

Send your topic suggestions and health briefs for possible inclusion in the Health Tidbits section to the health tidbits editor George Dawson, MD, gdawson191@earthlink.net.

Achieving Equality May Do More for Health than Perfecting the Technology of Care

Jennifer Coates Conroy

Does society save more lives by enhancing the technology of care or by resolving disparities? The answer would take years to determine (data and statistical methods for sound projections are lacking). However, a study from 1991 to 2000, using the National Center for Health Statistics data, contrasted the number of lives saved by medical advances with the number of deaths attributable to excess mortality among African Americans. The study concluded that medical advances averted 176,633 deaths, but equalizing the mortality rates of whites and African Americans would have averted 886,202 deaths. Because the study formulated a five-fold difference in averted deaths, more precise calculations would be unlikely.

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Bridging the Ethnic/Race Patient-Physician Communication Gap

Jennifer Coates Conroy

Racial/ethnic minorities rate the quality of interpersonal care by physicians and within the healthcare system in general more negatively than whites.

A study observed patient-physician communication during primary care visits of African-American and white patients between July 1998 and November 2002. The study's procedures were reviewed and approved by the institutional review board of the Johns Hopkins Medical Institutions. It concluded

that patient-physician communication during medical visits differs among African-American versus white patients. Interventions that increase physicians' patient-centeredness and awareness of affective cues with African-American patients and that activate African-American patients to participate in their healthcare are important strategies for addressing racial/ethnic disparities in healthcare.

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AIDS Conspiracy Alive and Well in the Black Community

George Dawson, MD

As the old saying goes, "Because you may, paranoidly, feel someone is after you? does not necessarily mean some one is not."

And this is apparently the feeling of a group of randomly sampled 500 African Americans, who participated in a phone survey on the subject.

Remarkably, researchers somehow suggested that because of this notion of conspiracy by African Americans, some have become fatalistic in their approach to HIV/AIDS prevention measures. Therefore, they argue accounts for the high number or percentage of new HIV/AIDS infections in the United States. This reasoning, in my mind, does not make sense at all. The author's own data noted that "75% of respondents believed that the government and health agencies were working to stop the spread of AIDS in the black community."

In my way of thinking, to have such a notion of a conspiracy and HIV, one would do whatever it took to prevent one's self from ac-

quiring the disease in the first place—and not become a victim to this inevitably fatal illness if that is the goal of the perpetrators of the conspiracy.

I am convinced by the numerous data that marginal social circumstances (such as drug and alcohol addiction, massive prison incarceration rates, excessive unemployment levels) facilitate the spread of this illness. Not addressing these issues in a humane fashion does serve up a legitimate conspiracy concern because of the seeming unending nature of the social debilities.

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New Treatment Guidelines for Postexposure to HIV

George Dawson, MD

Federal health officials announced new guidelines for treatment of nonoccupational exposure to HIV. The report defined nonoccupational exposure as any direct mucosal, percutaneous or intravenous contact that occurs outside perinatal or occupational situations with a potentially infected substance. Potentially infected bodily fluids are blood, semen, vaginal secretions, rectal secretions, breast milk or others that are contaminated with visible blood, the report notes.

Officials recommend treatment with HAART therapy should begin within 72 hours of known exposure with infectious fluids and continue for 28 days.

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CDC Expands Guidelines for HIV Postexposure Prophylaxis

Nicolette M. Dumke, BS, MT(ASCP)

In 1996, the CDC recommended that healthcare workers exposed to HIV be treated with antiretroviral drugs to lessen their chance of getting AIDS. This January, they expanded their recommendations to include nonoccupational exposures to HIV, such as for rape victims. Treatment must be started within 72 hours, and the sooner started, the more effective it is. The CDC unequivocally recommends treatment when the source is HIV-positive. When the status of the source is unknown, they recommend weighing the risks and benefits of treatment.

