



Newsletter

INFORMATION RESOURCE CENTER
Embassy of the United States of America

Health Issues

December 2009

DECEMBER 1 IS WORLD AIDS DAY

9 November 2009

U.S. PEPFAR PROGRAM HELPS MILLIONS WITH AIDS IN AFRICA

Effort larger than the Marshall Plan, says PEPFAR head

Washington — A U.S. program that supports millions of HIV/AIDS sufferers in Africa through critical drug therapy has “impacted more people and taken them away from certain death than any other health program,” says Dr. Eric Goosby, U.S. global AIDS coordinator and administrator of the President’s Emergency Plan for AIDS Relief (PEPFAR).



PEPFAR event in Ethiopia (Ethiopia PEPFAR Team Photo)

President Obama is signing the Ryan White HIV/AIDS Treatment Extension Act of 2009. (AP Photo)

Speaking ahead of the December 1 World AIDS Day, Goosby told America.gov that more than 2.1 million people with the AIDS virus in a dozen African nations are now alive thanks to life-saving anti-retroviral drugs provided by the PEPFAR program.

(...)Organized by the United Nations World Health Organization in 1988 and observed every December 1, World AIDS Day includes a series of musical, scholarly and civic workshops and events held around the world dedicated to spotlighting the disease, which has killed an estimated 25 million people since the early 1980s.

<http://www.america.gov/st/scitech-english/2009/November/200911191603341ejrehsiF0.2920191.html?CP.rss=true>



Honoring the Legacy of Ryan White
Office of National AIDS Policy
October 30, 2009

Today, President Obama signed the Ryan White HIV/AIDS Treatment Extension Act of 2009. It represents our ongoing commitment to ensuring access to needed HIV/AIDS care and treatment. The White House and the Department of Health and Human Services (HHS) worked very closely with Congress on this bipartisan legislation, and the consensus document developed by the HIV/AIDS advocacy community was an important part of the process. We were so pleased that Jeanne White-Ginder, Ryan White's mother, was here at the bill signing.

The Ryan White Program is the largest federal program specifically dedicated to providing HIV care and treatment. It funds heavily impacted metropolitan areas, states, and local community-based organizations to provide life-saving medical care, medications, and support services to more than half a million people each year: the uninsured and underinsured, racial and ethnic minorities, people of all ages.

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The President also announced today the elimination of the HIV entry ban. Since 1987, HIV-positive travelers and immigrants have been banned from entering or traveling through the United States without a special waiver. In July 2008, Congress removed all legislative barriers to repealing the ban and paved the way for HHS to repeal the ban. A final rule will be published in the Federal Register on Monday, November 2nd and will take effect in early January 2010. That means that people who have HIV and are not U.S. citizens will be able to enter the U.S. starting in January next year. This is a major step in ending the stigma associated with HIV.

While I have been traveling across the country during the past several weeks for our HIV/AIDS Community Discussions, I am hearing from people living with HIV, nurses, case managers, doctors, community-based service providers, and others about how important the program is to ensure access to care and treatment. As we continue our work on developing the National HIV/AIDS Strategy, we have many important lessons from the Ryan White Program for increasing access to treatment, helping retain people in care, and improving health outcomes. Addressing the epidemic in the U.S. is a priority for President Obama, and we are renewing our focus on prevention as well as treatment.

As we prepare to mark the 20th anniversary of the Ryan White Program next August, the legacy of Ryan White continues to endure.

Source: <http://www.whitehouse.gov/blog/2009/10/30/honoring-legacy-ryan-white>

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*Articles on health issues are available at
<http://www.america.gov/global/science.html>*

PUBLIC HEALTH, DIET, NUTRITION AND PREVENTION



GLOBAL HEALTH INTERVENTIONS FOR U.S. FOOD AND DRUG SAFETY. By Thomas J. Bollyky. CSIS, Nov 13, 2009

In 2007, a series of high-profile scandals involving contaminated blood thinner, toxic toothpaste, and melamine-laced pet food demonstrated the threat that unsafe food and drug imports pose to U.S. public health and international trade. Contaminated and adulterated products have sickened and killed U.S. consumers, fueled protectionism, raised business costs, and destabilized markets. A 2008 public opinion poll found that 67 percent of Americans are worried about food safety, ranking it higher than concerns about pandemic flu or natural disasters. (...) Increasing the resources and mandate of U.S. regulators to conduct border and foreign risk-based inspections are positive and necessary steps, but insufficient. There are legal and practical limits to the ability of U.S. regulatory authorities to conduct inspections of foreign food and drug producers and suppliers. The scale and complexity of the global trade in food and drugs overwhelm traditional methods of border control and inspection at ports of entry. Ensuring the safety of U.S. food and drug imports requires new approaches as well as new resources for traditional interventions.

http://csis.org/files/publication/091112_Bollyky_GlobalHealthInterventions_Web.pdf



THE EUROPEAN APPROACH TO GLOBAL HEALTH: IDENTIFYING COMMON GROUND FOR A U.S.-EU AGENDA. Gaudenz Silberschmidt. CSIS, Nov 13, 2009

The advent of the Obama administration offers an important opportunity to launch a serious dialogue on strengthening transatlantic collaboration on global health issues. This dialogue will require high-level commitment and engagement from both Europe and the United States. And it will naturally emanate from each side's internal processes and strategic approach to global health. His paper, based on a series of interviews with senior European health leaders, seeks to shed light on European approaches to global health; the interactions among the European Union (EU), the European Commission (EC), and member states; and, finally, European perceptions of U.S. global health policies. All of those interviewed strongly support the need for a more consistent and reciprocal dialogue between the United States and Europe, although there were varying opinions on what the initial focus of such a dialogue should be. The paper concludes with suggestions for enhancing U.S.-EU engagement to better identify partnership opportunities in improving global public health in the long term.

http://csis.org/files/publication/091112_Silberschmidt_EuroApproach_Web.pdf

PHARMACEUTICAL R&D AND THE EVOLVING MARKET FOR PRESCRIPTION DRUGS. Congressional Budget Office. October 26, 2009.

