HEALTH CARE 1991

View From Health and Human Services

BY LOUIS W. SULLIVAN, M.D.

Ten years after we learned about AIDS, for which there still is no cure and no preventive vaccine, the disease poses a major health threat to black and other minority communities.

Consider this sobering outlook: By the end of 1993, more than 125,000 black Americans, about one in every 250, will have been diagnosed with AIDS. Then most of us will have someone with AIDS in our circle of family or acquaintances.

That alarming but conservative estimate assumes that blacks, just 12 percent of the U.S. population but a disproportionate 28 percent of the nation's reported AIDS cases (51,190 of 179,136 in May), will start reducing this epidemic in black communities. But today, the problem is growing--particularly among black women, children and teen-age males--and blacks represent a staggering 35.2 percent of all newly diagnosed AIDS cases. Nearly 40 percent of AIDS cases in the black community have resulted in one way or another from abuse of illegal drugs.

Cold numbers don't reflect the true impact AIDS is having on the black family and our community--the terrible loss of contribution from talented individuals, the orphaned children and the strain on an already overburdened health care system.

The federal government must help turn the tide in this battle. Toward that end, under my leadership the Public Health Service is increasing participation of blacks and other minorities in the 1991 AIDS research effort, budgeted at $1.3 billion, and targeting more of the $524 million AIDS education campaign directly to these groups.

In FY '92, Medicaid (federal share) and Medicare coverage plus Social Security assistance payments to people with AIDS will run about $1.79 billion. Government-wide, FY '92 spending on AIDS-related activities will hit $4.3 billion.

At the community level, we must recongize that AIDS is not someone else's problem, it is our problem. We have to talk more about it in our families, our neighborhoods, our schools and our churches.

We must translate the AIDS messages about the dangers of drugs and needle-sharing and unprotected sex into language that will be clear, direct and convincing to our people. No one should be misled: At this point, *preventing* AIDS is the only way to survive the disease.

We need to motivate all those who have engaged in high-risk behavior such as substance abuse and unprotected sex, to seek counseling and get tested. Facing up to being infected with the AIDS virus is a crucial step in taking care of one's self and preventing further spread of the virus. Drugs such as AZT can prolong life and enhance its quality.

AIDS does no discriminate. This is no time to point fingers and cast stones. It's time to join together to wage a battle we must win, a time for compassion for those who are sick and dying-including those young and old who are homeless or have been abandoned by family and friends.

I urge you to learn more from your local AIDS organization, or call our federal hotline: 1-800-342-AIDS.

(Dr. Sullivan is U.S. secretary of health and human services.)

Medigap Hearings

The Insurance Division recently held hearings in three cities on proposed increases in Medicare supplement premiums. The hearings were an opportunity to evaluate the merits of each company's request and to hear from everyone who will be affected by the proposed increases.

The hearings focused on increase requests exceeding 15 percent. Approximately 70,000 senior Oregonians may be affected by these premium increases. This was also a chance for consumers to become educated in all factors contributing to health insurance premium increases.

Consumer advocates pointed out that many seniors cannot absorb increases of more than eight percent--especially those seniors who rely on Social Security checks as the sole source of income.

More than 110,000 senior Oregonians live on an annual income of less than 12,500, according to Dr. Jim Davis of the Oregon State Council of Senior Citizens. Such people have to chose between paying increased Medicare supplement premiums or for the basic necessities of life. He asked the hearings officers to closely examine the necessity of the increases, the administrative costs associated with the plans, the effect of inflation, and the magnitude and frequency of Medicare supplement premium increases.

Dr. Davis also argued for increased consumer involvement in health insurance premium increase requests. He recommended automatic hearings on increases greater than ten percent. He acknowledged that increases must be made in some cases and was prepared to accept some of them, "As long as we know consumers are a part of the process."

Robert Reilly, president of a 2,000-member Chapter of the American Association of Retired Person echoed these concerns, "We're getting priced out of the market and we can no longer afford these increases," he said. According to Mr. Reilly, premiums "come out of food and other choices," when they exceed the four to five percent annual increase in Social Security.

Mr. Reilly also urged more uniformity in Medicare supplement premium increases, asking that decisions be made in September or October of each year with January 1 effective dates. Such a change would make it possible for organizations to compare policy costs for their members, he said.

Oregon Insurance Consumer Advocate Thomas Erwin wrapped up the consumer testimony by asking the hearings officers to examine company complaint performance. He pointed out that many Medicare supplement carriers have fairly high complaint indices and rank near the bottom of Oregon Insurance Complaints: Part One. He urged the division to give these companies extra attention.

Erwin also asked that Weeks "do whatever possible to encourage companies to combine blocks of business," and end the practice of blocking.