Concerns have been raised about the availability of prophylaxis impacting risk-reduction behavior. Dr. Ronald Valdiserri of the CDC stresses that this treatment is a "safety net," not a substitute for abstinence, monogamy and condom use. Dr. Steven Fine, staff physician at the AIDS Community Health Center in Rochester, NY, says, "I recommend postexposure prophylaxis for all rape victims. I have several AIDS patients who acquired the disease from rape. Postexposure prophylaxis decreases the risk of the disease and, if properly managed, drug reactions are rare. Taking a 28-day course of postexposure prophylaxis seems to make people more careful about their sexual behavior because they consider what it would be like to have to take medications or be unwell every day."

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HIV in the United States," *MMWR Recommendations and Reports*. 2005;54 (RR02): 1-20.

U.S. Recommends AIDS Drug Regimen for Rape Victims. *The Washington Post*. 01/21/05, A07.

Routine HIV Testing Urged

George Dawson, MD

Health officials writing in the *New England Journal of Medicine* recently called for routine HIV screening in some populations—that is, screening in populations with 1% prevalence or less of the illness would be extremely cost-effective. Sanders and his group at Duke suggested that routine screening in the healthcare setting of persons whose HIV status was unknown, regardless of the extent or prevalence, was cost-effective. Paltiel and his group from Boston, MA and New Haven, CT suggested that routine HIV screening every three-to-five years was cost-effective and clinically sound and, therefore, should be expanded to all but the lowest-risk populations. Currently, half of the 40,000 newly diagnosed HIV-positive patients are persons who are unaware of the status or illness. Moreover, because of the concern created over the "new aggressive HIV strain" and precarious social status of the populations deemed at risk, the political will and public outcry may facilitate the easy passage of this public health measure.

REFERENCES

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Unusual HIV Strain on the Loose

George Dawson, MD

An unusually aggressive HIV strain has been discovered in newly diagnosed AIDS patients in New York City and Boston, MA. Officials found these patients to be re-

sistant to 19 of 20 most commonly used licensed antiretroviral drugs according to published reports.

One patient, in NYC, was reported to have been an abuser crystal methamphetamine. Crystal meth usage has created havoc in rural and suburban communities over the last decade and has, more recently, become popular to an extent in the gay community. Some reports suggest that, in addition to the hypervigilant state it produces, it also causes extreme sexual arousal, thereby making its users hypersexual. This latter effect lasts for six months or so, then declines drastically.

Doctors are unsure if the fast progression to AIDS is based on a combination of factors, such as the meth abuse itself, or on known human genetic characteristics in surface receptors of WBCs that would allow some people to rapidly progress to AIDS—or not. It has been previously shown that some Europeans of northern extraction have a peculiar genetic mutation in the CCR5 surface receptor that causes some measure of resistance to HIV. The New York City victim's virus has been shown to use the CCR5 and CXCR4 receptors. Therefore, presumably, he lacks the genetic mutation's protective capability as outlined above.

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2. Perez R, Santora M. AIDS Report Brings Alarm, Not Surprise. *The New York Times*. 02/13/05, A1.

3. Altman L. Search for Origin of New AIDS Strain Widens. *The New York Times*. 02/14/05, B1.

Workman's Comp System Unjustly Denies Claim

Nicolette M. Dumke, BS, MT(ASCP)

The recent case of *Leslie Caplan vs. Federal Judiciary* demonstrates the common problem of workman's compensation denying legitimate claims. Caplan was injured as the result of typing at a computer all day in 1991. The original diagnosis was

carpal tunnel syndrome and bilateral shoulder strains, and compensation was approved. In 2002, this diagnosis was contested, and she was denied further compensation.

Dr. James Collins, radiologist and *JNMA* author, monitored and read the MRI/MRA in Caplan's case. He diagnosed thoracic outlet syndrome resulting from her occupational injury. His findings were ignored in the 2002 decision to cut off Caplan's disability and medical coverage. The case was appealed, and the verdict was overturned in 2004. Collins says, "Physicians with limited knowledge of anatomy testify in court, and patients' rights are denied as a result. Anatomy is the key! Radiologists need to examine the patient and consider all the evidence, and this often does not happen. They only see what they know and therefore miss the diagnostic findings." He advises patients with work-related injuries who are denied compensation to retain an attorney who specializes in workman's compensation cases and also see a knowledgeable physician (see below).