Investment in research and development (R&D) over the past several decades has produced a wealth of valuable new drug therapies. Current and future pharmaceutical R&D will determine what drug therapies will become available, and thus will influence future health-care costs. The brief describes the state of investment in drug R&D and the factors that influence it. It also examines how various policy options to control the growth in health care costs or to expand insurance coverage could affect spending on R&D. [PDF format, 8 pages].

<http://www.cbo.gov/ftpdocs/106xx/doc10681/10-26-DrugR&D.pdf>

HEALTH LITERACY. Medline Plus, U.S. Department of Health and Human Services. October 2009.

Health literacy is the ability to understand health information and to use that information to make good decisions about your health and medical care. Health information can overwhelm even people with advanced literacy skills. About one third of the adult population in the United States has limited health literacy.

<http://www.nlm.nih.gov/medlineplus/healthliteracy.html> [HTML format with links].

Health Literacy Basics:

<http://www.health.gov/communication/literacy/quickguide/factsbasic.htm>



ENVIRONMENTAL HEALTH PERSPECTIVES

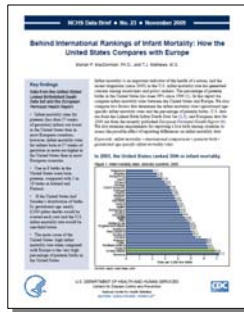
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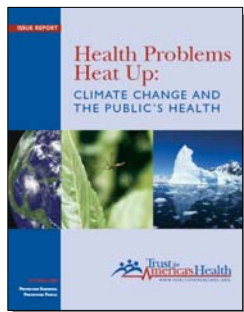
<http://www.ehponline.org/docs/2009/117-10/toc.html>



BEHIND INTERNATIONAL RANKINGS OF INFANT MORTALITY: HOW THE UNITED STATES COMPARES WITH EUROPE. National Center for Health Statistics. Marian F. MacDorman and T.J. Mathews. November 2009.

Infant mortality is an important indicator of the health of a nation, and the recent stagnation, since 2000, in the U.S. infant mortality rate has generated concern among researchers and policy makers. The percentage of preterm births in the United States has risen 36% since 1984. The report compares infant mortality rates between the United States and Europe.

<http://www.cdc.gov/nchs/data/databriefs/db23.pdf> [PDF format, 8 pages].



HEALTH CARE PROBLEMS HEAT UP: CLIMATE CHANGE AND THE PUBLIC'S HEALTH. Trust for America's Health. Jeffrey Levi et al. October 26, 2009.

The report finds that only five states have published a strategic climate change plan that includes a public health response. This includes planning for health challenges and emergencies expected to develop from natural disasters, pollution, and infectious diseases as temperatures and sea levels rise. The report examines U.S. planning for changing health threats posed by climate change, such as heat-related sickness, respiratory infections, natural disasters, changes to the food supply, and infectious diseases

carried by insects.

<http://healthyamericans.org/reports/environment/TFAHClimateChangeWeb.pdf>

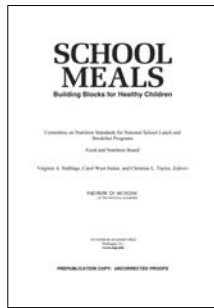
AMERICAN PUBLIC SUPPORTS INVESTMENT IN PREVENTION AS PART OF HEALTH CARE REFORM; SOLID MAJORITIES FAVOR PREVENTION PROPOSALS. Trust for America's Health (TFAH) and the Robert Wood Johnson Foundation (RWJF) November 2009

The public opinion survey finds that 71 percent of Americans favor an increased investment in disease prevention and that disease prevention is one of the most popular components of health reform. Forty-four percent of Americans strongly favor investing more in prevention. <http://healthyamericans.org/assets/files/TFAH-RWJFPreventionSurveyII.pdf>

AVAILABILITY OF LESS NUTRITIOUS SNACK FOODS AND BEVERAGES IN SECONDARY SCHOOLS – SELECTED STATES, 2002-2008. Centers for Disease Control and Prevention. October 5, 2009.

Foods and beverages offered or sold in schools outside of U.S. Department of Agriculture school meal programs are not subject to federal nutrition standards and generally are of lower nutritional quality than foods and beverages served in the meal programs. To estimate changes in the percentage of schools in which students could not purchase less nutritious foods and beverages, CDC analyzed 2002–2008 survey data from its School Health Profiles for public secondary schools. [HTML format, various paging].

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e1005a1.htm>



SCHOOL MEALS: BUILDING BLOCKS FOR HEALTHY CHILDREN. Institute of Medicine. October 21, 2009.

