

Health Letter

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Stretching the TARP to Cover Health Care

Health is intrinsically valuable, but health care is a means to many ends. Health care affects our collective bottom line and our way of life. Health reform is thus being increasingly seen as part of the strategy to rescue the economy at a time of constrained credit, increasing home foreclosures, rising unemployment, and a declining dollar. Linking health reform to economic recovery makes sense for a number of reasons:

Health care and the economy are inextricably linked. Health decisions have economic effects, and economic decisions have health implications. Health expenses account for one of every six dollars of the U.S. gross domestic product (GDP). The health sector employs close to 15 million practitioners (10.3 percent of the labor force) and is an important consumer of goods. Health coverage has a strong ripple effect throughout the entire economy, and health care costs drive a number of other decisions. Between 2000 and 2006 health care costs increased 98 percent while overall inflation rose 23 percent.

Decisions on health coverage have an impact on job-creation. Health insurance influences recruiting and hiring decisions. Business owners see rising health insurance costs as a drain on their profits, and must therefore balance providing coverage to their employees against incentives to secure their profits by offering the skimpiest coverage possible. Employers avoid hiring workers who may be heavy users of care in order

to avert higher premiums based on experience. For-profit enterprises also use other strategies to offset rising insurance costs; these include offering plans with limited benefits and greater cost-sharing, union-busting, replacing full-time with part-time employees and outsourcing. The employment market is therefore becoming increasingly precarious, with fewer employers willing to make long-term investments in their labor force.

In addition, many industries are finding health care costs to be an economic drag, making them less competitive on the global market. Detroit's "Big Three" are spending more on health care than they are on any other labor cost; this affects their comparative advantage vis-à-vis other carmakers. At present, GM and Ford spend approximately \$1500 in health care costs for every car coming off their production lines,

in contrast to \$450 paid by BMW in Germany and a modest \$150 paid by Honda in Japan. Those companies that have plants in the U.S. and elsewhere are faced with the reality of this difference: it costs hundreds of dollars more to manufacture a car in Detroit than for the identical car made across the lake in Canada. The difference? Private health insurance in the U.S. vs. Canadian Medicare.

Loss of health care is a glaring symptom of the economic downturn. Loss of coverage is rising with unemployment: a one percentage point rise in the unemployment rate increases the rate of uninsured adults by 0.6 percentage points. Put another way, every 1 percent increase in unemployment adds 1.1 million to the number of uninsured and 1 million recipients to the Medicaid and SCHIP programs.

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Bereavement: A Look at the Grieving Process and How to Cope with Loss

At least eight million Americans lose a relative to death each year, and the result, for the survivors, is called bereavement. Medical writer Peggy Eastman has turned her personal tragedy, and her own response to it, into articles which have comforted many others.

“Nothing is more devastating than losing someone close to you, especially a spouse,” says Ms. Eastman. Her husband, James Eastman, was a passenger on a small commuter plane which crashed in Maine, killing him, young activist Samantha Smith, and six others. Her first reaction was “violent tears of protest,” and she later had nightmares, bouts of depression and spiritual struggles.

One month after her husband’s death, she says, “I set out to research my condition, in a desperate attempt to understand what was happening to me...I felt it might be the only thing that would help.”

Bereavement is defined as “loss through death.” The inevitability of death makes bereavement, like pregnancy, a common and natural occurrence which results in changes in both function and behavior. As each person is different, so each death is different, and every bereaved person has some unique reactions, which may depend on the deceased person’s age, suddenness of death and type of death. Each year, death of a spouse results in 800,000 new widows and widowers. And despite the advances of modern medicine, which have reduced childhood mortality, nearly 400,000 persons under age 25 die each year, leaving millions of siblings, parents and friends in a state of grief. There are at least 27,000 suicides each

year in the U.S. Experts feel that the loss of a spouse or the loss of a child are the two most difficult losses to adjust to.

Grief, defined as the behaviors and processes associated with bereavement, usually follows a common course. Grief, sometimes equated with mourning, is normal and adaptive, allowing the affected person eventually to get on with their own life. Grief may have complications, however, which may require medical attention. Other traumatic events, such as a divorce or loss of a limb, may initiate similar grieving patterns.

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The Phases of Grief

Grief is frequently described as occurring in phases, in which one follows another, although some people move back and forth between them. The boundaries between the phases may be blurred.

