even though the welfare law did not withdraw these benefits. Participation rates for those who leave welfare are much lower than among those who continue on welfare. About a third of the families who leave welfare report problems paying for food and utilities.

Primus focuses on another threatening statistic. In Maryland, about 20 percent of welfare recipients returned to the rolls after three months. In Wisconsin, about 30 percent returned after 15 months. "The issue of families needing to return to welfare will become more important as an increasing number of recipients reach their time limit on aid and returning to the rolls will no longer be an option for them," he said.

The data behind any evaluation of the welfare-to-work programs are skimpy. Few states have conducted reliable surveys. "We could draw no conclusion about the status of most families that have left welfare," the GAO says. But Primus and others provide enough cautionary tidbits to make the case that "considerable caution ought to be exercised before pronouncing welfare reform an unqualified success." ❖

The Washington Post

By E. J. Dionne Jr. Tuesday, June 8, 1999; Page A19

Keywords

economy
job security
workforce demographics

A Ladder For The Poor

The United States has been conducting a great economic experiment. It involves keeping unemployment rates at a historical low over a long period.

The results are in: Sustained low unemployment achieves the good results its advocates have always claimed it would. Not only that: We've kept unemployment low without experiencing an upsurge of inflation.

Until the past few years, economic policy assumed that was impossible. Yet the jobless rate fell Friday to 4.2 percent, a 29-year low -- and inflation still seems at bay.

Just as important, those who argued for years that the plight of the poor owed more to what was wrong with the economy than to what was wrong with the poor have been proved right. Tight labor markets have led employers to offer jobs to people who were described as "unemployable" only a few years ago.

Among the large beneficiaries of the low unemployment rates are young black men, according to a study by Richard B. Freeman of Harvard University and William M. Rogers at the College of William and Mary. They found that in 14 metropolitan areas where unemployment has been below 4 percent since 1992, the proportion of young, less-educated black men who are working rose from 52 percent to 64 percent. Increased work has been accompanied by falling crime rates.

Low unemployment helps explain a recent spate of good journalism on the changing situation in black America, including Ellis Cose's important article in the June 7 Newsweek and a detailed report on the Freeman-Rogers study by Sylvia Nassar and Kirsten B. Mitchell last month in the New York Times.

"Poor blacks never lost faith in work, education and individual effort," Jennifer L. Hochschild of Princeton University told Nassar and Mitchell. "What's different now is that they can do something about it."

Economic thinkers of a New Deal-bent have insisted for decades that if unemployment were low enough, many social problems described as "intractable" would begin solving themselves. The irony is that it took Bill Clinton, a Democratic president described as too conservative by many liberals, and Alan Greenspan, a Federal Reserve chief whose hero was the libertarian Ayn Rand, to prove the theory true.

Greenspan is described as a wizard, but he did something more important than magic: He altered his policies in light of the evidence. Greenspan, like most economists, once held the conventional view that low unemployment would breed inflation. But over time, he saw this economy behaving differently. Instead of hitting the brakes by raising interest rates, he held them steady and unemployment continued to drop.

Greenspan is now under pressure to raise rates. But he might consider the intriguing theory of Alice Rivlin, who stepped down last week as vice chairman of the Fed. She says we may be in a time when low unemployment keeps inflation down because it forces companies confronted with a shortage of workers to become more efficient.

"Economists have had in their head the idea that tight labor markets would lead to inflation and low productivity," Rivlin told the Financial Times in April. "It may be that under the present circumstances of fierce global competition, the effect of tight labor markets is exactly the opposite."

Political progressives have been reluctant to tout the good news that they were right about low unemployment. Many in their ranks are more concerned with persistent inequalities and injustices.

Study cited:
Area Economic Conditions and the Labor Market Outcomes.
By Richard Freeman and William Rogers, June 1999.

Available from:
National Bureau of Economic Research
1050 Massachusetts Avenue
Cambridge, MA 02138
Tel: (617) 868-3900
Web: www.hardvard.edu
Email freeman@nber.org

Cost: $5.00

Study cited:
When Good Jobs Go Bad: Young Adults and Temporary Work in the New Economy.
By the 2030 Center, 1999.

Available from:
The 2030 Center
1015 18th Street, NW
Suite 200
Tel: (202) 822-6526
Fax: (202) 822-1199
Web: www.2030.org

Cost: None

Free copy also available in full from the website.

But admitting there's good news doesn't entail ignoring the bad. Acknowledging that low unemployment has been good for African Americans, for example, doesn't mean racism has disappeared or that we've arrived at a utopian state of social justice. We haven't.

For example, a study released this month by the 2030 Center, which studies the economic problems of young adults, found that half of all temporary workers, those who have insecure, "nonstandard jobs," are aged 20 to 34.

While some take temporary work because they want flexibility, the study found that the vast majority of temporary workers "profess strong dissatisfaction with their benefits and second-rate status." This is a problem. But it would only get worse if unemployment climbed back up.

Politicians will always talk about their devotion to economic growth. But now that we know what low unemployment can achieve, politicians need to be pressed about their priorities and what kind of growth they're looking for. Will their policies tilt toward keeping the jobless rate down? Or will their fears of inflation always make them tilt toward risking higher unemployment?

Yes, inflation is a risk. But it is now undeniable that the risks of high unemployment are borne most heavily by the poorest among us -- those who are only now beginning to climb the economic ladder. We dare not knock that ladder down. of the Department of Health and Human Services to assess beneficiaries' access to nursing homes. The study could help determine how widespread the problems are.

"In some cases, it may be appropriate for acutely ill patients to spend a little more time in a hospital before being transferred to a skilled nursing facility that may offer less intensive care," HCFA Administrator Nancy-Ann DeParle said in a statement.

The strict new nursing home admissions standards are a manifestation of the industry's financial distress. Several of the nation's largest nursing home chains are losing money and nursing home stocks have plummeted.

But hospitals seem to be complaining the loudest about nursing home admissions, because hospitals must absorb the expense of the Medicare patients stranded in their beds.

The ripple effects go beyond the federal health insurance program. When nursing homes stop offering services such as ventilator care and lay off the nurses who provide other specialized services, they leave fewer placement options for patients with private insurance.

At Christiana Hospital, dozens of patients are tying up beds while they wait for nursing home placements, making it harder to move other patients out of the emergency room or intensive care units, said Charles Smith, president of Christiana Care Corp., the parent company.❖

The Washington Post

By Albert B. Crenshaw Sunday, June 13, 1999; Page H02

Keywords

college education
finiancial aid

Students Pay Dearly for Debt

Study Finds Effects Far Beyond the Financial

Exploding student debt on American campuses is having wide-ranging but little-noticed social effects that are being felt in family relationships, in young people's attitudes toward their peers and their school, and in their views about borrowing and saving, according to a new study of students and their money.