The National School Lunch Program and the School Breakfast Program play key roles in supporting the nutrition and health of schoolchildren in the U.S. by providing nutritionally balanced, low-cost or free lunches each school day. While school meals must meet standards established in 1995, advances have been made in dietary guidance in the years since. At the request of the United States Department of Agriculture (USDA), the Institute of Medicine convened a committee to provide recommendations to revise standards and requirements so that school meals are more healthful. [HTML format with links].

http://books.nap.edu/openbook.php?record_id=12751

HEALTH CARE SYSTEM

FEDERAL HEALTH SPENDING UNDER REID BILL IS DOUBLE WHAT HE CLAIMS: Actually \$1.6 Trillion, Not \$848 Billion. AEI Online, Friday, November 20, 2009

Estimate Assumes Unrealistic Cuts to Medicare and Medicaid and Ignores Hundreds of Billions in Additional Spending Says AEI Budget Expert Joseph Antos.

Senate majority leader Harry Reid (D-Nevada) has produced a health reform bill that would substantially increase the federal commitment to health spending warns former CBO official Joseph Antos, a health policy and budget expert.

It is widely believed that Senator Reid's bill will cost \$848 billion over the next ten years. That is incorrect, points out AEI's Antos. Under the proposal, the federal government will spend additional sums for long-term care, payments to the public insurance plan, and other initiatives. Moreover, the bill includes hundreds of billions of dollars in Medicare and Medicaid savings that will never be collected. Antos explains that the Reid bill is likely to cost \$1.6 trillion over the next decade, and substantially more than that in the future.

<http://www.aei.org/press/100042>



MEDICAID: THE FORGOTTEN ISSUE IN HEALTH REFORM. Robert B. Helms. AEI Online, Friday, November 6, 2009

Current health reform legislation under consideration in Congress fails to address adequately fundamental flaws in the Medicaid program. Medicaid provides health care for the poorest and most severely disabled members of our society, and improving its quality should be a top priority. Instead of making simple reforms to the way federal funds are distributed for Medicaid, current health care legislation only seeks to expand the program. The present growth of federal expenditures on Medicaid is not sustainable, however. In order to ensure that the people who most need assistance for health care continue to receive it, Congress should be making fundamental reforms to the Medicaid program first. <http://www.aei.org/outlook/100087>



PRIVATE HEALTH PLANS: WHERE IS THE VALUE? WHAT IS THE POINT? Clark C. Havighurst. AEI Online, Thursday, October 22, 2009

Are private health plans being touted for a central role in a reformed health care system for the right reasons? Health care providers and suppliers naturally prefer private plans to a government monopsony. Moreover, like health insurers themselves, providers and suppliers have no objection to old and new regulation that, in the name of protecting patients and creating a generous entitlement, limits what health plans can do in tailoring insurance products to consumers' differing circumstances and preferences. Yet health reform could have catastrophic cost consequences if consumers are given little opportunity or reason to economize. <http://www.aei.org/outlook/100083>

CUSTOMER-DRIVEN MEDICINE: HOW TO CREATE A NEW HEALTH CARE SYSTEM. Brookings Institution. Darrell M. West. October 8, 2009.

The report outlines a vision for a new health care system based on mobile Health (mHealth), remote monitors, electronic medical records, social networking sites, video conferencing, and Internet-based recordkeeping. It incorporates email reminders to take medicine, a Netflix-style mechanism to rate experiences with doctors and hospitals, and websites that make ratings publicly available to employers and other patients.

http://www.brookings.edu/~media/Files/rc/papers/2009/1008_mhealth_west/1008_mhealth_west.pdf



YES, MR. PRESIDENT: A FREE MARKET CAN FIX HEALTH CARE. Michael F. Cannon. CATO Policy Analysis no. 650. October 21, 2009

In March 2009, President Barack Obama said, "If there is a way of getting this done where we're driving down costs and people are getting health insurance at an affordable rate, and have choice of doctor, have flexibility in terms of their plans, and we could do that entirely through the market, I'd be happy to do it that way." This paper explains how letting workers control their health care dollars and tearing down regulatory barriers to competition would control costs, expand choice, improve health care quality, and make health coverage more secure.

<http://www.cato.org/pubs/pas/pa650.pdf>

FREE TRADE IN HEALTH CARE: THE GAINS FROM GLOBALIZED MEDICARE AND MEDICAID. Center for Economic and Policy Research. Dean Baker and Hye Jin Rho. October 2009.

The huge gap between the cost of health care in the United States and the cost in other countries with comparable health care outcomes suggests the potential for substantial gains from trade. The paper describes one mechanism for taking advantage of these gains, through a globalization of the country's Medicare and Medicaid programs [PDF format, 21 pages].
<http://www.cepr.net/documents/publications/free-trade-hc-2009-09.pdf>

THE COMPREHENSIVE CONGRESSIONAL HEALTH REFORM BILLS OF 2009: A LOOK AT HEALTH INSURANCE, DELIVERY SYSTEM, AND FINANCING PROVISIONS. The Commonwealth Fund. Sara R. Collins et al. October 2009.

The report provides an overview of key provisions of the two separate comprehensive health reform bills passed by the five committees of jurisdiction in the U.S. Congress. While the general frameworks of the bills are very similar, they differ in a few key respects. Most important, the Senate Finance Committee bill does not include a public plan option or a requirement that employers offer coverage, nor does it reform for more than one year Medicare's formula for setting physician fees; the House bill includes all of these features.
http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2009/Oct/Congressional%20Bills/1333_Collins_comprehensive_congressional_hlt_reform_bills_2009_v2.pdf

AIMING HIGHER: RESULTS FROM A STATE SCOREBOARD ON HEALTH SYSTEM PERFORMANCE, 2009. The Commonwealth Fund. October 8, 2009.

The cost and quality of health care, as well as access to care and health outcomes, continue to vary widely among states, according to the report. Across states, health insurance coverage for adults declined, health care costs rose, and quality improved in areas where outcomes were reported to the public. According to the report, the continuing and growing disparities in state performance point to the urgent need for comprehensive national health system reform.
<http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2009/Oct/2009-State-Scorecard.aspx> [HTML format with links].