Phase 1

The first phase begins immediately after the loss, and may last up to a few weeks. The survivor experiences shock, numbness, and disbelief. Other common symptoms include crying, sighing, throat tightness, and a sense of unreality. The shock may be more pronounced if the death is sudden and unexpected.

Phase 2

The second phase of grief is characterized by preoccupation with the deceased and a yearning to recover the lost person. The survivor frequently re-examines the past relationship, including disagreements, conflicts, and unresolved anger.

Emotions can fluctuate wildly, from intense sadness, to anger, to guilt. Dreams of the deceased may be intense and vivid. Weakness and fatigue are also common. If this phase extends beyond several months and does not progress to further stages, it may signal the need for treatment, as this constitutes “pathological grief.”

Pathological grief may refer to several abnormal patterns of grief. Absent grief, delayed grief and distorted grief are three such forms. Distorted grief usually involves persistence of the second stage of grief. This may show itself through compulsive overactivity without a sense of loss, acquisition of the symptoms associated with the deceased, loss of health, social isolation or alienation or severe depression. Any of these symptoms may require medical attention, or increased social support. However, cultural norms may differ, and in some cultures a single symptom listed above may not represent a true problem.

Phase 3

Disorganization and despair characterize the third phase, although the end result is that the survivor accepts the permanence and the fact of loss. The survivor ceases attempts to recover the lost person. Sadness persists in this phase, along with feelings of emptiness, and loss of interest in usual activities.

Phase 4

The fourth phase involves resolution and reorganization of behavior. Normal activities resume, and the bereaved person regains interest in usual activities. Some new social contacts are made. Occasional feelings of sadness, emptiness, and crying spells may occur, but less

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frequently than before, or with less intensity. The result may not be a complete return to previous activities, but is a lessening preoccupation with the deceased. Past events with the deceased person can be recalled with some pleasure.

The distress of grief and mourning was formerly thought to be short-lived, but recent studies have shown that such feelings can persist for many years. In fact, some think that it normally can last a lifetime. This has prompted some to conclude, "You really don't get over it, you get used to it." As noted before, there is a tremendous amount of individual variation.

The Consequences of Bereavement

It has been a common observation, over many years, that the recently widowed are at increased risk for death. Many medical studies have looked at the death of a spouse, and according to a 1984 National Academy of Sciences review, "some bereaved persons are at increased risk for illness and even death." Risk factors for death include male gender (widowers) and living alone. Remarriage seems to protect against this effect, but it is not clear if remarriage itself is truly protective, or if those with better support systems tend to remarry and that this protects.

Recent research has shown that the immune system becomes slightly depressed during the grieving process. This may be due to general stress, depression, bereavement itself or for some other reason. Infections may result from this suppressed immune system, ranging from colds to pneumonia, although this is by no means universal.

Other bereaved persons at increased risk of serious

consequences include those who feel a lack of a support system, those in poor health (physical or mental) prior to the death, alcoholics, those with severe financial difficulties, and those under 65. Preventive efforts may avoid some of the serious results of bereavement. Someone with many of these risk factors is more likely to need support, counseling, or some other intervention. The suicide of someone especially close also increases risk.

Interventions

As noted, grief is normal and adaptive, and in most cases does not need to be "medicalized" into an illness. However, if help is needed, there are people to turn to.

1. Support groups are where people who have had similar experiences meet and discuss topics of concern. Peggy Eastman joined such a group about three months after the death of her husband. "My church started a new weekly support group for people who had experienced a loss of a loved one. It was made clear that this was to be a support group rooted in the healing power of love, not a psychotherapy group." Topics can include social adjustment, research discussions, the grieving process, and how to avoid stumbling blocks. She concludes, "Nonjudgmental, confidential, peer-directed support groups are one of the best ways to resolve loss because they reassure the griever that he or she is not alone."

As noted in a National Institute of Mental Health publication, "Mutual-help groups do not intend to replace physicians, therapists, and other skilled professionals. Rather, the groups function in the belief that many of our physical and mental health needs go beyond the bounds of formal care measures."

2. Counseling is another intervention which may help deal with grief. At its simplest, counseling may be support from friends and family, however, health care personnel can provide this service. The basic goal is to facilitate passing through the phases of mourning, by accepting the reality of the loss, dealing with feelings and emotions, and readjusting to the new environment.