The long-term consequences of these shifts are not yet known, but the study's findings raise troubling questions for parents and colleges, as well as for the students themselves.

The findings suggest that easy access to credit can undermine parental authority, allowing some students to burst free from family restraints at a time when they are not well prepared to do so. Credit also makes it easier for less affluent students to succumb to social pressures to live beyond their means. And it creates a class of debt-saddled alumni and dropouts who assign at least some of the blame for their predicaments to the colleges and universities—blame that can show up in the form of decreased donations to the schools in later years.

The impact of debt, both education loans and credit cards, has been the subject of considerable debate in recent years, but much of the study has focused on the economic situations of students.

The financial services industry notes that many of these studies find that the vast majority of students handle credit responsibly and find credit cards and student loans both crucial to their education and a convenience in their everyday lives.
But the new study was conducted by a sociologist—Robert D. Manning of Georgetown University—rather than an economist, and it looked at students' feelings and attitudes as well as their financial situation. It concludes that credit problems are wider than earlier studies indicated and extend beyond the students' bank balances. The report was released under the auspices of the Consumer Federation of America, which has long been critical of credit-card industry practices.

Its findings were mirrored by another study, released last week by the American Association of University Women, which found that credit card debt is a major obstacle for female high school graduates seeking to go to college and to college dropouts seeking to return to school.

The campus debt explosion is relatively new and is a function of college costs, which have risen much faster than family incomes, and aggressive marketing of credit cards to students by banks and other issuers. Together they have transformed "the cash-based economy of college life" that today's parents remember, Manning said last week.

"Clearly, credit and debt are shaping [today's] college experience," he said, and thus shaping the future lives and attitudes of students.

Manning, who has been studying students and credit for years and has done extensive surveying and interviewing on area campuses, pointed to three key areas in which these changes are becoming visible.

First, the college experience makes debt acceptable. Manning has encountered numerous instances of students who come to college from homes where parents have long emphasized the virtue of staying out of debt and buying only what you can pay for at the time. But these students cannot afford college without borrowing, and they hear "college administrators emphasize that debt is unavoidable but a good investment," he said.

Study cited:
Credit Cards on Campus: Cost and Consequences of Student Debt.
By Robert Manning,
June 6, 1999.

Available from:
The Consumer Federation of America
1424 16th Street NW
Suite 604
Washington, DC 20036
Tel: (202) 387-6121
Fax: (202) 265-7989
Web: www.friends-partners.org

Cost: $15.00

In this same context, these students are bombarded with solicitations for credit cards, which are often couched in similar terms—building a good credit record, which will be valuable to you later on. And at the same time, the cards offer other seeming benefits, such as convenience (you don't have to keep running to the bank for cash) and security in emergencies (the car breaks down, for example). And many schools seem to add their own imprimatur by offering "affinity" credit cards emblazoned with the school's name.

As a Georgetown undergraduate named Jeff told Manning, "Everyone has to take on debt to go to college. . . . Everyone is expected to have student loans. . . . Even in my Midwestern [culture] which emphasizes that debt is bad, college loans are viewed as good debt."

This atmosphere made it easier for Jeff, first, to accept a credit card then to run up a balance on it and then on another and another. Today he has 16 cards, $20,000 in balances on them, a $10,000 debt consolidation loan and $30,000 in student loans. He is working two part-time jobs his senior year and hoping to land a good enough job at graduation to bail himself out.

Second, the easy availability of credit undermines parental control of their college-student offspring. In the days when parents controlled the purse strings, they had considerable leverage over both behavior and spending. In the past, credit card issuers demanded that parents co-sign for students' cards, but today they no longer do. Now, a student who wants to spend money in ways mom and dad wouldn't approve of can easily obtain a credit card and charge it.

Alcohol, tobacco, vacations, "self-mutilation," are common credit card expenses, Manning said. "I was astounded how many kids put down piercings" when listing their credit card expenses.
Cards also allow students to hide misbehavior. One student told Manning he got his first card when he was arrested for drunk driving and had to hide the $500 expense from his parents.

Cris, a student Manning interviewed at the University of Maryland, related the conflicts she had had at home with her "stingy" father who squawked when Cris or her mother so much as turned on an air conditioner. Her parents assumed she was behaving herself when she got to college because the only money she had was her small savings from her high school job. It never dawned on her father that banks "would give essentially unsecured loans to teenagers who lacked experience in managing their economic affairs or discipline in controlling their consumption," Manning said.

Wrong.

With her new cards, Cris felt socially and economically empowered, and "when she needed economic help [the cards] were always there for her. And they did not ask questions about why she needed the money or moralize about her spending patterns," Manning said.

As she slipped deeper and deeper into trouble, she was able to stay afloat only by adding new cards and shifting balances. Even becoming a part-time student so she could work full time was not enough. She tried to renegotiate, but the debt counseling service told her she was too far gone. When she declared bankruptcy at age 23, Cris discharged $22,522 in debts on 13 cards and a $5,000 consumer loan.

Third, a theme running through many of the student disaster stories is their desire to keep up a standard of living they can't really afford. In some cases, peer pressure is a key, as it was for Jeff, who felt he'd lose his friends if he got rid of his credit cards. In other cases, students who are used to having most of the things they wanted as teenagers are unable to adjust to spending constraints imposed by college costs.

The pressure is especially acute on students at expensive schools such as Georgetown, where many of their classmates come from affluent families. The median family income of GU students is $155,000 (vs. $75,000 at the University of Maryland), Manning said, so meals out and trips and the like are no problem for many. But that leaves many less well-heeled students to choose between debt and opting out of social activities.

Manning has seen students try all sorts of strategies for staving off disaster—surfing from card to card, shuffling balances, and the like. But a particularly pernicious one, common at less expensive schools, is to in effect refinance credit card debt with student loans.

At institutions where student loan limits are more than sufficient to cover tuition, students borrow as much as they are allowed and use the extra to pay off or pay down credit card debt. The hitch: Government-guaranteed students loans are generally not dischargeable in bankruptcy, so if the roof really falls in, they can continue to be saddled with what was in large part consumer debt.

The consequences of the huge debts can be devastating. Two women told a Consumer Federation session last week of their children's suicides, in which they felt debt played a major role.