REFERENCES

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U.S. Department of Labor Employees' Compensation Appeals Board Case, *Leslie S. Caplan vs. Federal Judiciary*, U.S. District Court, San Francisco, CA, Employer. www.dol.gov/ecab/cases/2004/Dec/04-0892.htm.

Physicians who specialize in thoracic outlet syndrome listed at www.tosinfo.com/links/hcp/hcp.html.

Physicians who specialize in repetitive stress injuries listed at www.rsiprogram.com.

Medical Malpractice Rates Hike and Poor Investments. What's the Relationship?

George Dawson, MD

In an attempt to explain the troubling rise in malpractice claims for the last 10 years, a revealing re-

port in *The New York Times* suggested that claims compared to premium increases were barely related. They noted instead that "modest increase" claims and legal costs were not the root cause of the problem of rising premiums. In fact, the article noted that malpractice claims against physicians actually dropped last year 8.9%.

Remarkably, the report notes "when the (stock and bond) markets turned sour and the reserves of insurers shriveled, companies began to double and triple the costs to doctors."

So, in effect, as the report noted, "it is declining investment earnings of insurance companies and the changing nature of competition in the industry."

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Medical Residents and Interns Risk Lives Due to Long Shifts

Nicolette M. Dumke, BS, MT(ASCP)

A recent study shows that interns who work long shifts have a higher risk for motor vehicle accidents and near-misses. The study analyzed 17,000 monthly accident reports from interns who had worked 24-hour or longer shifts. They were 2.3 times as likely to have an accident and 5.9 times as likely to have a near-miss as people with normal sleep patterns.

The American Academy of Sleep Medicine recommends that this practice be modified and has developed a resource for residency programs called SAFER (Sleep, Alertness and Fatigue Education in Residency), which contains information on sleep deprivation as well as tools and strategies for alertness management.

Dr. Michael Watkins, director of the Vascular Surgery Research Lab at Massachusetts General

Hospital, says, "As an intern, I had a motor vehicle accident after a long shift. It may be unreasonable to start interns, who are in their first year out of medical school, on 24-hour shifts because they experience an increase in responsibility and are under the additional stress of being doctors for the first time. Shifts of 12–18 hours would probably be good for their first year, although in later years it might be more realistic for them to work longer shifts."

REFERENCE

Barger LK, Cade BE, Ayas NT, et al. Extended work shifts and the risk of motor vehicle crashes among interns. *N Engl J Med.* 2005;352:125-134.

"Medical Residents Increasingly Experience Sleep Deprivation Because of Extended Shift Hours." American Academy of Sleep Medicine Press Release, 01/13/05.

Chickenpox-Related Illnesses and Deaths Are Down Secondary to Varicella Vaccination Program

George Dawson, MD

A national Chickenpox vaccination program was begun in the United States in 1995 and has had a major impact on lessening the deaths and disabilities related to the viral illness. Since the program's start, disease incidence has declined by as much as 82% in some areas of the nation as of 2001.

Now, 76% or more of the nation's children are vaccinated against this illness, with no black or white racial disparities.

The downside of the report noted that so-called "breakthrough varicella" may become more of a future problem for vaccinees, as their protection wanes over time.

Additionally, there might be increased painful Zoster infections in persons who have not been vaccinated but rather who had chickenpox itself. And, perhaps, the authors noted, they might contract the painful illness at a younger age.

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COBB Institute: Seeking Solutions in Healthcare Parity

Natasha Thomsen, MPS

In December 2004, the W. Montague Cobb/National Medical Association Health Policy Institute was launched as an initiative to reduce health disparities and racism in medicine through policy-making built on solutions-oriented research strategies. The Cobb Institute will consult with national organizations, such as the Congressional Black Caucus and the National Black Caucus of Legislators.