3. Medications are a controversial part of the bereavement process, particularly because of the risk of delayed or distorted grief. Some people feel that the reason for the widespread use of medications is that physicians find it easier to write a prescription than to deal with feelings. Some bereaved persons, however, do legitimately need a short (7-10 day) course of sleeping pills or tranquilizers. Longer courses of treatment may lead to addiction, or other complications. Research into this area, as recommended by the National Academy of Sciences, is sorely needed.

4. The hospice movement has initiated preventive efforts for those with loved ones who have a chronic and fatal disease. They can help prepare for the eventual loss. Their effectiveness is under investigation, because they are so new.

Recommendations

The Institute of Medicine/National Academy of Sciences released a report in 1984 entitled *Bereavement: Reactions, Consequences, and Care*. They had several conclusions and recommendations for future work in this area, although only some of the actions have been taken so far. Two international conferences on bereavement have been organized in response to the report, and some additional research money has become available, according to Fred Solomon of the Institute of Medicine.

The report recommends:

- Health professionals and institutions have a continuing responsibility to the bereaved.
- Schools should train nurses and physicians to look for warning signs, and should refer people at high risk for pathological grief for counseling.
- The integration of social workers and chaplains into hospital settings, particularly those involving terminal illness, has improved the care at some medical institutions.
- Increased public education may offer support indirectly to bereaved persons. The report notes that institutional care for the dying and geographic mobility have left many people unprepared to deal with death. Many people are surprised by the intensity of their emotional reaction to the death of a loved one.
- Further research is needed in several areas, notably the process and outcome of bereavement. The risk factors for death or disease following the death of someone close need to be studied to effectively plan ways to prevent such problems. Health consequences of bereavement in children, in minority groups,

and in other cultures, as well as expanded research into the biology and physiology of grieving, were all highlighted as major areas in need of research.

- Research into the intervention strategies described above is needed to evaluate their effectiveness and whether they may be broadly applied to the general population. In particular, the panel noted the opportunities available to evaluate the rapidly evolving hospice movement. Finally, they recommended the establishment of a research review committee by the federal National Institute of Mental Health (NIMH) to coordinate bereavement studies of all kinds.

Grief Resources

Several resources are available for mutual support groups. The national groups listed below may be able to refer people in need to a local group. Larger groups may be listed in the local telephone directory, and names and phone numbers of many more are available from hospitals, and local health and social-service agencies.

The Compassionate Friends

P.O. Box 3696
Oak Brook, IL 60522
(For bereaved parents,
peer support)

Widowed Persons Service

4270 Chicago Drive SW
Grandville, MI 49418
(For widowed and peer support)

Theos Foundation

322 Blvd. of the Allies, Suite 105
Pittsburgh, PA 15222
(For widowed and their families,
peer support)

A pamphlet for the general public, written by the Institute of Medicine for the National Institute of Mental Health, entitled "Understanding Bereavement Reactions in Adults and Children" is available from:

National Institute of Mental Health

Science Writing, Press, and
Dissemination Branch
6001 Executive Boulevard, Room
8184, MSC 9663
Bethesda, MD 20892-9663



PASS THE TORCH

For Public Citizen to maintain its momentum, we not only need your continuing support, but we must grow. That's why we are launching a gift membership campaign called Pass the Torch. If you know of socially conscious people who care about our democracy and want to help strengthen it, please give them a gift membership to Public Citizen today.

To participate, visit www.citizen.org/passthetorch

Product Recalls

February 18, 2009 – March 19, 2009

This chart includes recalls from the Food and Drug Administration (FDA) Enforcement Report for drugs and dietary supplements, and Consumer Product Safety Commission (CPSC) recalls of consumer products.

DRUGS AND DIETARY SUPPLEMENTS

The recalls noted here reflect actions taken by a firm to remove a product from the market. Recalls may be conducted on a firm's own initiative, by FDA request or by FDA order under statutory authority. If you have any of the drugs noted here, label them "Do Not Use" and put them in a secure place until you can return them to the place of purchase for a full refund. You can also contact the manufacturer. If you want to report an adverse drug reaction to the FDA, call (800) FDA-1088. The FDA Web site is www.fda.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Recalls and Field Corrections: Drugs – CLASS I

Indicates a problem that may cause serious injury or death

Name of Drug or Supplement; Problem; Recall Information

Zhen de shou, sold in a box of 10 capsules sealed on a blister card. Product is labeled in a foreign language; Approximately 705/10 capsule boxes; Unapproved new drug; product was found to contain undeclared sibutramine, an active pharmaceutical ingredient which is used as an appetite suppressant for weight loss. All codes; Fashion Sanctuary.