A key trap, students told Manning, is the very small minimum payments many credit cards require. Most students can manage $30 or $40 a month, at least at first, and often continue to borrow and obtain new cards until even the minimum payments are beyond them. By then, though, their actual debt is likely to be enormous.

Often parents can and do bail them out, but many are stunned to find out how much their child owes.

"A lot of parents don't understand that by the time they hear about a kid having a problem, it's really big problem," he said.❖

Of Interest

The Washington Post

By DeNeen L. Brown Tuesday, June 8, 1999; Page C01

Keywords

body image
psychology

Bald Truths About Women

Some Choose to Cut to The Root of Who They Are

Her head is bald--slick as a baby's behind.

Go ahead and stare if you dare. She doesn't need eyes in the back of her head to know you are looking.

Fill in the blanks of who she is. Without a strand of hair, you are going to have to look deeper.

Go ahead. Grit on her. She doesn't care.

Her hair--or lack thereof--says something to all those who would have the audacity to ask her what happened. Why she went to her hairdresser one day, sat in the swivel chair, looked in the mirror, then adamantly told her hairdresser to take it all off. "Just cut it all off," she had said. "I'm sick of it. I'm sick of this hair."

As her hair snowed around her, falling to the floor, she was liberated.

She no longer cares whether you like it or not.

Cutting off her hair is like pulling back a curtain. Now you can see her. But you don't.

Women with shiny heads--some bald, some nearly bald and some with an after-five shadow--are reveling in their own bareness without those so-called crowns. They are shaving their hair out of choice--tired of blow-drying and curling. Tired of trying to run between raindrops and of the voices of older generations who told them: "You bet-not leave this house with your head looking like that." Tired of trying to live up to an artificial standard of beauty. Tired of men. Tired of women. Tired of the pulling, the tugging, the chemicals, the straightening combs, tired of the weight of more than just hair.

Dexter Fields, owner of Millennium Barber Salon, is known for his expertise in shaving female heads. And when a woman is ready to go there, ready to wrap her head around a bare cut, he can see the resolution in her face.

She is weary. So she gets up one morning, goes to Fields and says to him: "I'm tired of doing my hair the way he wants it done. Take it all off."

"It's the truth," says Dani Dougan, 42, a dental assistant who lives in Capitol Heights. She is recalling the time when she made that same trip into baldness.

"I was getting rid of a man and I said, 'I can get rid of this hair, too.' And I cut it all off. I was trying to get rid of stuff. That's how I felt then," Dougan says. "I was cleaning up my life, and part of cleaning was cutting my hair."

When a woman finally reaches Fields's swivel chair in his corner of a salon painted egg-yolk yellow, she has usually reached a pivotal point in her life, when she knows who she is and doesn't care to wear her hair the way she thinks you may like it.

"It's like a mental evolution," says Fields, whose hair is shoulder-length. But he understands.

"I would say it's not a trend but it's becoming more popular. It's becoming more accepted."

In each of his female clients he sees something that is not different: A beam beneath all that hair is burning to get out.

"They have reached a point where it's like, 'I get it,' " he says. "A lot of women do it out of a sense of rebellion."

Russell L. Adams, professor and chairman of the department of Afro-American studies at Howard University, has seen the revolution in hair over the years and studied what it means. The baldness, he says, is just another extreme.

"This represents an ultimate of some kind," Adams says. "It's almost like the last word in a quarrel about hair. . . . It says, 'I'm as free as I wish to be with this hair. You all, whites and blacks, have been fussing about African American hair from Columbus to 15 minutes ago and I am saying, I do whatsoever the hell I please and I please at this point.' "

HAIR STYLE WITH A HISTORY

The shaved head is an expression of self-assurance and defiance. In some cultures a woman's shaved head is a sign of mourning; in others, it is an ultimate punishment, an expression of oppression, the result of an evil hand holding a razor. Adams says that during slavery, "they used to punish slave women by cutting the hair off. But some women would suffer death rather than take that silently. It was an invasion of the person."

To be stripped of hair was a violation. Hundreds of thousands of women in Hitler's concentration camps were stripped of their hair and stripped of their dignity.

In convents, the shaved head was a signal of submission or humility, the leaving behind of worldly vanities. The modern age brought the trendy bald ones--like Grace Jones, Sinead O'Connor or Me'shell NdegeOcello. Then there were Demi Moore and Sigourney Weaver--who we know did it for millions and movies.

Jacqui Showers, president of the Capital Press Club, could easily put on a wig or paste tracks of human or synthetic hair to her scalp. But she chooses not to. She says going bald is a choice, and it is also not a choice, because she has a condition called alopecia that causes baldness. She is proud of her baldness, but says other women with alopecia suffer in misery. "I tell people I'm a baldheaded woman," Showers says. "I have no hair. I have no problems with it. I like it because it is what makes me me. But there are so many women sitting around and they want to come out, but they are afraid."

She says a lot of women who have alopecia are afraid of taking off their wigs or their weaves because of a stigma that society has placed on them. "I say this is what God has given me and I'm wearing it."

Leighann Niles, an acting intern at the Shakespeare Theatre, crossed over into a new world when director Joanne Akalaitis demanded that she and nine other actresses shave their heads for roles in Euripides' "The Trojan Women," which ended its run at the Shakespeare Theatre last month.

After a long search, Niles, 25, had just found herself, or so she thought. And now here was this director telling the actresses that if they wanted to be considered for roles, they would have to take off their hair.

At first Niles thought, "I'm not even getting Equity pay. . . . I said, 'Look, I want to do this if there is artistic merit in it. But if I'm just going to be sitting on the stage, I don't want to do it,' " she recalls.

They said, "It's part of your contract."

So she did it. But she was scared. "What it really came down to was I felt I was at a point where I finally dealt with the low-self-esteem issues and I was on my way to having some more confidence and here was this woman from New York wanting me to shave my head to do her show. I was scared. I was scared I wouldn't be able to hold on to my self-esteem."

Niles thought about all the pressure in society. The pressure to be beautiful by socially constructed definitions, the constant evaluation of appearance. Was she ready? If she was going to get the role, all those other ifs didn't matter.

One afternoon, Karen Golatt, a freelance hairstylist hired by the theater, came to the costume shop. Golatt, her own hair worn short, had a special way with shaving women's heads. She had a calming aura about her. She talked the actresses through the process, told them the hair was their own but beneath it was who they really are. She raved about their natural beauty. Look how it brought out their features, their eyes, and their noses.
She clipped Niles's hair.