"It's an attempt to get some focus on eliminating disparities and is very important from an equity and equality perspective," said Georges Benjamin, MD, FACP, *JNMA* reviewer, and executive director of the American Public Health Association in Washington, DC.

"It's putting some policy muscle behind identifying solutions," said Benjamin, who suggested that some of these solutions may not come from minority health-care concerns.

While much has been attempted at the state and local levels, this adventure is significant for the possible effect it may have at a national level. Benjamin thinks it is excellent to "have the NMA engage in these discussions to put unbiased, high-quality understandings, and to answer tough questions, about issues many other people run from." He also commented that "the *JNMA* was publishing on this topic long before anyone else was paying attention to it."

Benjamin surmised: "to the extent [the Cobb Institute] is looking to partner with other groups,

we may see some policy changes and outcomes more quickly."

Cobb, an anthropologist, educator and activist (1903–1990) whom Benjamin knew personally, handled problems other people ran from, in his exposure of racism and its effects on the African-American population.

"Naming this after him is quite an honor," acknowledged Benjamin.

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3. National Medical Association Launches the W. Montague Cobb/NMA Health Policy Institute to Address Health Disparities; Institute to Serve as a Platform for Solution Oriented Research. *US Newswire*. 12/10/04. <http://releases.usnewswire.com/GetRelease.asp?id=40586>. Accessed 02/08/05.

Preventative Treatment for Strokes in Women

Nicolette M. Dumke, BS, MT(ASCP)

A study of 569 patients at the Jobst Vascular Center in Toledo, OH showed that women may be treated too aggressively for stroke prevention. One reason is that the test most commonly used to evaluate blockage in the carotid arteries—duplex ultrasound—actually measures the rate of blood flow rather than the degree of blockage. Women's blood flows 16% faster than men's, so ultrasound overestimates their degree of blockage. Also, carotid artery surgery, which is standard treatment to prevent strokes, is more risky for women because they have a 44% higher rate of stroke or death during surgery than men. Study Director Dr. Anthony Comerota says, "That's not to say that invasive stroke prevention isn't beneficial for women, but physicians need to set the bar higher."

Dr. Michael Watkins, director of the Vascular Surgery Research Lab at Massachusetts General

Hospital, says, "Asymptomatic patients with mild or moderate disease can be treated with observation, follow-up duplex ultrasounds and aspirin. I treat symptomatic patients with mild stenosis medically with aspirin, heparin, and/or Plavix®. If their cardiac risk factors are not prohibitive, I usually operate on symptomatic patients with greater than 50% stenosis and on asymptomatic patients with severe (greater than 80%) disease.

REFERENCE

- "Women Should Receive Less-Aggressive Stroke Prevention Therapy than Men," Press Release of the International Symposium on Endovascular Therapy, 01/17/05.

Commission to End Healthcare Disparities Created

Nicolette M. Dumke, BS, MT(ASCP)

The American Medical Association, National Medical Association and National Hispanic Medical Association have announced the creation of the Commission to End Health Care Disparities. Its goal is to educate physicians about healthcare disparities and develop strategies to eliminate gaps in healthcare to members of minority groups. It has established four committees to work on different issues. They will work to raise professional awareness of disparities, improve data gathering, increase education and training of health professionals about disparities, and promote workforce diversity.

Dr. Dwayne T. Brandon of Johns Hopkins University says, "One way to encourage physician participation in educational programs created by the commission is to provide Continuing Medical Education credit for attendance and participation. Programs should also be made convenient by including online access and offering workshops at different locations.

"A number of current programs should be expanded in order to increase racial diversity in the health-

care workforce. These include NIH minority supplements as well as programs that target elementary and high-school students (e.g., Health Careers Opportunity Program) and undergraduates (e.g., Minority Access to Research Careers). In addition, funding incentives should be provided to postgraduate institutions that demonstrate a commitment to improving diversity in the healthcare workforce."