Testimony from insurance companies was then heard. Missy Bartlett of Physicians Association of Clackamas County (PACC) pointed out that the company's rates had not increased in over two years.

PACC lost six dollars per member per month in 1990 on its Medicare supplement business. Ms. Barlett also pointed out that the company has instituted a number of cost containment efforts including a full-time medical director.

Eugene Volk, a representative of Bankers Life and Casualty, Certified Life and Union Bankers, pointed to cost-shifting as a major contributor to premium increases.

Blue Cross and Blue Shield (BCBS), Oregon's largest health insurance company, reported it was losing money on its medicare supplement coverage. The company stated that increases against seniors' ability to pay. "We are very much aware that we are dealing here with retired people on fixed incomes. The strategy we are announcing today is designed to bring the rates up in smaller steps, giving Blue Cross the income it needs to finance this coverage, but avoiding a single massive jump in premium," said Roderick Bunnell, attorney for BCBS.

These hearings were a successful beginning of an ongoing process by which the interests of consumers and companies can find common ground. As one senior advocate at the hearing said, "I'm prepared to listen and learn...but we all need to be united if we're going to achieve cost-containment."

Future forums will bring consumers and companies together to understand their mutual concerns and to jointly address escalating health care costs which in turn lead to higher premiums.

Medicare supplement insurers will increase premiums by a smaller amount than they originally requested under a recent decision by Gary Weeks, Oregon Insurance Commissioner.

Weeks held hearings to examine requested rate increases for Medicare supplement insurance which ranged from 15 to 63 percent. After hearing testimony from consumer groups and company representatives, Weeks reduced the requested average increase of 23.3 percent to an average increase of 16.7 percent. "Seniors simply cannot absorb increases of the magnitude requested by some companies," Weeks said. "This decision will benefit consumers and will not jeopardize the financial solvency of any company. The decision should also encourage companies to take another look at ways to control costs."

The Commissioner pointed out that some increases are inevitable. "Changes in Medicare's benefits, cost-shifting by the federal government, excessive loses, increased utilization, and, most importantly, inflation in health care costs all mean that companies need some increases to stay in business," Weeks said.

Weeks has also asked companies to maintain a higher loss ratio than required by Oregon law. Currently, companies are required to pay 60 cents of every premium dollar in the form of benefits. Weeks has asked companies to increase that ratio to 65 cents of every dollar. "I am committed to seeing seniors get reasonable benefits for their premium dollars," he stated.

Measles: Time To Check Immunization Status

The Multnomah County Health Division is issuing a reminder for county residents to review their own and their family's immunization records. Records of children's immunization are especially important to review.

Vaccine-preventable diseases still occur regularly in our community. Multnomah County has had a total of 20 cases of measles reported so far this year. This is three times the number of cases reported for all of 1990. Four of these cases occurred in March and April and 16 cases have occurred in May and June. The latest reported case began June 24, 1991.

Measles usually begins with nonspecific symptoms including fever, cough, runny nose and red, watery eyes. A red, blotchy rash typically appears between the 3rd and 7th day of illness. The rash usually begins on the face and then spreads to the rest of the body. The rash usually lasts 4 to 7 days. The illness usally begins about 10 days after exposure, but may begin anywhere from 7 to 18 days following exposure.

Measles is a highly contagious serious communicable disease. Permanent brain damage occurs in approximately 1 out of every 1,000 cases and death occurs in approximately 1 out of every 1,000 cases. Other complications include ear infections and pneumonia.

Children less than 1 year old and adults are likely to have serious complications.

Many people are immune to measles. Most people born before January 1, 1957 have had measles and are immune as a result of this past infection. Most children born after 1969 have been vaccinated against measles. However, measles vaccination was not required for school entry in Oregon until 1982. Further, there is a significant proportion of individuals who were vaccinated in the late 1960s and early 1970s who are not immune. Therefore, there is a substantial number of people in our community who are at risk of catching measles.

It is important to immunize children at 15 months of age. although most of our recent measles cases have been between the ages of 15-25 years. Other communities around the country (e.g., Los Angles and New York City) are experiencing epidemics of measles among young children, especially children under two years of age. Deaths due to measles in young children, especially children under two years of age. Deaths due to measles in young children have been reported in these communities.

The Multnomah County Health Division recommends:

* Immunization of all children age 15 months and over with MMR (measles, mumps, and rubella) vaccine.

* Reimmunization of all children 12 years of age with MMR.

* Reimmunization of college entrants prior to college admission this fall.

* reimmunization of individuals planning international travel; this should be done prior to travel.

People born prior to January 1, 1957, are generally considered immune; immunization of these individuals is not necessary, except in special circumstances.