Recalls and Field Corrections: Drugs – CLASS II

Indicates a problem that may cause temporary or reversible health effects; unlikely to cause serious injury or death

Name of Drug or Supplement; Problem; Recall Information

The following 12 products are being recalled due to multiple good manufacturing practice (GMP) deviations and stability failures which were found at the manufacturer, Actavis Totowa LLC, Totowa, NJ. In total, 655,418 capsules, and 5,629,312 tablets were affected. Each drug has multiple affected lots. Contact your pharmacist to see if yours is an affected dose.

Phentermine Hydrochloride Capsules, 15 mg, packaged in blister packs of 14 and 28 and bottles of 30 and 60, Schedule IV, Rx only.

Phentermine Hydrochloride Capsules, 37.5 mg, packaged in blister packs of 28 and bottles of 30, Schedule IV, Rx only.

Phentermine Hydrochloride Tablets, 37.5 mg, packaged in blister packs of 7, 14 and 28 and bottles of 30, 45, 60 and 100, Schedule IV, Rx only.

Phenazopyridine Tablets, 100 mg, packaged in blister packs of 10, Rx only.

Hyoscyamine Sulfate Tablets 0.125 mg packaged in blister packs of 20, Rx only.

Prenatal Plus w/27 mg Iron Tablets, Multivitamin/multimineral supplement, packaged in bottles of 30, Rx only.

Sodium Fluoride Chewable Tablets, 1.1 mg, equivalent to 0.5 mg fluoride ion, packaged in bottles of 100, Rx only.

Sodium Fluoride Chewable Tablets, 2.2 mg, equivalent to 1.0 mg fluoride ion, packaged in bottles of 100, Rx only.

Cyclobenzaprine HCL Tablets, 5 mg, packaged in bottles of 30, Rx only. Trimethobenzamide HCL Capsules, 300 mg, packaged in blister packs of 6 and 12, Rx only.

Tizanidine HCL Tablets, 2 mg, packaged in bottles of 30, Rx only.

Tizanidine HCL Tablets, 4 mg, packaged in bottles of 15, 30, 60 and 120, Rx only.

APS Ursodiol Capsules USP 300 mg, NDC 51079-097-20 Dose NCD 51079-097-01. 184 amber bags of 100 capsules; Good Manufacturing Practices Deviations (by mfr Actavis). Lot #s: 072890, exp. date 11/2008; 073356, exp. date 11/2008; 073995 exp. date 02/2009; 074202, exp. date 02/2009; American Health Packaging.

Bellaspas Tablets, Phenobarbital USP, 40mg; Ergotamine Tartrate USP, 0.6mg; Levorotary alkaloids of belladonna 0.2mg; 100 and 500 count, Rx only, 16,416 units; Subpotent; 18 month Stability. Lot #s: T020A06A, exp. date 11/2008; T020A06B, exp. date 11/2008; T076D06A, exp. date 11/2008; and T076D06B, exp. date 11/2008; Vintage Pharmaceuticals LLC DBA Qualitest Pharmaceuticals.

CONSUMER PRODUCTS

DURAGESIC 50 mcg/h CII, (FENTANYL TRANSDERMAL SYSTEM), One (50 mcg/h) system, Rx only, NDC 50458-034-05; Fentanyl Transdermal System, 50 mcg/h, CII, One (50 mcg/h) System, Rx only, NDC 00781-7112-55, 411,690 patches; Defective delivery system; due to a seal breach on one edge of the system, product has the potential to release higher or too little medication than intended amount. Lot #: 0817239, exp. date 06/2010 (Janssen); 0816851, exp. date 06/2010 (Sandoz); GPSG – Unit of ALZA Corp.

Greenstone Brand, Azithromycin Tablets 500 mg, Rx only, 30 Tablets, NDC 59762-3070-2. Recall # D-202-2009; 55,810 single 30-Count Bottles; Failed Dissolution Specifications; stability. Lot #: 6HP033A, exp. date 05/2009; Pfizer Inc.

Otomar Otic Drops (Chloroxylenol 1 mg/mL, Hydrocortisone 10 mg/mL, Pramoxine HC1 10 mg/mL), 15 mL Multi Dose Dropper Bottle.; NDC 0682-9090-15, 3,958 bottles; Subpotent; 18 month stability testing. Lot #: 70304; Elge, Inc.