"It happened and it was like, 'Wow!' " Niles recalls. "Clarity."

After it was done, she stood up and looked at her reflection.

"And all that was standing in the mirror was me. I was more naked than I ever felt in the 50-odd performances [of this show] . . . where I had to be nude. It was like: 'This is me. Take it or leave it, world. This is me.' The things we try to hide had nowhere to go. My face became an open book. Without my hair I was vulnerable."

But then she started realizing: "There are strengths in vulnerability. It was a lesson in humility."

Until then, she had drifted in the world unnoticed. "I was 25. Single. A woman. A heterosexual. And white," she said. "I usually just walk through life."

But with no hair she met curiosity and confusion. People whispered, wondering whether she was sick or gay. On the Metro, people would leave their seats to get away from her.

She was suddenly different. "I was put in a category, and people were very quick to try to figure out which one."

THE TEST

There is a ritual in the cutting. Each head has its own signature, its own curl pattern. Fields is a master of the clippers and of women's heads. The method in the shaving is no easy process. He works first on what is going on inside the head before he touches the outside.

First, the question: Does the woman really know where she is going with this head?

"I ask them, 'How long have you wanted your hair like this?' I will not cut someone's hair on a whim."

Fields knows. There is nowhere to hide behind a bald head.

He remembers the time a woman came to him and told him to take off her shoulder-length hair.

"She said, 'Cut it all off.' I did it, and by the time I was finished, she started to cry. And she sat in the shop an hour crying. She had just broken up with her boyfriend, and he had said he hated women with short hair."

The woman cut for the boyfriend and not for herself, Fields recalls. "And she has never been the same since."
A bald head is something that a woman has to wrap her mind around.

"If you haven't done it mentally, then it can be bad," he says. "Because once your security blanket is gone, you can be exposed. If you are not ready to face the darts, it can be traumatic."

They must pass that test, and assure Fields that they can repel the darts. His rule? A woman must have thought about this cut for at least six months. And after that point, when she looks Fields in the face and still says, "Cut it all off," then and only then does he raise his scissors.

Leandra Crumpton breezes into his salon. She is right on time for her 6 p.m. appointment. She takes off her glasses, drops her purse on the floor and slides into the seat.

"Take it all off," she says smiling. Her hair is seven inches long, a dark honey brown, pulled back into a ponytail, and she can't wait to get rid of it.

Fields doesn't even bother with the speech, taking her through the phases of decision. Crumpton has been down this road before.

"I've never cared anything for hair," says Crumpton, a mother of two and a computer technician. "I don't have time to deal with this," she says pulling at a

strand. "Just cut it," she demands, explaining that she had tried an "all-natural" perm and her hair was weakening under the chemical.

"I don't care anything about hair. I got my first perm at 16 and the first perm took it out," she says recalling a time when her hair fell out. "Since then, I haven't cared. I don't like braids. I don't like weaves. I like to be as natural as possible. I don't like no fake nothing."

Fields pulls a handful of hair. Clip. Clip. His hands move knowingly around her scalp.

Crumpton continues talking--fast and nonstop.

"I don't care for my hair. I don't want to worry with it. And I don't like women cutting my hair either. It's been pulled back in a ponytail for three months. Men like hair. I don't care about hair. Men say, 'Why do I want to be with a woman whose hair is as short as mine?'

"I say, 'This is the way I am. I prefer my hair being short. Love me for the way I am.' "

Fields is still clipping, first with shears. Now he picks up the electric clippers. Crumpton's hair is cut, but still it is there, like a jagged lawn in need of mowing.

She's talking about the stress in her life from the job and home. The stress has been breaking her hair. "Last week, when I washed my hair, it just fell out all over my body, and I said, 'It's time to cut it.' "

The clippers are now buzzing, hovering closer to her scalp. They have not quite landed yet.

"I get a thousand compliments when he cuts it. I don't get compliments when I have hair on my head. I feel prettier when I have less hair on my head. People don't notice I have a face until I get my hair cut. . . . Nothing feels better than those clippers."

As her hair falls, the inner woman begins to emerge. She is smiling more broadly. Her eyes seem wider.

Fields is molding. The clippers have landed.

He takes a boar's-hair brush and sweeps any hair off her face and neck.

Crumpton puts on her glasses. The inner beam that had been dimmed by her broken hair has broken through like morning peeping through a heavy curtain. She looks in a mirror. Her head is shining and smooth.

"Baby, this is right on time," she says.

She picks up a fallen lock of hair from the floor. "You can have this broken stuff," she says.

She hands the cut locks to Fields.❖

The Washington Post

By Ann Gerhart Wednesday, June 23, 1999; Page C01

Keywords

body image
cultural values
plastic surgery

Nipped in the Bud

More and More Young Women Choose Surgical 'Perfection'

This is what people see when they look at Lucie Lukesova: A classic Eastern European beauty, ample and soft, with flawless skin, naturally rosy cheeks and sparkling blue eyes.

This is what Lukesova sees when she looks at herself: Fat chin. Big belly. Padded hips.

So a few weeks ago, she had liposuction. She describes it as one of the happiest days of her life. The 3 1/2-hour surgery corrected what she perceived as flaws. Whether it corrected her self-image remains to be seen.

Lukesova is 19.

Teenagers and young women are going under the knife in record numbers, and they're not just getting nose jobs anymore. Last year, cosmetic surgeons performed some 25,000 elective procedures on teens, according to national figures from the American Society of Plastic and Reconstructive Surgeons—a nearly 100 percent increase over 1992. They put breast implants in nearly 2,000 girls. They sucked the fat out of 1,645.

In the Washington area, home to nearly 100 plastic surgeons, a mini tummy tuck and a new chest are just the thing to wear down the graduation aisle under the cap and gown, at least in a certain set. For some cosseted children of perfection-seeking boomers, a Cross pen doesn't pass muster anymore.

Roger Friedman, the head of plastic surgery at Suburban Hospital in Bethesda, did a breast augmentation on an 18-year-old last month.

"She was 5-foot-9 and 125 pounds, and she had breasts like a man," he says. "She was graduating and wanted this done in time for the next step."

And he had done her mother's implants, 10 years ago.

At Suburban Hospital, which has a hefty 46 plastic surgeons on staff, a 19-year-old gets a breast reduction and throws in some abdominal liposuction for good measure; a 14-year-old gets a chin implant; a dozen twentysomethings opt for bigger breasts, all in a week.