A SUCCESS STORY IN AMERICAN HEALTH CARE: USING HEALTH INFORMATION TECHNOLOGY TO IMPROVE PATIENT CARE IN A COMMUNITY HEALTH CENTER IN WASHINGTON. HealthReform.GOV. October 2009.

The report shows how health information technology can improve health care for Americans living in rural communities. The report examines how the Columbia Basin Health Association in Othello, Wash., uses health information technology to improve health care quality and patient safety as well as promote care coordination and continuity. [HTML format, various paging].
<http://www.healthreform.gov/reports/ruralsuccess/index.html>



LOWER PREMIUMS, STRONGER BUSINESSES: HOW HEALTH INSURANCE REFORM WILL BRING DOWN COSTS FOR SMALL BUSINESSES. Healthreform.GOV. October 29, 2009.

The report outlines the many ways health insurance reform will lower health care costs for small businesses. The report notes small businesses, the backbone of job creation in our economy, are disproportionately burdened by the financial strains caused by rising health care costs, among other reasons.
<http://www.healthreform.gov/reports/smallbusiness2/smallbusiness2.pdf>



GOVERNMENT-RUN HEALTH CARE EVEN WITHOUT THE PUBLIC OPTION. Robert A. Book, Ph.D. Heritage foundation WebMemo #2686 | November 9, 2009

One of the most-discussed issues in the health care reform debate is whether to include a government-run, "public option" health plan. President Obama says a government plan is necessary to "keep insurance companies honest," but opponents -- and even some proponents of the public option -- say that a public option will reduce competition and choice and become a step on the road to a single-payer health care system.

But both sides seem to be ignoring a much larger issue: Regardless of whether a public option is included, the reforms under consideration in Congress would impose such rigid control on private health plans that it amounts to a government-run health care system -- even if the insurance companies remain technically under private ownership.

http://www.heritage.org/Research/HealthCare/upload/wm_2686-2.pdf

IMMIGRANTS AND HEALTH CARE REFORM: WHAT'S REALLY AT STATE? Migration Policy Institute. Randy Capps et al. October 5, 2009.

Health care reform proposals under consideration in Congress that would exclude many legal immigrants from core benefits and impose new verification requirements would have important spillover consequences for taxpayers and other health care consumers, according to the analysis in the report. [PDF format, 38 pages].

<http://www.migrationpolicy.org/pubs/healthcare-Oct09.pdf>

ABORTION PLAYS SMALL ROLE IN HEALTH REFORM OPPOSITION THOUGH MOST OPPOSE PUBLIC FUNDING. PEW Research Center | November 19, 2009

While most Americans oppose government funding of abortion, a new Pew Research Center survey finds that concern about abortion funding plays only a small role in driving opposition to the health care reform legislation under consideration by Congress.

<http://people-press.org/reports/pdf/565.pdf>

HEALTH CARE ON AISLE 7: THE GROWING PHENOMENON OF RETAIL CLINICS. Ateev Mehrotra et al. RAND | November 19, 2009

Presents information on the growing phenomenon of retail medical clinics, the types of patients they serve and the types of care they provide, and whether some common claims about retail clinics are supported by evidence.

http://www.rand.org/pubs/research_briefs/RB9491/



ELECTRONIC HEALTH RECORDS ARE ASSOCIATED WITH HIGHER QUALITY IN PRIMARY CARE PRACTICES. Mark William Friedberg et al. RAND, November 2009

Demonstrating a link between use of electronic health records in community-based primary care practices and higher-quality care, this study encourages prioritization of such technologies and their advanced functionalities.

http://www.rand.org/pubs/research_briefs/RB9484/



PROGRESS ENROLLING CHILDREN IN MEDICAID/CHIP: WHO IS LEFT AND WHAT ARE THE PROSPECTS FOR COVERING MORE CHILDREN? Urban Institute. Genevieve Kenney et al. November 2009.

The brief examines the characteristics of the children who were eligible for Medicaid/CHIP in 2007. The results show that while participation rates were high in both Medicaid and CHIP, some 5 million remained uninsured despite being eligible for coverage. Participation rates, which were found to vary across areas, have likely increased given recent declines in the number of uninsured children. The brief also shows that while interest in public coverage is high among low-income parents, many do not know not know that their child is eligible for Medicaid/CHIP, do not know how to apply, and/or find the application process difficult. [PDF format, 11 pages].

http://www.urban.org/UploadedPDF/411981_Progress_Enrolling_Children_11_10.pdf

HEARING: THE HIGH COST OF SMALL BUSINESS HEALTH INSURANCE: LIMITED OPTIONS, LIMITED COVERAGE. Urban Institute. Linda J. Blumberg. October 20, 2009.

Small employers and their workers face an assortment of barriers to obtaining health insurance coverage, according to Blumberg. These include high administrative costs, limited ability to spread health care risk, and a low-wage workforce. These issues have led to low rates of coverage offers by small employers and high rates of un-insurance among their workers. An insurance exchange, such as the one proposed in H.R. 3200, would spread health care risk and reduce administrative costs. [PDF format, 14 pages].

http://www.urban.org/UploadedPDF/901290_limited_options_coverage.pdf

AGING RATING UNDER COMPREHENSIVE HEALTH CARE REFORM: IMPLICATIONS FOR COVERAGE, COSTS, AND HOUSEHOLD FINANCIAL BURDENS. Urban Institute. Linda J. Blumberg et al. Web posted October 7, 2009.