When reviewing their own and their family's immunization records for measles, it would be wise for county residents to review other immunizations as well. Adults need to be current on their tetanus-diphtheria (Td) immunization. Routine immunization every 10 years is recommended; a prompt Td booster shot is also recommended when someone sustains a puncture wound, significant burn, or a dirty wound.

Children should receive a series of each of the following immunizations:

* DTP (diphtheria, tetanus and pertussis vaccine)

* OPV (oral polio vaccine)

* Haemophilis influenza type b vaccine

A families usual doctor or clinic can assist in determining if anyone in the family needs to be updated on immunizations. The Multnomah County Health Division's Information and Referral service at 248-3816 can provide information and make referrals to county clinics and other medical resources in the community.

For questions regarding communicable diseases in Multnomah County please call the county Disease Control Office at 248-3406.

Additional contacts:

Jan Poujade, RN Manager for Disease Control 248-3406

Gary L. Oxman, MD MPH, Health Officer of Multnomah County 248-3674

Helpful Hints Offered To Avoid Weight Loss Frauds

BY PATRICK M. O'NEIL

Taken from a Special to the Post-Courier

Last week we profiled a very few of the weight loss scams waiting to pounce on your wallet and prey on your pound-shedding desires. Here are some tips you can use to protect yourself.

1) If it sounds to good to be true, it is.

You can't fool Mother Nature. You MUST burn more calories than you takein if you wish to lose fat. Some outlandishly priced mail - and phone-order books, products and "systems" actually may include some sensible suggestions, tucked behind the hype about the "gimmick." Watch, though, for pseudo-scientific jargon and prices line with their unsubstantiated claims. If they're selling the product more than the food plan or behavioral tips, forget it.

2) Watch for testimonials.

Legitimate programs obviously enjoy satisfied patients or customers who are gratified to tell their stories. But is there more? How does it work on the average? Effective weight loss techniques should have controlled studies behind them. What about people who follow the food plan (which all gimmicks have) but don't take the pill or drops or listen to the tape? If the only data came from "S.K. of Tarpaper, Mississippi," forget it.

3) Watch for motivations that are unrealistic.

Is the ad pitched toward your desire to get back into your 1969 swim suit, or vengeance to make your ex-spouse jealous? These and other desires are all understandable parts of human nature, but be realistic. No pill, diet, patch, plan, or "motivational tape" has yet been devised that will reverse 20 years of life or give a former spouse what you believe he or she deserves. If the ad plays to these types of motivations, enjoy the fantasy, but keep the checkbook out of reach.

4) "Subliminal perception" doesn't work.

If it did, we'd be doing this column in those little black spaces between TV or radio ads.

5) What's up with the doc?

Sponsorship by a doctor often lends an aura of credibility that may or may not be deserved. Most physicians and psychologists are capable and ethical, but a bunch of letters after a name isn't in and of itself sufficient. Is the "doctor" even named. A "doctor" of what? A Ph.D. in comparative religions is a very legitimate, difficult degree, but it doesn't equip one to prescribe diets.

And don't expect less of foreign doctors than you would of your hometown family doctor. A recently popular, potentially dangerous mail-order diet pill was attributed to a French doctor. Just because he spoke fluently at age eight what you struggled to learn at age eighteen, does that mean he has the magic answer to your weight problem?

6) Never order a pill from a post office box.

7) Watch for anti-establishment bias and conspiracy theories.

If the ad tries to convince you that reputable pharmaceutical companies and health-care specialists are afraid of the seller's "breakthrough" product, hang onto your wallet. If you don't trust the concern and compassion of people in health care, trust their greed. Pharmaceutical companies spend billions of dollars annually on research and marketing costs for the drugs your physician can prescribe. Usually, the more promising the drug, the more it costs you, as you may have noted. If these people were aware of a sure way to produce weight loss, don't you think they'd latch onto it and charge the dickens out of you?

8) Iron is attracted by magnet Fat isn't.

9) What does the guarantee guarantee?

If there's a money-back guarantee, ask about the fine print before you send your money away. Otherwise you may never get it back. Many ads of dubious pills, tapes, and devices and "systems" give up all the space to promoting the gimmick, assuring you that your money will be swiftly returned if you don't lose weight. When your purchase arrives though, you may find that you'll get you money back if you use the gimmick and follow the enclosed - surprise - DIET. So much for miracles.

What about offers to accept post-dated checks? You won't see this on big-ticket items, of course. (Ever try driving a car off the dealer's lot after handing over a post-dated check?) On lower-priced items offering this form of "free examination," call your bank and ask them what you have to pay and do to stop a check. By the time your new purchase arrives, you may not have time to write to request your check back.

10) There are no magic combinations of food that melt away fat.

There are "magic foods, however, that will help you lose fat - if you reduce them. Examples are butter, margarine, cream, and other fats.