REFERENCE

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African Nations Neglected for Help with Tsunami Relief

Nicolette M. Dumke, BS, MT(ASCP)

Many Americans are surprised to hear that the December 2004 tsunami that devastated Asia and India also did considerable damage in Africa. The United States and other western nations have maintained near-silence about the victims in Africa. African countries' chaotic governments, poverty, famine and drought make them less able to cope with the devastation than victims in Asia and India. Bush administration officials made a vague promise to deliver tsunami aid to Somalia, but that promise has not been kept.

Dr. Dwayne T. Brandon of Johns Hopkins University says, "Delays in aid have costs in health and lives, especially among children. There may be epidemics of diarrheal diseases, such as cholera or dysentery, or outbreaks of respiratory infections, measles and other diseases due to overcrowding and poor sanitation in refugee camps. The long history of famine and civil strife in the African regions hit by the tsunami leaves the people there in greater need than many of their Asian counterparts. The fact that billions have

been sent to help Asian victims while Africa gets crumbs and empty promises shows what the world really thinks of Africa. At a minimum, efforts should be made for more equitable distribution of relief funds to Africa.

REFERENCE

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Increased Risk of Acute Eosinophilic Pneumonia Found in Military

Jennifer Coates Conroy

Although acute eosinophilic pneumonia (AEP) is thought to be a rare disorder, a study found 18 cases of AEP among 183,000 military personnel deployed in or near Iraq, with an incidence of 9.1 per 100,000 personnel years. Inquiries to the Iraqi health officials did not suggest that AEP was occurring in the local population or that there had been an unusual increase in the incidence of pneumonia of any kind during the study period.

The majority of the patients (89%) were men, and the median age was 22 (range 19–47) years. All patients used tobacco, with 78% recently beginning to smoke. All but one reported significant exposure to fine airborne sand or dust. AEP occurred at an increased rate among this deployed military population and resulted in two deaths. The etiology of AEP remains unclear, but the association with new-onset smoking suggests a possible link.

REFERENCE

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African-American Claude Allen Appointed as Bush's Domestic Policy Adviser

Nicolette M. Dumke, BS, MT(ASCP)

Health and Human Services Deputy Secretary Claude Allen has been appointed as President Bush's domestic policy adviser. Bush pre-

viously nominated him for federal judgeship but this appointment was opposed because of Allen's position on sex education. Allen has taken a strong stand for abstinence-based sex education, saying that encouraging teenagers to abstain from sex until marriage is the best way to prevent sexually transmitted diseases and pregnancy. At the 2003 National HIV Prevention Conference, Allen said, "Encouraging young people and young adults to abstain is the only appropriate initial strategy."

Dr. Steven Fine, staff physician at the AIDS Community Health Center in Rochester, NY, says, "Studies have repeatedly shown that abstinence-only sex education is not effective. The best way to educate young people is to present ALL the information. Full disclosure about AIDS is especially important. They need to know that AIDS still kills people and would complicate all future sexual relationships. An abstinence message is important and should be included, but realistically, some will choose to have sex. They should hear very specific information about prevention, including basics such as having condoms with them and avoiding drugs and alcohol that would make them more likely to engage in risky behavior."

REFERENCE

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Absorbable Metal Stents Improve Treatment for Blocked Leg Arteries

Nicolette M. Dumke, BS, MT(ASCP)

An absorbable metal stent has been developed to treat blocked leg arteries. Previously, 40% of leg arteries treated with stents became blocked again within six months, possibly because the stent causes inflammation of the artery. "A stent is really only needed for

a couple of weeks to allow the blood vessel to reshape and get strong," says absorbable stent developer Dr. Marc Boseirs.

The new stent is made of 90% magnesium and 10% rare earth elements. The body begins absorbing it 7–10 days after placement, and the process is complete in 60 days. In the study, 79% of the arteries treated remained open after six months.

Dr. Michael Watkins, director of the Vascular Surgery Research Lab at Massachusetts General Hospital, says, "Decreased circulation in the arteries in the lower leg can cause claudication, rest pain and/or tissue loss. I use contrast angiography only if the patient's renal function and bleeding capacity allow. When angiography demonstrates complete occlusion of a thigh or calf vessel, stenting will facilitate patency after catheter-based recanalization. The role of stenting in management of partially occluded extremity vessels remains controversial. I will probably try the absorbable stents when they become widely available."