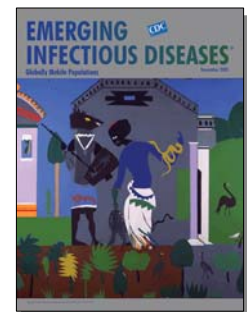
Congressional proposals health care reform proposals have differed in the premium rating rules that would be applied to non-elderly adults. Some have proposed allowing premiums for the older adults to be as much as 5 times as high as those for younger adults (5:1 rating), while others would limit the highest premiums to be twice that of the lowest (2:1 rating). The analysis uses the Health Insurance Policy Simulation Model (HIPSIM) to compare the financial implications of the premium rating choice (5:1, 2:1, and 1:1) for households of different ages, incomes, and sizes.

http://www.urban.org/UploadedPDF/411970_age_rating.pdf

INFECTIOUS DISEASES NEWS

EMERGING INFECTIOUS DISEASES, Volume 15, Number 11–November 2009

<http://www.cdc.gov/eid/content/15/11/1884.htm>



BOOSTING VACCINES: THE POWER OF ADJUVANTS. Garçon, Nathalie; Goldman, Michel, *Scientific American*, October 2009

Summary: Modern insights into the immune system have sparked interest in adding ingredients that can supercharge old vaccines and make entirely new ones possible. Vaccines are extremely effective at preventing disease, but they could work better for more people and against a wider variety of illnesses. Advances in immunology have revealed how new classes of

adjuvants -- ingredients that stimulate immune responses to vaccines -- can allow vaccine designers to target specific populations and pathogens. Currently available online at <http://www.scientificamerican.com/article.cfm?id=boosting-vaccine-power>

HOW TO PREVENT THE NEXT PANDEMIC. Wolfe, Nathan. *Scientific American*, April 2009

Summary: An international network for monitoring the flow of viruses from animals to humans might help scientists head off global epidemics. Most human infectious diseases originated in animals. Historically, epidemiologists have focused on domestic animals as the source of these scourges, But wild animals also have transmitted many diseases to us, including HIV. To address the threat posed by wild animals, researchers are studying the microbes of these creatures and the people who come into frequent contact with them. Such monitoring may enable scientists to spot emerging infectious diseases early enough to prevent them from becoming pandemics. Preview available online at <http://www.scientificamerican.com/article.cfm?id=preventing-next-pandemic>

IMPROVING THE IMPACT AND EFFECTIVENESS OF THE NATIONAL VACCINE ADVISORY COMMITTEE. RAND Corporation. Jeanne S. Ringel et al. October 7, 2009.

The National Vaccine Advisory Committee (NVAC) was established by the National Childhood Vaccine Injury Act of 1986 to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. There is wide consensus, however, that NVAC has not achieved its potential. This report seeks to identify the reasons the committee has not had a greater impact and suggests strategies to improve its effectiveness. [PDF format, 45 pages].

http://www.rand.org/pubs/technical_reports/2009/RAND_TR752.pdf

PANDEMIC INFLUENZA

H1N1 CASES ON THE RISE NATIONWIDE - EMERGENCY PHYSICIANS ADVISE PUBLIC WHEN TO SEEK EMERGENCY CARE. American College of Emergency Physicians. October 12, 2009.

As the nation begins what could become a widespread H1N1 flu outbreak, a poll by the American College of Emergency Physicians finds nearly 90 percent of more than 1,000 emergency physicians responding to a poll expressed concerns about their emergency department's ability to care for additional patients.

<http://www.acep.org/pressroom.aspx?id=46838> [HTML format, various paging].

<http://www.acep.org/pressroom.aspx?LinkIdentifier=id&id=46816&fid=3496&Mo=No&taxid=118019> H1N1 Fact Sheet [HTML format, various paging].



SWINE FLU AND SICK LEAVE: IMPROVEMENTS TO THE EMERGENCY INFLUENZA CONTAINMENT ACT WOULD SAVE JOBS. Heritage Foundation. James Sherk. November 16, 2009.

The Emergency Influenza Containment Act, currently being considered by the House Education and Labor Committee, requires employers who direct their employees to stay home because of a contagious illness -- such as the swine flu -- to provide those workers with paid sick leave. While this legislation responds to a genuine public health concern, it would also have unintended consequences: costing jobs and encouraging employers to keep sick employees at work. [PDF format, 3 pages].

http://www.heritage.org/Research/Labor/upload/wm_2701.pdf

UPDATED RESULTS: IN YOUNGEST CHILDREN, A SECOND DOSE OF 2009 H1N1 INFLUENZA VACCINE ELICITS ROBUST IMMUNE RESPONSE. NIH BULLETIN| November 2, 2009

The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, today announced interim results that show that children nine years of age and younger have a significantly improved immune response when given a second 15-microgram dose of 2009 H1N1 influenza vaccine.