In Gaithersburg, Gregory Dick sees about four teenagers each month on the prowl for liposuction or breast augmentation; that's a fourfold increase over eight years ago. He sends nearly half of those away.

"The trouble with adolescent surgery is it's a tricky business," Dick says. "Many times the teenager doesn't know what he or she wants and is responding to peer or media pressure." Several surgeons said they are reluctant to make permanent alterations during the transitional teenage years. "Teenagers' images change as fast as their body," says Mark Mausner, a Chevy Chase surgeon who does about 400 procedures a year. "One day, the dress looks terrific, and the next day, it isn't fitting right."

One 22-year-old Columbia woman says she has been yearning for liposuction for some years. "I have always had a weight problem," she says. Always means ever since she was 13 or 14. "Even when I had lost some weight, there was this one stubborn area where it wouldn't go away," on her stomach and hips, she says. A recent college graduate waiting to hear about her medical school applications, she took $5,000 of her savings and just spent it on a mini tummy tuck and liposuction. That was her graduation gift to herself. She is five feet tall and weighs about 125 pounds.

Now why wouldn't the nation's capital be a hotbed of plastic, elastic surgical activity? It is a center of image-making. And its affluent, educated, savvy adolescents are keenly aware that their driven, ambitious parents are prodding, shaping, bobbing and tweezing the visuals on themselves.

"In New York, you go to a cocktail party and they'll tell you where they had surgery. In L.A., you go to a party and they'll show you where they had surgery," says Mausner. "In Washington, nobody talks, but everybody has surgery."
Add to that all of the following: an obsessive quest for perfection; a fusillade of slender but busty advertising images; a parade of celebrities with cosmetic enhancements in full jiggle, including the 17-year-old pop sensation Britney Spears, now appearing on MTV with her new, improved breasts; cheaper, safer procedures marketed aggressively.

And, in a weird and paradoxical way, feminism itself shares the blame: If a girl can be anything she wants to be—a Citadel rat, a Web millionaire, a professional basketball player—then why can't she carve out a different body for herself?
Body Addition and Subtraction
At Six Flags America in Largo, a trio of 13-year-olds, taut and already tan in their bathing suits, wait in line for pizza and discuss what offending body lump they will remove first, when they get their liposuction. "I'm fine with my nose. I wouldn't pay the money for the nose. I'm going first for this," says one girl, and she reaches up and grabs the skin where her shoulder meets her back. There is no fat there.

The Big Adult Voice has been sounding the alarm for some years over girls and their poor body image, but eating disorders and depression continue to rise. The increase in elective aesthetic surgery among the young is but the latest manifestation, an extreme and quick fix helped along by a booming economy and overindulgent parents.

Dismay over body image starts for girls even before puberty. Some 40 percent of 9-year-old girls told researchers they feared getting fat; 81 percent of 10-year-olds said the same thing. "All the self-consciousness with body image has filtered down to the very young. I hear a greater preoccupation every year, and most of it is focused on weight," says Rita Freedman, a New York psychologist and author. Young girls and older teens are "convinced that unless they approximate whatever image is touted in the media, they will have no chance of being socially successful."

And the prized female form in fashion ads remains rail-thin, without womanly hips and rump. In the rest of the popular culture, it's skinny while nearly toppling from big breasts. "You are a victim of this crazy ideal body image that is impossible to achieve unless you create it yourself," says L. Kris Gowen, a psychologist and former researcher at the Stanford University Center on Adolescence. "And it's fake. Hey, breasts are fat. To have very large breasts and a skinny body is really counter to the norm." It's the big and glossy norm in the magazine plastic surgery ads, however.

"I don't know anybody who is satisfied with the body," says Lukesova. "I want to add a piece here, cut a piece there."
"I find it very hard to find a woman who is happy with her breasts. They are too big, too small, too saggy," says Susan Otero, a reconstructive breast surgeon at Washington Hospital Center. "Everybody has something about them."

The earlier onset of this dissatisfaction, researchers suggest, is because our culture is drenched in visuals.

"We are in a period in time when the myth-making has increased tremendously because of the amount of imagery in our lives," says Freedman, "computers, videos." Children are photographed ceaselessly, almost from the moment of conception. First come the ultrasounds, then the preschool graduations, followed by those pesky professional photographers lurking around the Little League games. At the same time, the marketing to kids is ever more specific. "There is such a commercialization of their bodies—what they should eat, what they should buy, what they should wear," says Freedman. "There is a lot of money to be made by persuading 15-year-olds that their lip color should be blue instead of red."

Sex fogs up this picture most of all. Teenagers and even young women are not old enough to make permanent decisions about changing their bodies through liposuction or breast surgery, the psychologists argue, because their sexual identity is still in flux. The surgeons say they tend to agree, but some among them are wielding the scalpels and pushing up the statistics.

"The breast carries tremendous psychological overlays," says Mausner, whose clients are "everyone, from secretaries to maids to the people you see on television." Sexy is healthy, but "what is considered looking healthy? Being tan and having big breasts. It's ridiculous." Teenagers and women in their early twenties, he says, rarely understand their developing sexuality.

Otero notices that, as a female surgeon who does mostly reconstructive work after mastectomies, "my views of women's breasts are very much different." She's learned with experience that her own aesthetic sense of "what looks natural and pretty" doesn't jibe with her clients who often want the "Playboy breast, with the nipples looking up into the air." She smiles a little, then allows: "It's hard to be a feminist and do breast surgery."

Despite physicians' reluctance to put breast implants in teenagers, the American Society for Aesthetic Plastic Surgery has guidelines on teen surgery that are timidly encouraging. "When one breast significantly differs from the other in terms of either size or shape, surgery can help girls as young as 16," one of the guidelines suggests. And breast reductions are widely accepted as appropriate for girls of 16—and even covered by insurance—even though many times the surgeon must remove and reset the nipples, damaging nerve endings and milk ducts in the process.

The woman from Columbia has a newly minted degree in psychology—and a pre-liposuction 27-inch waist. She comes from a deeply religious culture that disapproves of too much attention paid to personal appearance. In her studies, she has been thoroughly exposed to the academic research on body-image sickness in girls and young women. So how does she reconcile what she knows to what she feels?
"See, that is the funny thing. I kind of agree with all that," she says, slowly, "but then I succumb to it myself."

FAMILY DYNAMICS

The parents are often the worst. Dick calls it the "JonBenet Ramsey Syndrome." Overintense, wanting their children to be perfect, baby boomers who refuse to age without a fight, they drag their sons and daughters into the doctor's office and make demands. They wave the checks. Their children sit slumped in the chair, not speaking. Every surgeon has these horror stories.