REFERENCE

"First Absorbable Metal Stent Successfully Treats Blocked Leg Arteries." Press Release of the International Symposium on Endovascular Therapy, 01/17/05.

U.S. Senate Legislation Introduced to Offer Apology for Lynching

George Dawson, MD

U.S. Senators Mary Landrieu (D-LA) and George Allen (R-VA) have reintroduced legislation that will officially apologize for the U.S. Senate's role in blocking antilynching legislation for decades.

During the height of this murderous rampage, beginning in the post-Civil War era, and up until the post-Civil Rights era, thousands of African Americans, with few exceptions, were lynched with seeming impunity in southern states, for the most part.

REFERENCE

Senators Introduce Lynching Apology. *The New York Times*. 02/02/05, A13.

Filling the HIV Research Gaps in Black and Hispanic Communities

Jennifer Coates Conroy

About 70% of all new HIV infections now occur among minorities, with blacks accounting for 54% of all new HIV/AIDS diagnoses, according to the CDC. As a result, the CDC established the Minority HIV/AIDS Research Initiative (MARI). The effort began in September 2002, with a year of meetings with scientists and public health officials about the feasibility of such a program.

When the program was formally announced in mid-2003, the CDC received an unprecedented 212 letters of intent, followed by 100 formal applications.

Thomas Coates, PhD, an HIV researcher at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA), said that while nonminority scientists can do good research in any community, "we clearly don't have enough minority scientists and certainly need more." In keeping with that goal, Coates is launching a program at the UCLA in which young minority physicians will be recruited to participate in a structured mentoring program to assist them in developing the practical skills of grant writing and competing successfully for National Institutes of Health grants.

REFERENCE

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Racial Disparities Issues Presented to Bush

Nicolette M. Dumke, BS, MT(ASCP)

On January 26, 2005, the Congressional Black Caucus presented President Bush with their agenda for reducing racial dispari-

ties in many areas, including health-care. The president listened but did not say much. The caucus' response to this was guarded. Chairman Mel Watt (D-NC) said, "I'm not pessimistic that we didn't get any real affirmative show of support. We didn't get any show of dismay either."

Dr. Dwayne T. Brandon of Johns Hopkins University says, "Health disparities are the result of complex social and behavioral factors associated with the conception of race in the United States. There are many potential ways to address healthcare disparities, although the implementation of universal healthcare coverage may have the greatest impact. In the absence of national support and funding, more 'grass-roots' efforts will have to be made to address problems in healthcare. In this effort, primary care physicians will play a critical role, along with patients, to focus on preventive health-care. Moreover, community institutions, particularly faith-based institutions, can work closely with constituents and physicians to provide health related information and resources (e.g., health fairs, free screenings, etc.). These efforts can help to reduce the disproportionate health burden experienced by many minority groups."

REFERENCE

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Binational Health Insurance to Be Discussed

Nicolette M. Dumke, BS, MT(ASCP)

The National Hispanic Medical Association (NHMA) will be sponsoring a forum on increasing access to healthcare insurance in the United States and Mexico. They will brief the U.S. Senate Republican Task Force on Health Care Costs and the Uninsured. NHMA President, Dr. Elena Rios, says, "This forum is a

mechanism to expand the safety net and increase the number of insured Americans, thus increasing the number of paying patients for doctors and decreasing the toll on society." The forum hopes to advance United States–Mexico binational health insurance and increase access to healthcare in both countries.

Dr. Dwayne T. Brandon of Johns Hopkins University says, "There are large numbers of under- or uninsured Hispanic immigrant workers living in the United States. This indicates employers may not value Hispanic immigrant workers as much as other groups. By contrast, there are much higher rates of health insurance enrollment among Canadian or European immigrant workers. Educating employers about the long-term benefits of having healthy employees (i.e., increased productivity, low turnover, etc.) is one approach to increasing coverage for Hispanic immigrant workers."