<http://www3.niaid.nih.gov/news/newsreleases/2009/interimpedsdata.htm>

HIV/AIDS



EXTERNAL PEER REVIEW OF DHAP SURVEILLANCE, RESEARCH, AND HIV PREVENTION PROGRAMS Final Report. Centers for Disease Control and Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention (DHAP). November 1, 2009

In the Fall of 2008, the Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Division of HIV/AIDS Prevention (DHAP), began the External Peer Review (EPR) of DHAP's HIV Prevention Activities. This review consisted of convening a group of seventy-three (73) experts from state and local government, national partner organizations, academia, community-based organizations and risk population stakeholders from various parts of the country with experience in HIV prevention and familiarity with DHAP's intramural and extramural activities to examine DHAP's HIV prevention activities. This Peer Review would provide input to CDC on the scientific validity and quality of its activities and the appropriateness of activities to the identified need in the area of HIV/AIDS prevention.

http://www.cdc.gov/hiv/strategic_planning/epr_report/pdf/epr-report.pdf

PROGRAM RESPONSE TO RECOMMENDATIONS Executive Summary, November 3, 2009

In April 2009, the Division of HIV/AIDS Prevention (DHAP), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC) convened an External Peer Review to (1) provide DHAP with objective input and guidance on its programmatic and scientific priorities and direction; (2) provide input for a new DHAP HIV prevention strategic plan; and (3) provide a platform for development of a national HIV prevention strategy that incorporates stakeholder perspectives and needs. The review was conducted under the auspices of CDC's Board of Scientific Counselors (BSC). It included all DHAP programs and activities, organized into topic areas, each addressed by a separate panel. http://www.cdc.gov/hiv/strategic_planning/pdf/program_response.pdf



RESPONSIBLE EDUCATION ABOUT LIFE (REAL) ACT. Advocates for Youth, November 2009

The Responsible Education About Life (REAL) Act (S. 611/H.R.1551) sponsored by Senator Frank Lautenberg (D-NJ) and Representative Barbara Lee (D-CA), would provide federal money to support responsible, comprehensive sex education in schools. This education would include age-appropriate, science-based, and medically accurate information about both abstinence and contraception. The health and future of every adolescent is

shadowed by risk of sexually transmitted infections (STIs), including HIV, as well as by risk of involvement in unintended pregnancy.

http://www.advocatesforyouth.org/youth/info/poz/faq/index.php?option=com_content&task=view&id=717&Itemid=177



ORAL SEX AND HIV RISK. CDC, June 2009

Like all sexual activity, oral sex carries some risk of HIV transmission when one partner is known to be infected with HIV, when either partner's HIV status is not known, and/or when one partner is not monogamous or injects drugs. Even though the risk of transmitting HIV through oral sex is much lower than that of anal or vaginal sex, numerous studies have demonstrated that oral sex can result in the transmission of HIV and other sexually transmitted diseases (STDs). Abstaining from oral, anal, and vaginal sex altogether or having sex only with a mutually monogamous, uninfected partner are the only ways that individuals can be completely protected from the sexual transmission of HIV. However, by using condoms or other barriers between the mouth and genitals, individuals can reduce their risk of contracting HIV or another STD through oral sex.

<http://www.cdc.gov/hiv/resources/factsheets/PDF/oralsex.pdf>

RESEARCH EFFORTS TOWARD A CURE AND NEW TOOLS OF PREVENTION ARE CRITICAL; NIAID Director Fauci Discusses Compelling Scientific Challenges in HIV/AIDS Research. NIH | November 3, 2009

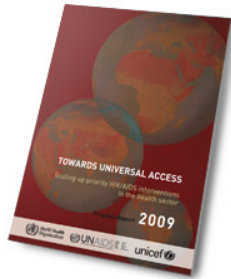
(...)a cure theoretically could involve complete eradication of HIV from the body, a "sterilizing cure." Alternatively, a cure could shrink the amount of HIV in a person's body to the point where the immune system could control the infection without antiretroviral drugs: a "functional cure."

<http://www3.niaid.nih.gov/news/newsreleases/2009/healthaffairs.htm>



GLOBALIZATION, AIDS, AND THE PORNOGRAPHY INDUSTRY. The World, Public Radio International , 4 September 2009

Propelled by globalization, pornography has found an audience among individuals in the far corners of the world with serious consequences. In some places, like in parts of Africa, where electricity is a luxury, villagers have nevertheless viewed pornographic media from California. And the preponderance of such media is having a chilling effect on public health.. In many of these regions, the practice of safe sex is limited, leading to a higher risk of the spread of AIDS, while anecdotal observations suggest sexual violence is more prevalent. That the provenance of most of the pornographic materials is Los Angeles shows how the globalization of such media can have unintended consequences. Though some lay the blame of contracting AIDS on Western pornography – which frequently does not employ safe sex – many of the regions cited have no form of sex education. And though there is indigenously produced pornography, US products remain cheaper and widely distributed and thus enjoy greater prevalence. Whether this relative cheapness is due to efficiencies, smuggling, or piracy remains unclear. But the spread of pornographic media now seems to be not just a issue of morality, but one of public health as well. <http://www.pri.org/world/globalization-aids-pornography1578.html>



TOWARDS UNIVERSAL ACCESS: SCALING UP PRIORITY HIV/AIDS INTERVENTIONS IN THE HEALTH SECTOR. World Health Organization. October 2009.

More than 4 million people in low- and middle-income countries were receiving antiretroviral therapy (ART) at the close of 2008, representing a 36% increase in one year and a ten-fold increase over five years, according to the report.