Gregory Dick: "A mother brought in the daughter because the breasts are deformed, one was one size, and one the other. The daughter didn't seem to mind so much. I said, 'Any pressure from boyfriends?' The parent scoffed. 'What boy would be interested in a girl with breasts like that?' I almost fell out of my chair."

Steven Hopping: "I had a mother; she lost weight and had liposuction, and she had a short, heavy daughter, 15. She had a bad complexion. She was under psychiatric care. The mother pleaded with me and my staff, and reluctantly, I did the lipo. And now, a year later, her weight is up. She's not any happier. That was a mistake I made. You would love to help these people and be the one to save them. I'm a surgeon; I love quick changes myself. But I didn't solve any problems. I just moved it around."

Mark Mausner: "The woman who didn't have perfect breasts as a child wants her daughter to do it. You always have to be aware of the family dynamic and listen carefully to who is talking. Half of the job is psychiatry."

Even mothers who would never dream of sanctioning plastic surgery for their

daughters unconsciously hand down a legacy of obsession.

Rita Freedman is treating a 16-year-old girl who has a weight problem. "Her mother is weight-obsessed, and she had lipo. The girl looks at a mother who is much thinner than she used to be, and who is much thinner than herself, and she feels judged. The mother is trying to relax and remove herself from how she feels about her heavy daughter. It's all very difficult."

$1,666 PER INCH

"I did this for myself," insists the 22-year-old after her tummy tuck and liposuction. Her parents, who are from the Philippines, never knew until afterward. "I don't think they really understand why I did it."

Plastic surgery is generally accepted now, she says, but she's still a little embarrassed, and doesn't want her name used. "I know that spending this money on your looks is supposed to be wasteful, but I had saved it up and I didn't really miss it," she says. When the swelling goes down, she says, her surgeon told her the 27-inch waist will be 24 inches. That's the goal: Only $1,666 per inch.

For Lucie Lukesova, having liposuction was "a dream come true."

"I love my body," she says, "but it's a pressure from the friends and acquaintances. They say, 'You should lose some weight.' " She said she has tried, "but I don't have the willpower. I can keep it for two weeks, and then it's bye-bye."

She saved some money from her job taking care of her toddler niece, and then she met up with Hopping, a surgeon at Columbia Hospital for Women who is somewhat of a trendsetter in these procedures. He offered to waive his fee if he could use her to demonstrate new liposuction techniques in front of other doctors.

"All the big body is gone," she says excitedly, the week after her procedure. "I'm still swollen, but it looks much smaller." She is thrilled with the way her neck looks, where Hopping removed her flab. Nothing hurts very much. She is doing her normal duties.

Before her fat cells were sucked away, she carefully ticked off her faults in an interview. "I think you are lovely," said the reporter. Lukesova smiled a little, lowered her big, blue eyes and murmured "thank you," but she shook her head. And now? "I am very happy," she says.

"Now, I am looking in the mirror all the time." ❖

The Washington Post

By Eric L. Wee and Todd Shields Sunday, June 20, 1999

Keywords

cultural values
politics
religion

Lilith Name 'Dangerous,' Falwell Newspaper Says

Editor Cites Tour Title's Demonic Links

First it went after one of the Teletubbies, accusing it of being a gay role model. Now the conservative Christian newspaper that the Rev. Jerry Falwell publishes is taking on the Lilith Fair female concert tour, saying its name has links to a demonic culture.

An article in the June edition of Falwell's National Liberty Journal, based in Lynchburg, Va., warns parents that the name "Lilith" has alarming associations with a pagan figure from ancient Hebrew folklore that consorted with demons and had evil offspring. A musical event under such a name is no place for children, the piece implies.

Lilith Fair, created in 1997 by singer-songwriter Sarah McLachlan, drew more than 800,000 people to its summer concert series last year. This summer's 33-city tour includes an appearance next month at Merriweather Post Pavilion in Columbia.

"It is having a negative impact when it's linking itself to a demon culture," the author, J.M. Smith, said yesterday. Lilith "mated with demons and had a demonic brood of children, according to her legend. That is dangerous, and parents need to know that."

Smith, a senior editor, said he was also concerned about the tour's links to Planned Parenthood. The article says that condoms are distributed at concerts.

Smith said the article was written to present information to Christian parents "who may not wish their children to participate in a music festival that celebrates a pagan figure." Most of the article details various Lilith legends. Yesterday Smith said he is not calling for a boycott of the concert series. He said he just wanted to educate parents about the meaning of the tour's name.

Acknowledging that Falwell's publication was heavily criticized for warning of a homosexual link with the Teletubbies children's TV series, Smith wrote he was willing to take more fire "in order to document the truth behind the benign appearance of this music festival."

That truth, according to Smith, is that Lilith, Adam's first wife, was thrown out of paradise after claiming equality with her husband. She then went to dwell with the demons of the underworld, according to a legend Smith recounts. Smith said he has no problem with Lilith Fair's founder, McLachlan.

"I'm a fan of her music. . . . I just saw her on TV the other night," Smith said. "She's wonderfully talented. I respect her as an artist, but I wish she would rethink choosing Lilith to represent the concert series." Smith said other parents have written him to complain about the name.

Falwell's executive assistant, Duke Westover, said yesterday that Falwell didn't know enough details about Lilith or the article to comment on the article. But Westover said that Falwell has never contradicted anything Smith has written in the past and is unlikely to do so now.

The Lilith Fair tour began as way to promote female artists and vocalists. Sheryl Crow, Mary Chapin Carpenter and Emmylou Harris have taken part in the series, which sends $1 from each ticket purchase to a women's shelter in each concert's host city. The music features mostly country, folk and pop songwriters strumming their guitars on stage.
Terry McBride, the tour co-founder and McLachlan's manager, said the artist chose the Lilith myth because it celebrated an independent female fighting for equality. McLachlan has called Lilith the world's first feminist.

"We just tend to focus on the good side," McBride said. "Sarah added the 'fair' to denote equality and fairness. It's a festival that gives millions of dollars to charitable organizations and puts on a good show. I don't see anything evil about it. . . . People are trying to read things into it that weren't meant to be."

Aviva Cantor, a founder of the quarterly Jewish women's publication "Lilith," researched the figure for a book. She said much of the evil ascribed to Lilith was added to the legend by a male-dominated society that feared the role independent women might play. Some very conservative Jewish communities still fear Lilith, she said. But Cantor expressed doubt that Smith's understanding of Lilith is complete.