Paroxetine 40mg Tablets USP; 90 Tablets NDC 0093-7121-98; Rx only. NDC number 0093-7121-98. 13,773 bottles; Superpotent; exceeds weight and potency requirements. Lot #: 09Y005 exp. date 12/2009; Teva Pharmaceuticals USA, Inc.

CONSUMER PRODUCTS

Contact the Consumer Product Safety Commission (CPSC) for specific instructions or return the item to the place of purchase for a refund. For additional information from the Consumer Product Safety Commission, call their hotline at (800) 638-2772. The CPSC web site is www.cpsc.gov. Visit www.recalls.gov for information about FDA recalls and recalls issued by other government agencies.

Name of Product; Problem; Recall Information

2009 Model Electra Bicycles with Front Trays. The front tray on the bicycle can come loose and contact the front tire, posing a fall hazard to riders. Electra Bicycle Company LLC, (800) 261-1644 or www.electrabike.com.

2009 Six 5, Six 6, Six Carbon 5 and Six Carbon 6 Bicycles. The bicycles fail to meet the federal safety standard for bicycles. Spoke protector discs, required on bicycles to prevent the bicycle chain from interfering or suddenly stopping the wheel, are missing from these bicycles. This poses a fall hazard to the rider. Cannondale Bicycle Corporation, (800) 245-3872 or www.cannondale.com.

Acer Predator Desktop Computers. The insulation on the computer's internal wiring can become bent or stripped, causing the wires to overheat while the product is in use. This poses a burn hazard to consumers. Acer America Corp., (866) 695-2237 or www.acer.com.

Air Venturi Air Rifles. The safety can fail, causing the rifle to unexpectedly fire. This poses a serious injury hazard to consumers. Air Venturi, (216) 292-2570 or www.airventuri.com.

All-Clad 4-Square Belgian Waffle Makers. Wiring inside the waffle maker can be damaged and contact the maker's metal body, posing a shock or fire hazard to consumers. All-Clad Metalcrafters LLC, (888) 345-0474 or www.All-CladWafflerRecall.com.

Bowflex® Ultimate 2 Home Gyms. The home gym's horizontal seat rail is designed to be latched in a vertical position for storage. If the seat rail is not manually latched, it can fall unexpectedly on the user or a bystander, posing a risk of serious injury. Nautilus Inc., (800) 259-9019 or www.bowflex.com.

Certain LG 830 "Spyder" Cell Phones. The recalled phones can have difficulty sustaining a connection or have poor voice quality on calls to emergency 911. LG Electronics MobileComm USA Inc., (800) 793-8896 or <http://mobilephones.us.lge.com>.

Children's Flip Flops. Decorative paint on the sole of the flip flops can contain levels of lead in excess of the federal standard. Alpargatas USA Inc., (888) 289-5306 or www.havaianasus.com.

Crimped Low Pressure Diving Hoses. Diving hoses may have been made without crimps, which can allow gas to leak or water to enter into the re-breather unit of the scuba diving equipment, posing a drowning hazard to the user. Ambient Pressure Diving Ltd., (877) 336-4077 or www.silentdiving.com.

DBX Glide Boys Ice Skates. Surface paint on the ice skates contains excessive levels of lead, violating the federal lead paint standard. Pronto Sports Inc., (877) 755-4882 or www.prontosports.com.

CONSUMER PRODUCTS

Fishing Games, Rattles, Pull-A-Long Cars, Mini Pull Back Cars, and Cartoon Bubble Guns. The fishing games, baby rattles and pull-a-long cars contain small parts, which can detach and pose a choking hazard to children. The mini pull back cars and bubble guns have surface paints which contain excessive levels of lead, violating the federal lead paint standard. CBB Group Inc., (866) 628-6238 or www.cbbgroup.com.

Green Thumb Twin Wheelbarrows. Over-inflating the tire could cause the wheel's plastic rim to break, posing an injury to the user. True Value Co., (800) 621-6025 or www.truevalue.com.

Handlebar Stems Used on Salsa Bicycles. The handlebar stems can crack or break, posing a fall hazard to the consumer. Salsa Bicycles, (877) 774-6208 or www.salsacromotostem.com.

Holiday Ultra-Brite Lights. The lights have undersized wires that can easily pull out of the plugs and light sockets becoming exposed. This poses an electric shock and fire hazard to consumers. Universal Distribution Center LLC, (866) 343-2343.