[PDF format, 165 pages].

http://data.unaids.org/pub/Report/2009/20090930_tuapr_2009_en.pdf

AIDS RELIEF AND MORAL MYOPIA. Kavulla, Travis. *New Atlantis*, No. 24, Spring 2009

Summary: The author, a Phillips Foundation journalism fellow and former Gates Scholar in African history at Cambridge, writes that Western aid organizations, which have pursued a mechanical approach to AIDS relief in Africa, emphasizing condom use and antiretroviral drugs, have had only mixed results in reducing the incidence of HIV/AIDS. What Western groups ignore, says Kavulla, is the social dimension, that Africans are “wont to view this disease ... as a moral calamity.” He notes that belief in the supernatural, that spiritual forces can be summoned to cause harm or bring good, is still very much alive in African life; these old beliefs have found form in evangelical Christianity, in particular Pentecostalism, which has been spreading rapidly throughout sub-Saharan Africa for years. Any successful effort to combat AIDS, writes Kavulla, will have to enlist the authority of the evangelical preachers and their large congregations. He notes that there is a precedent for such an effort -- in the 1930s, a religious fervor known as the Holy Spirit Movement sprung up in East and Central Africa, in response to a syphilis epidemic resulting from social upheaval in the early years of colonialism. The movement railed against sex outside the bounds of marriage, linking moral concerns to social concerns to great effect. Such a change is possible again, notes Kavulla, but the Western donor community “must stop imposing its own agenda on Africa ... the sooner [it] reorients its policies to fit African realities, the better.” Currently available online at

<http://www.thenewatlantis.com/publications/aids-relief-and-moral-myopia>

RESEARCHERS TRY TO SOLVE THE MYSTERY OF HIV CARRIERS WHO DON'T CONTRACT AIDS; Are "elite controllers" the key to understanding HIV infection—and do their immune systems offer a new approach to developing an AIDS vaccine? By Bob Roehr. *Scientific American*, November 18, 2009

More than half a million people in the U.S. have died from HIV infection, and more than a million currently live with the virus, but a relative handful of people infected with HIV never get treatment for it and never get sick from it. The immune systems of this small population—perhaps 50,000 Americans—somehow control the virus for long periods of time. Of course, there is typically a bell curve of response to any disease, but figuring out how these people control the virus is one of the most vexing mysteries of the AIDS pandemic. Solving it might unlock new ways to prevent and treat HIV infection, and now several research teams are going after the answer.

<http://www.scientificamerican.com/article.cfm?id=hiv-aids-controllers>

TUBERCULOSIS

THE GLOBAL PLAN TO STOP TB 2006-2015: PROGRESS REPORT 2006-2008.



12 November 2009 - Geneva - A report issued today by the Stop TB Partnership finds that important progress was made from 2006 through 2008 in reaching the milestones of the Global Plan to Stop TB. Some highlights: DOTS, the cornerstone of WHO's Stop TB Strategy, is available for 97% of the world's population. Some 155 countries have adopted national strategic plans for TB control, including all 22 high-burden countries. The Global Plan's treatment success milestone for 2008 of 83% has been surpassed -- treatment success is now up to 85% worldwide.

<http://www.stoptb.org/>

NARCOTICS AND SUBSTANCE ABUSE

STOP SMOKING ASSISTANCE FOR THE 2009 GREAT AMERICAN SMOKEOUT. Federal Citizen Information Center. November 2009.

November 19, 2009 marks the 34th Annual Great American Smokeout. During this day Americans from coast to coast will try to give up cigarettes for 24 hours. The site gives links to various government smoking cessation resources. [HTML format with links].

<http://www.pueblo.gsa.gov/press/smokeout09.htm>



SECONDHAND SMOKE EXPOSURE AND CARDIOVASCULAR EFFECTS: MAKING SENSE OF THE EVIDENCE. Institute of Medicine. October 15, 2009.

Data suggest that exposure to secondhand smoke can result in heart disease in nonsmoking adults. Recently, progress has been made in reducing involuntary exposure to secondhand smoke through legislation banning smoking in workplaces, restaurants, and other public places. The effect of legislation to ban smoking and its effects on the cardiovascular health of nonsmoking adults, however, remains a question. [HTML format with links].

http://www.nap.edu/catalog.php?record_id=12649#description

ADOLESCENT BEHAVIORAL HEALTH: STATES IN BRIEF. Substance Abuse and Mental Health Services Administration, 11/12/2009

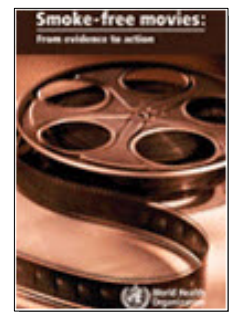
SAMHSA has developed 52 new short reports providing key information about the level of substance use and mental health problems and treatment among adolescents (age 12 to 17 years) in each state, the District of Columbia and for the country as a whole. The reports provide first-of-a-kind, state-by-state breakdowns by gender on substance abuse and mental health problems experienced by adolescents.

<http://samhsa.gov/statesinbrief/>

SMOKE-FREE MOVIES: FROM EVIDENCE TO ACTION. WHO, October 2009

This report emphasizes the need for enforceable policies to severely restrict smoking imagery in movies. It is backed by evidence indicating a causal link between exposure to movie smoking depictions and youth smoking initiation. The report summarizes current knowledge, as well as approaches to ensure that movies that are marketed to youth do not contain tobacco imagery.

http://whqlibdoc.who.int/publications/2009/9789241597937_eng.pdf



CHRONIC DISEASES

BREAST CANCER NETWORK THRIVES IN U.S.-MIDDLE EAST PARTNERSHIP; Advocates in Middle East, North Africa share ideas, information online. Louise Fenner. U.S. Department of State, 16 November 2009

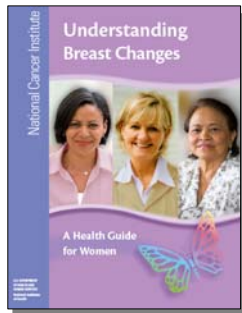
Washington — In the summer of 2009, an organization of medical students in Egypt wanted to find an oncology expert to provide training in breast and testicular cancer screening. The answer came through a thriving new social network that has brought together more than 250 medical professionals, breast cancer survivors and community activists in the Middle East and North Africa (MENA).