REFERENCE

"NHMA to Brief Senate Republicans on Ways to Provide Health Care to Families on Both Sides of the U.S.-Mexico Border," NHMA Press Release. 02/01/05.

Psychiatric Disorder and Unmet Service Needs among Welfare Participants

Jennifer Coates Conroy

A study revealed in the *Community Mental Health Journal* assessed psychiatric problems, needs for psychiatric and social services, and service utilization among clients of a public assistance program. Specifically, the study sought to address three major questions: 1) What is the prevalence of psychiatric disorder among persons in a third-party payee program? 2) What categories of needs do certain participants most often endorse? and 3) How many are receiving services to address those needs?

Seventy-seven percent of the sample met criteria for at least one

current or lifetime psychiatric disorder. Health-related quality of life was substantially below published norms. Although many clients were assessed as having serious psychiatric, physical or social needs, very few were receiving appropriate services for these problems. Findings suggest problems or barriers to the provision of services that need to be investigated among this vulnerable community population.

REFERENCE

Community Ment Health J. 2004;40:539-546.

Consumer Medical Bankruptcy?

George Dawson, MD

A disturbing report of bankruptcies filed in five federal jurisdictions, accounting for 1,771 cases, revealed some very troubling findings. The report published in the February 5 issue of the journal *Health Affairs* noted that virtually half of all bankruptcy filing had some link to illness, death, birth or addiction.

The review also noted that most who filed were with health insurance coverage (75%) at the time of illness or were employed. The authors noted that out of pocket costs contributed greatly to the financial burdens faced by families and subsequent bankruptcy.

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Blood Pressure Level and Location May Be More Important than Genetics

George Dawson, MD

A very intriguing report on the causes and incidence of hypertension in black and white populations suggests that place of resi-

dence may be more crucial than one's genes.

The work, by Richard Cooper and colleagues of Loyola University of suburban Chicago, IL, appeared in the January 2005 issue of *BMC Medicine* and reviewed published data on blood pressure level in blacks who resided in Nigeria, Jamaica and the United States. Measures of blood pressure and comparisons were made in whites who resided in Finland, Sweden and the United States, to name a few. Persons were considered hypertensive if the pressures were 140/90 or greater, or if they were taking antihypertensive medications.

In blacks, the rates went from a low of 15% afflicted in Nigeria to a high of 44% in American blacks. In whites, the German men had the highest levels, where 60% were said to be hypertensive.

Their conclusion was to seriously consider the role of environment and its role in this illness and not focus on some peculiar genetic anomaly. I suspect, they hopefully mean the peculiar social environment in its various manifestations; African Americans have had to deal for the last few hundred years, as an example.

REFERENCE

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Thimerosal Still Putting Children and Pregnant Women at Risk

Natasha Thomsen, MPS

Despite the decline of mercury-containing preservatives in vaccinations in recent years and the development of new products formulated with alternative or no preservatives, thimerosal continues to be used in some immune globulin preparations, antivenins, skin test antigens, ophthalmic and nasal products, and certain vaccines.

Thimerosal is an antiseptic that contains 49.5% ethyl mercury, in use since the 1930s as a preservative in many infant and flu vaccines. Efforts by the Food and Drug Administration since 2001 to prevent pediatric and adult neurotoxicity by limiting the use of thimerosal have not eradicated the problem or its use. Some physicians and parents suspect that children born with Down syndrome, autism, mental retardation and other neurodevelopmental complications are a result of thimerosal-containing products being injected into pregnant women who present with a potential Rh factor discrepancy (RhoGAM) or a need for the influenza vaccine. Children receiving DTap vaccines, which contain thimerosal, are also at increased risk for ataxia, thinking abnormalities and speech disorders.

"There's no proof Thimerosal is dangerous and yet no evidence or research that it's safe," comments *JNMA* Reviewer Tyler Cymet, DO, assistant professor of Internal Medicine at the Johns Hopkins University/Sinai Hospital of Baltimore, MD, in his review of the literature.

A report is expected out by the FDA in the spring to offer further research on the subject.

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