Hooded sweatshirts. The sweatshirts have a drawstring through the hood that can pose a strangulation hazard to children. In February 1996, the CPSC issued guidelines to help prevent children from strangling or getting entangled on the neck and waist drawstrings in upper garments, such as jackets or sweatshirts. Seattle Cotton Works, LLC, (800) 533-8922 or www.seattlecottonrecall.com.

Human Touch LLC "Perfect Chair." The screw on the underside of the Perfect Chair recliner can cut or entangle children or pets. Human Touch LLC, (800) 355-2762 or www.humantouch.com/pcrecall.html.

Infant Toys. The infant toys have blue metallic fabric that can detach from the toy, posing a choking hazard to young children. Infantino LLC, (888) 808-3111 or www.infantino.com.

Kidde XL Fire Extinguishers. The pressurized cylinders in the recalled fire extinguishers could lose pressure and fail to operate. In the event of a fire, this failure could put a consumer and property at risk. Walter Kidde Portable Equipment Inc., (888) 345-4407 or www.Kidde.com.

Kubota Zero Turn Riding Mowers. The carburetor can fail allowing fuel to leak, posing a fire hazard. Kubota Manufacturing of America Corp., (800) 752-0290.

Maytag, Jenn-Air, Amana, Admiral, Magic Chef, Performa by Maytag and Crosley brand refrigerators. An electrical failure in the relay, the component that turns on the refrigerator's compressor, can cause overheating and pose a serious fire hazard. Maytag Corp., (866) 533-9817 or www.repair.maytag.com.

NIMH AA Rechargeable Batteries. The batteries can rapidly overheat, posing a burn hazard to the user. Gold Peak Industries, (800) 227-0735 or www.gofrontrow.com/battery.

Nordstrom Girl's Shoes. Surface paint on the outer sole of these shoes contains excessive levels of lead, violating the federal lead paint standard. Nordstrom, (800) 804-0806 or www.nordstrom.com.

Off-Road Dirt Bike Connecting Rods or Crankshaft Assemblies. Engine stress could cause the connecting rods to crack and the engine to lock up, posing a crash hazard. Wiseco Performance Products, (800) 321-1364 or recall@wiseco.com.

Propane (LP) gas. An odorant is added to propane to help alert customers to a propane gas leak, but this propane might not have the recommended level of odorant. Failure to detect leaking gas can present a fire, explosion or thermal burn hazard to consumers. Valero Marketing & Supply Co., (866) 940-8235 or www.propanerecall.com.

Radson Wall-Mounted Radiators. The radiator can come loose from the wall, and fall on people near it. Rettig Belgium NV, (866) 963-1477 or www.radson-replacementaction.com.

Ritchie Immersion Heaters. The outer cover of the immersion heater can crack and expose the heating element to water, posing a shock hazard to consumers. Ritchie Industries, (800) 747-0222 or www.ritchiefount.com.

Shakespeare Casting Game and Fishing Kits. The label on the fishing rod contains a surface coating containing high levels of lead in violation of the ban on lead in paint. Pure Fishing Inc., (800) 466-5643 or www.purefishing.com.

CONSUMER PRODUCTS

Solar System Kits and DNA Kits. The surface coating on the educational kit's wires can contain excessive levels of lead, violating the federal lead paint standard. FloraCraft Corp., (866) 775-8781 or www.floracraft.com.

State Farm Good Neigh Bears. The eyes on these bears can come off, posing a choking hazard to young children. State Farm, (877) 226-8079 or www.statefarm.ca.

Stuffed Animal and Creature Toys. The stuffed toys have two button eyes that could detach from the toy, posing a choking hazard to young children. Old Navy LLC, (866) 580-9930 or www.oldnavy.com.

Style Elements Hair Dryers. The hair dryers are not equipped with an immersion protection device to prevent electrocution if the hair dryer falls into water. Electric shock protection devices are required by industry standards for all electric hand-held hair dryers. Big Lots Stores, Inc., (866) 244-5687 or www.biglots.com.

Sycamore Pro Gas Generators. A plastic sediment cup attached to the bottom of the fuel valve can crack during shipping and handling and cause fuel leakage or spillage, posing a fire hazard to consumers. Sycamore SCS, (800) 801-2051 or www.sycamorepro.com.

Tealight Candleholders. The faceted resin accents on the sides of the candleholder can ignite, posing a fire hazard. Berkeley Designs, (800) 991-4442 or www.seventhavenue.com.

"The General" Compound Bows. The ends of the bow's limbs can unexpectedly break during use and send fragments of the bow in the direction of the user or bystanders, posing a risk of injury. BowTech Archery, (888) 689-1289 or www.bowtecharchery.com.