<http://www.america.gov/st/scitech-english/2009/November/20091113144613xlrennef0.6300012.html?CP.rss=true>

HEALTH INSURANCE REFORM AND BREAST CENTER: MAKING THE HEALTH CARE SYSTEM WORK FOR WOMEN. Healthreform.GOV. October 23, 2009.

The report details how health insurance reform will help women diagnosed with breast cancer. The report highlights the problems in the health care status quo that significantly impact women who are diagnosed with breast cancer or are breast cancer survivors.

<http://www.healthreform.gov/reports/breastcancer/breastcancer3.pdf>

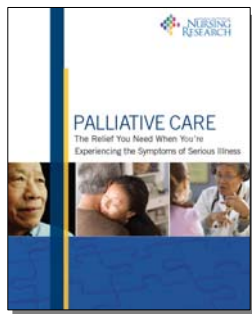


UNDERSTANDING BREAST CHANGES: A HEALTH GUIDE FOR WOMEN. National Cancer Institute. October 22, 2009.

The booklet is designed to help women understand specific breast changes and conditions, as well as how these changes are detected, diagnosed, and treated. It lists breast changes that women should see their doctor about, while emphasizing the importance of regular mammograms. Women are reassured that most breast changes are not cancer, but that all breast changes need to be seen by a doctor. [PDF format, 44 pages].

<http://www.cancer.gov/cancertopics/understanding-breast-changes/PDF>

MISCELLANEOUS

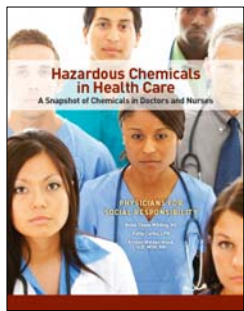


PALLIATIVE CARE: THE RELIEF YOU NEED WHEN YOU'RE EXPERIENCING THE SYMPTOMS OF SERIOUS ILLNESS. National Institute of Nursing | November 2009

Dealing with the symptoms of any painful or serious illness is difficult. However, special care is available to make you more comfortable right now. It's called palliative (pal-lee-uh-tiv) care. You receive palliative care at the same time that you're receiving treatments for your illness. Its primary purpose is to relieve the pain and other symptoms you are experiencing and improve your quality of life. Palliative care is a central part of treatment for serious or life-threatening illnesses. The information

in this brochure will help you understand how you or someone close to you can benefit from this type of care.

http://www.ninr.nih.gov/NR/rdonlyres/01CC45F1-048B-468A-BD9F-3AB727A381D2/0/NINR_PalliativeCare_Brochure_508C.pdf



HAZARDOUS CHEMICALS IN HEALTH CARE: A SNAPSHOT OF CHEMICALS IN DOCTORS AND NURSES. Physicians for Social Responsibility. Bobbi Chase Wilding et al. October 2009.

Physicians for Social Responsibility (PSR) in partnership with American Nurses Association (ANA) and Health Care Without Harm (HCWH) releases the report, detailing the first investigation ever of chemicals found in the bodies of health care professionals. The inquiry found that all of the 20 participants had toxic chemicals associated with health care in their bodies. Each participant had at least 24 individual chemicals present, four of which are on the recently released Environmental Protection Agency list of priority

chemicals for regulation.

<http://www.nursingworld.org/DocumentVault/OccupationalEnvironment/Hazardous-Chemicals-In-Health-Care.aspx>



GLOBAL STATUS REPORT ON ROAD INJURIES. WHO | 17 November 2009

Approximately 1.3 million people die each year on the world's roads, and between 20 and 50 million sustain non-fatal injuries. The Global status report on road safety is the first broad assessment of the road safety situation in 178 countries, using data drawn from a standardized survey. The results show that road traffic injuries remain an important public health problem, particularly for low-income and middle-income countries. Pedestrians, cyclists and motorcyclists make up almost half of those killed on the roads,

highlighting the need for these road users to be given more attention in road safety programmes. The results suggest that in many countries road safety laws need to be made more comprehensive while enforcement should be strengthened.

http://www.who.int/violence_injury_prevention/road_safety_status/2009/en/index.html



ABORTION IN PAKISTAN. Guttmacher Institute. November 4, 2009.

Induced abortion is legal under very limited circumstances in Pakistan, yet it is commonly performed, according to the report. Because access to abortion is highly restricted, the majority of these procedures take place under clandestine, and often unsafe, conditions. As a result, many Pakistani women suffer from serious health complications that sometimes result in long-term disabilities and death. A major factor contributing to Pakistan's level of unsafe abortion is the country's low level of contraceptive use, which results in high levels of unintended pregnancy.

http://www.guttmacher.org/pubs/IB_Abortion-in-Pakistan.pdf [PDF format, 6 pages].

HOW TRIVIAL DNA CHANGES CAN HURT HEALTH. Chamary, J.V.; Hurst, Laurence D. *Scientific American*, June 2009

Summary: Small changes to DNA that were once considered innocuous enough to be ignored are proving to be important in human diseases, evolution and biotechnology. Scientists long assumed that any DNA mutation that does not change the final protein encoded by a gene is effectively "silent." Mysterious exceptions to the rule, in which silent changes seemed to be exerting a powerful effect on proteins, have revealed that such mutations can affect health through a variety of mechanisms. Understanding the subtler dynamics of how genes work and evolve may reveal further insights into causes and cures for disease. Preview available online at <http://www.scientificamerican.com/article.cfm?id=the-price-of-silent-mutations>