"He is not well-informed," Cantor said. "And the whole thing is mythology anyhow. Are we really thinking there are demons floating around taking up residence at a Lilith Fair festival?" ❖

The Washington Post

By Linda Wheeler Saturday, June 26, 1999; Page B05

Keywords

gender roles
war

Telling the Stories of Women and War

Gettysburg Tour Guide Challenges Notions of Female Role on Battlefield—and Off

The prepared script for the Gettysburg battlefield bus tour was all about soldiers, generals and cannons. Over the years, tour guide Eileen Conklin found many of the women visiting the Pennsylvania battlefield were clearly bored.

Conklin wondered if she could find material that they could identify with, so she began researching women's lives during the war. The material was harder to find than she expected, but eventually she rounded up one documented case of a woman who had fought at Gettysburg and other cases of women who had worked within the regiments.

"Those wives in the back seat really came alive when I talked about women soldiers," she said of the tours she gave in the early 1980s. "It meant that they, too, had a history."

Along the way, Conklin built a satisfying—but not lucrative—career.
"Once I started the research, I couldn't stop," Conklin said. "There was the woman in Confederate uniform who died in Pickett's charge. They discovered her in the body count. Then there were the laundresses who traveled with the companies. There were women who were spies and those who were nurses."

Since those tours, Conklin has written two books about women who were involved in the war, and this weekend she is co-chairing a conference in Winchester, Va., on the subject. Along with the field of women's studies in general, the subject has expanded dramatically over the years. She and others are challenging the popular images of women as either angels of the battlefield tending the wounded or loyal wives grouped around the home hearth sewing stripes on flags.

Her just-published book, "Exile to Sweet Dixie," tells the story of Euthemia Goldsborough, who nursed Confederate POWs after the battles of Sharpsburg, Md., and Gettysburg and who was active in the rebel underground in Baltimore. Eventually arrested for smuggling mail, medicine and clothing to the South, she was exiled to Richmond.

"She was quite a lady," Conklin said. "In her papers were poems and letters written to her by Confederate soldiers. She ended up marrying a vet and moving to Summit Point, West Virginia."

Even the women who lived less adventurous lives weren't just passively waiting at home, she said. They ran the farm, kept the store open and protected their families from marauding soldiers, often recording their ordeals in letters and diaries.

The third annual conference of Women and the Civil War began yesterday with a series of workshops at Shenandoah University on researching women's history, interpreting photographs and understanding copyright law. Today and tomorrow, 11 historians will speak on subjects including the response of black women to a changing society, Jewish women in wartime Richmond and prostitutes who traveled with the armies.

Conference speaker Daniel J. Hoisington, whose Minnesota publishing company Edinborough Press specializes in memoirs by Civil War women, said there is an audience for books on civilians.
"There must be a hundred books on the third day of the battle of Gettysburg," he said. "The battles and the generals have all been intensely debated. Until this conference started, there was a tendency to say women were involved and that was enough. All that has changed."

Hoisington will speak about women and the Christian Commission. He said that after the war, women used the volunteer group, which took religion to the troops, as a means to step out of their traditional roles as housewives.

Conklin and others have found that at least 200 women wore either gray or blue uniforms and fought in the war. They signed up under assumed names for a number of reasons: to be close to their soldier husbands, out of patriotism or because of a love of adventure.

Detroit engineer Bill Christen is scheduled to speak at the conference about his near-obsession with finding the real Miss Major Pauline Cushman. Intrigued by a contemporary biography of the actress who became a Union spy, he spent nine years researching her history.

She was a beautiful actress, but as a spy she was a disaster, Christen said. Her first assignment was to infiltrate the ranks of Confederate Gen. Braxton Bragg, who was camped in Nashville. While she was there, Confederate forces caught her with drawings of the fortifications. Later, she told the story that she was court-martialed, was left tied to a tree when the Confederates made a hasty escape and was then rescued from certain death by Union troops.

Christen hasn't found any trace of court-martial papers, but he did find news stories about P.T. Barnum hiring Cushman to

appear in a major's uniform and tell her heroic story. Thereafter, she used the rank of major as part of her name.

"She traveled the East Coast and the Midwest talking about her life as a spy, and when she wore those people out, she went out west to appear there," he said. The Union veterans in San Francisco gave Cushman a lavish funeral in 1893, and she was buried in the officers' circle at the National Cemetery at the Presidio. Her stone gives her name and the epitaph "Union Spy."

"She spent her life deceiving herself and others," Christen said, "but in death, she finally got the recognition she sought." Christen, who has sold the movie rights to his unfinished book on Cushman, said his research is more proof that women of the 1860s could and did defy Victorian conventions. "She was more of a 20th-century woman," he said.

Conklin said more than 100 people have paid $245 for the conference. Last year, they had 60 people attend.

"I am constantly amazed at how many people are doing research on women in the war," she said. "We put out a call for papers this year and got 30 responses. We had an agonizing time trying to select 11. We're already getting inquiries for next year." ❖

1999 Research News Reporter
Keyword Index

Section A: Work & Education
Section B: Politics & Society
Section C: Family Life
Section D: Health & Reproductive Issues
Section E: Poverty & Income
Section F: Of Interest

A

abortion, F21, F37, F65
  access,
  partial birth,
  rights, F9
abuse,
academics, A67, F49
adolescents, B73, C7, C35, C51, F63
adoption,
adultery,
advertising, B11
Afghanistan,
affirmative action,
Africa,
African Americans,
aging,
AIDS, B73, D71, D97
alcohol,
  use,
alcoholism,
alimony, F27
Asia,
athletes,
attitudes, B19, B55

B

behavior, B55
benefits,
birth, D3, D13
  control,
  control pill,
  defects,
  rate,
births, D45
body image, B63, C39, C47, D83, D95, F69, F73
breast,
  cancer, D7, D9, D21
  feeding,
  implants,
business, E39
  ownership, A61

C

caesarian sections, D3, D13
calcium,
campaign,
cancer, D1, D63, D69, D97, F67
  cervical , D31
caregiving,
catholicism,
censorship, A53, C69
child,
  abuse, B39, C19, C63
  care, C19, C41, C65, D23
  development, A23, A67, B35, B75,C3, C9, C11, C19, C25, C27, C35, C65, D25, D85, F5
  poverty,
  safety, B41, C31, C61
  welfare,
children, C43, D15, D29, D53, E1, F5
cholesterol,
circumcision, D43
college, A35
  admission,
  education, A63, E65, F19
  students,
computers,
consumer protection, D29
contraception,
corporate
  culture, B13, E41
  practices, A47
cosmetic surgery, D83
crime, B21, B29, B53, B61
  juveniles,
  statistics, B1, B9, B25
cultural values, B49, C27, F43, F73, F77