Tippmann® A-5® Paintball Markers. The end cap assembly on the rear of certain A-5® markers can break and eject during use, posing a risk of injury to the operator. Tippmann Sports LLC, (866) 841-3029 or www.tippmann.com/recall.

Various Containers Used in Instructional Kits. Surface paints on the products contain excessive levels of lead, violating the federal lead paint standard. Montessori N' Such, (800) 287-1985 or www.montessori-n-such.com.



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How Much Is a Year of Your Life Worth?

The following article is being reprinted with permission from the author, Mother Jones Senior Washington Correspondent James Ridgeway. It appeared on his blog, Unsilent Generation, on March 25, 2009.

Unsilent Generation is a site for people who don't believe that getting old means getting dumb, getting conservative, getting complacent, or getting used to spending your days driving a golf cart to early bird dinner specials. It's a site for people who know that old age doesn't have to be a slow shuffle toward the grave, but it also isn't always the glorious adventure that's depicted in "senior" lifestyle magazines or commercials for retirement investments. Visit Unsilent Generation at www.unsilentgeneration.com.

If they know what's good for them, older folks will be especially attentive to one undercurrent in our present health care debates: an increasingly widespread view that the allocation of medical treatments — and indeed, the worthiness of human life — should be subject to a cost-benefit analysis.

Obama's stimulus plan, for example, includes substantial funding for what's called "comparative effectiveness research," to test various treatments for the same illnesses and report their findings to the president and Congress, which will presumably use it in their policymaking decisions. As the *New York Times* reports, "Supporters of the research hope it will eventually save money by discouraging the use of costly, ineffective treatments."

On one level, this is only sensible. And thus far, the main opponents of comparative effectiveness research

seem to be conservatives, who fear any kind of government intervention into the current — and highly unequal — private system of health care dispensation. But what worries me about this approach is how the data it acquires might be used — or misused.

On its Economix blog, the *Times* has

There are plenty of things we can do to cut health care costs — for a start, kicking the insurance companies out of the mix, reining in the drug companies, and instituting a single-payer system.

been running a series of posts by Princeton economics professor Uwe E. Reinhardt, the latest of which discusses the concept of "QALYs"—"quality adjusted life-years" — which could be used to help determine how the government spends its health care dollars.

QALYs are a metric widely used now in cost-effectiveness research. They are meant to adjust for the fact that not all years added to people's lives are equal. A medical intervention yielding a given number of additional life-years in perfect health makes a greater contribution to human well-being than an intervention that yields the same number of life-years in less-than-perfect health. QALYs are used to adjust for that difference in a patient's quality of life.

Who, I wonder, is going to determine the quality of our life-years — especially as we get older? I'm 72, and I know it's been a long time since I had a year in "perfect health." It seems to me a very short leap from calculating QALYs to instituting age-based health care rationing, an increasingly popular proposition under which the elderly are told they should sacrifice some of their "less than perfect" life-years for the good of all by forgoing costly medical treatments.

As I've written before, arguments for age-based health care rationing are in turn based upon the idea that if we

don't do something like this, health care costs — and especially Medicare — will soon bankrupt what's left of the American economy. But this idea rests upon a major fallacy: that there's nothing else we can do to lower costs other than withhold care from the greedy geezers who want a new hip or a heart bypass when they haven't got long to live, anyway.

In fact, there are plenty of other things we can do to cut costs — for a start, kicking the insurance companies out of the mix, reining in the drug companies, and instituting a single-payer system, which could lower our national health care bill by as much as 40 percent while providing improved care to Americans of all ages. This fact is supported by numerous studies comparing health care in the United States and other industrialized countries, conducted by the World Health Organization, Congressional Research Service, Kaiser Family Foundation, and Commonwealth Fund, among others.

So I'll say it again: As a public-spirited old person, I might be willing to give up some costly, life-sustaining treatment if the future of humanity depended upon it. But I'm not going to sacrifice a single life-minute to preserve our system of medicine for profit. ♦

WARNING: MRI Scans May Burn Patients Wearing Transdermal Drug Patches

Magnetic Resonance Imaging (MRI) scans, which use high-powered magnets to obtain detailed internal examinations of the human body, are an important diagnostic tool for an array of disorders. However, for patients with implanted medical devices containing metal components, MRI scans need to be conducted with extreme caution, if they are to be done at all. A less-severe and less-recognized adverse event was recently highlighted by the Food and Drug Administration (FDA). On March 5, 2009, the FDA sent a public health warning to patients and doctors that transdermal drug patches containing metal may overheat during a MRI scan, causing skin burns.

Transdermal patches offer several advantages to patients, including convenience, steady release of the drug into blood stream, and circumventing drug digestion by the liver. However, our skin is a very effective barrier, so the number of drugs that are suited for transdermal administration is limited (see Box). There are about 60 kinds of transdermal patches on the market, the FDA estimates, and about one-third contain metal. However, the metal is not always visible and not all metal-containing patches contain warnings on their packaging. The FDA is in the process of requiring all manufacturers of transdermal drug patches to carry a warning on the patches themselves. Patients who

use a transdermal patch can take several precautions:

Discuss with the doctor who prescribed the patch whether to remove it in the event of an MRI scan, and if so, whether the same patch may be put back in place afterward or if a new patch should be used.

If a doctor suggests an MRI scan, tell him/her that you use a transdermal patch.

Notify the MRI facility that you use a transdermal patch when you schedule the scan.

Prior to the MRI scan, notify the staff that you are wearing a transdermal patch and follow the plan developed with your prescribing doctor. ♦

Incomplete List of Transdermal Drug Patches (may or may not have metal):

Clonidine (CATAPRES-TTS)
Diclofenac Epolamine (FLECTOR)
Estrogen and/or Progesterone (FEMPATCH, ESCLIM, CLIMARA, CLIMARA PRO, ALORA, MENOSTAR, ESTRADERM, VIVELLE DOT, COMBIPATCH, ORTHO EVRA)
Fentanyl (DURAGESIC, IONSYS)
Granistron (SANCUSO)
Lidocaine (LIDODERM)
Methylphenidate (DAYTRANA)

Nicotine (HABITROL, NICOTROL, NICODERM, NICODERM CQ)
Nitroglycerin (MINITRAN, NITRO-DUR, TRANSDERM NITRO)
Oxybutynin (OXYTROL)
Rivastigmine (EXELON)
Rotigotine (NEUPRO)
Scopolamine (TRANSDERM SCOP)
Selegiline (EMSAM)
Testosterone (ANDRODERM)

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others who are older and in greater need of health care to other plans, which then have to increase their premiums to cover their higher risks. These plans therefore alter the traditional role of insurers: instead of pooling risks, they are “reinventing themselves as money managers — providers of financial vehicles through which consumers pay for their own care.”

In addition, these high-deductible

plans work against any attempt at cost-control. Insurers have little incentive to control the prices charged by medical providers, because that is the patient’s problem. And, while high deductibles may increase cost-consciousness among enrollees, these people lack information on quality and cost, as well as the bargaining power to negotiate a better deal for themselves.

While plans such as the one advertised by Kaiser may be attractive to a particular demographic, they

are certainly not the answer to the growing numbers of uninsured. To the extent that they shift costs from the healthy to the sick and from the young to the old, they work against the very principles of social insurance: pooling of risks, shared responsibility and a commitment to full coverage and making care affordable to all. ♦

High Deductibles for Limited Eligibles

One would think that private health insurers in the U.S. would be on their best behavior in order to impress policymakers on their ability to provide comprehensive, affordable, quality care to the population at large. Yet their current products reflect an insensitivity to public needs and a disregard to anything other than their bottom line.

Health insurance “deals” are virtually inexistent. When Kaiser Permanente, an otherwise reputable insurer with a long history, advertises “Affordable health plans as low as \$47 a month,”—unbelievable at first glance — it is imperative to focus on the superscript numbers that hover over most statements describing the offer. These refer to footnotes which, in the smallest of prints, provide the details

which consumers need to know. These tell us that the plan has a high-deductible: \$8000. In other words, consumers have to spend \$8000 out-of-pocket before the plan “kicks in.” In addition, you have to be

- a single male
 - resident of DC
 - between the ages of 18-19
- in order to qualify for this plan.

This sliver of the population — defined by gender, marital status, age and geography — has been singled out as a “good risk” in order to provide a come-on that is misleading at best, deceptive at worst.

The small print does not point out the hazards of such high-deductible plans. These are most often designed to offer fewer overall benefits to healthier, younger, and

wealthier customers. They leave their beneficiaries exposed to costs they may not be able to meet. Moreover, by siphoning those that need fewer services, they leave females and

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