D

death, D39, D83, F15, F57
  rate, C31
  penalty,
demographics, B29, F11
  trends, B5
depression, C7, C53, C59, D59, D87

diagnosis, C19, D19, D21, D85, D91
diet, D29
disabilities, B27
discrimination, B27
disease, D91
diversity, A41
divorce, C1, F27
domestic violence, D39
drug,
abuse, B7, B43
treatment, D71
use, D51, D95

E

eating disorders, B63, C39, C47, D41, D73
economic equality,
equity,
progress,
economics, A61
economy, A59, E7, E37, E61, E63
education, A3, A17, A35, B33, B43
children, A45, B45, F31
college, A9, A13, A39, A43, A55, C45, F49
early childhood,
female, A39, A49
high school, C45
single sex, F49
women,
educational attainment, A29, A63
elderly, A27, F33
employee benefits, A9
employment, A51, E41
opportunities, A55
benefits,
entrepreneurs, A11, E57
environment, F45
equality,
estrogen, D65
ethics, F19
euthanasia,
exercise, D75, D89

F

family, F29
composition, B35, C1, C67
issues,
leave,
roles, A51, C1, C33, C55
families, A25
fathers, C33
federal,
expenditures, A31
government,
feminism, B3, F1, F19
fertility,
rate,
finance, E5, E11, E33
financial aid, E65
food stamps, E21
foster care,
funding, B23, D97, F7

G

gambling,
gender
bias, F31
comparisons, A39, A49, C59, D65, F39, F47
differences, D79
equity, A51, B53, B65, C55, E57
gap,
inequality,
inequity, A41, B13
roles, B65, D25, F79
study, C57, D95
votes,
genetic testing, D57, D81, F7
genetics,
genital surgery,
glass ceiling,
government, B19
guns, B67

H

health, A1, A33, B69, C13, D15, D73, D75, D77, D89, E55
care, D27, D55, D101, E27
care costs, E45
care providers,
care system,
children, C53
infants,
insurance, E45, E51
risks, C23
women, D5, D61, D83
heart,
attacks, D67
disease, C13, D27
HIV, D13
HMOs, D99,
home-owners,
homosexuality, B31, B69, B75, D5, D55
hormone replacemnt therapy,
hormones, D93
housing, E31
human rights,
hypertension, D77

I

icons, F15, F51
illiteracy,
immigrants, B5, C67, E19, E29
immigration,
impotence,
income, E7, E13, E19
distribution, A7, E9, E17, E55
infants,
death,
health, C11, D43
infertility, D35, D45, D57
insurance, D41
international,
affairs,
comparisons,
internet, A53, A57, B15, B41, B59, E39, F9
interracial families,
investment, E49, E53
in-vitro fertilization,

J

job
placement,

searching, A11
security, E63
training,
judaism,
judicial system,

L

labor, A15, A19
law, A5, A65, B15, B27, B53, D39, F9, F65
legislation, B15, B59
lifestyles,
living arrangements,
low-income,
families, E21, E27, E31, E33
women,
low-wage work,

M

mammograms,
marijuana, D51
marriage, C13, F41
mastectomies,
media, C39
Medicaid, E47, E51
Medicare, D99, E27, E45
medical
research, C11, C17, D1, D3, D7, D9, D19, D21, D27, D59, D69, D97, F7, F67
treatment, C19, D7, D23, D31, D35, D51, D61, D67, D77
Medicare,
medication, C53, D1, D33, D53, D59, D73, D85, D87, D101, F37
menopause, D65
menstruation,
mental health,
military, B31, F39
minorities, B11
miscarriage,
morality, F1
motherhood,
mothers, C25, C35

N

nursing homes,
nutrition, C41, F57

O

obituary, F21
older women,
osteoporosis, D93
ovarian cancer,
ownership,

P

pap smear,
parenthood, C33
parenting, C3, C25, C39, C41, C43, C55, C65, C69, D23, D43, F5
paternity,
physical activity,
plastic surgery, F73
political participation, B17, F35
politicians,
politics, F51, F77
pollution,
population, B5, B9, B23, F11
pornography,
poverty, E17
pregnancy, C9, C23, D3, D81
prisons, B7, B9, B29, B35, B61
women, B39
privatization,
product regulation, F13
professional women, B13, E25, E57, F3, F47, F51
prostitution, B33
psychological disorders, B47, D87
psychology, B33, C51, C63, F69
public opinion, A35, B19

R

racial,
bias, A13
comparisons, B3, B21, B61, E49
discrimination, F43
segregation,
reform,
relationships,
religion, F77
reproductive,
health,
rights, F21, F65
technology, D35, D45, D57
research, B55, C61, D33, D79, F13, F43
retirement, E11, E53, F33
role models,
Russia,

S

savings,
scholarships,
schools, A3, A5, A21, A45
sentencing,
sex,
abuse,
offenders,
sexual,
activity, B73, C15
behavior, B69, C17
education, A31, C43
harrassment, A5, A65
identity,
sexually transmitted disease, D91
single mothers, F17
smoking, D63
social security,
socio-economic status, sports,
spouse,
standard of living,
sterilization,
stock market,
suicide,

T

taxation, E5, F29, F41
teaching methods, A17, A21, A45, A53, A57, B43
technology, A21, A29, A43, A55,

A59, C23, F67
teenage pregnancy, F17
teenagers, C59
behavior, A31, B45, B47, B67, C15, C29, C51, D63, F63
television, B45, B63, C27, C69
test scores, A17, A49
testing, A3
treatment,

U

unemployment, E37
United Nations, F27

V

violence, B1, B21, B33, B45, B47, B49, B67, C27, C51, C63, F63
voter turnout, F35
voting,

W

wage gap, A7, A15, E25, E41
war, F79
weight, D73, D89
welfare, E1, E21
cutoffs,
reform, E13, E29, E47, E51, E63
women, B17, E17, F35
health,
sports,
work, E25
women's,
movement, F1
rights,
work, E13
family issues, A47, F27
family policy,
flexible time, A25, A47, C57
workforce, A15, C45, C57
demographics, A27, A41, E19, E63
participation,
working mothers, A23
workplace, A25, A33
diversity,
environment, A1, A19, A65
participation,