



## Harvard Researchers: Health Information Technology Savings Will Only Occur With a Single-Payer Health System

**T**here has been widespread enthusiasm (accompanied by a \$19 billion federal government investment) that health information technology (HIT) will lower overall health costs. But research published in the *American Journal of Medicine* last November found that HIT will actually increase overall costs, and researchers suggest that without the implementation of a single-payer system, it will be difficult to find savings from HIT adoption, even over the long term.

“Projections of savings from HIT are baseless,” said lead author Dr. David Himmelstein, associate professor at Harvard Medical School and former director of clinical computing at Cambridge Hospital in Massachusetts.

A national survey of U.S. hospitals shows information technology has yielded neither administrative efficiencies nor cost savings.

The increased computerization in U.S. hospitals hasn’t made them cheaper or more efficient, Harvard researchers say, although it may have modestly improved the quality of care for heart attacks.

The findings contradict claims by President Obama and many lawmakers that HIT will save billions and help make reform affordable.

“Our study finds that hospital computerization hasn’t saved a dime, nor has it improved administrative efficiency,” said Himmelstein. “Claims that health IT will slash costs and help pay for the reforms being debated in

Congress are wishful thinking.”

The study uses data from the most extensive survey ever undertaken of hospital computerization. Data from approximately 4,000 hospitals for the years 2003 to 2007, including those on a list of the “100 Most Wired,” were analyzed for evidence of increased quality, cost savings or improvements in administrative efficiency.

The data came from the authoritative Healthcare Information and Management Systems Society (HIMSS) Analytics annual survey of hospital computerization; Medicare Cost Reports that virtually all hospitals submit annually to the Centers for Medicare and Medicaid Services (CMS); and the 2008 Dartmouth Health Atlas, which compiles CMS data on costs and quality of care.

Although the researchers found that U.S. hospitals increased their computerization between 2003 and 2007, they found no indication that HIT lowered costs or streamlined administration, even in the “most wired” institutions. While U.S. hospital administrative costs increased slightly, from 24.4 percent in 2003 to 24.9 percent in 2007, hospitals that computerized most rapidly actually had the largest increases in administrative costs. (By way of comparison, older studies have estimated administrative costs in Canadian hospitals at 12.9 percent.)

The study found no evidence of lagged effects, e.g. lower costs in 2007

resulting from information technology introduced in 2003.

Modest quality gains were noted in the treatment of heart attacks (acute myocardial infarction) in more-computerized hospitals, but even these small improvements may merely represent better documentation rather than actual gains to patients.

Himmelstein said a report from the Congressional Budget Office in 2008 signed by Peter Orszag, now Obama’s budget director, expressed skepticism about claims by the RAND Corp. and others that HIT could generate \$80 billion annually in savings.

“Part of the CBO’s skepticism was based on the limited information available to the RAND study and similar studies,” Himmelstein said. “But this new, detailed, national survey of diverse hospitals shows such doubts are well-founded. Information technology can’t

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## Health Letter

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## Morton Mintz: Taking Aim at Insurance Execs' Pay

*The following was posted on www.nieimanwatchdog.org on Dec. 5th, 2009.*

*Morton Mintz wrote for the Washington Post for 30 years and was a Nieman Journalism Fellow in 1964.*

“**D**emocratic senators are taking aim at insurance executives' pay as they jockey for advantage in a rare weekend session to debate President Barack Obama's health care overhaul,” the Associated Press reported Dec. 5.

The AP article provided no specific examples, so suppose I mention a few likely candidates:

One is Ronald A. Williams, chief executive officer of giant health-insurer Aetna Inc. He was paid a total of \$47,345,946 in the last two years, as this site reported in August.

If Williams would care to justify his compensation — \$64,857.46 a day, every day of the year; \$2,702.39 an hour every hour of every day — I'd gladly extend extend him the opportunity to do so.

Now, as I just read in Huffington Post, “Aetna is planning to force up to 650,000 clients to drop their coverage next year as it seeks to raise additional revenue to meet profit expectations.” Maybe he can justify that, too.

Others in similar positions are also

raking it in. I've learned from Seton Hall University School of Law's Health Reform Watch that Williams's 2007 compensation of \$23,045,834 was nearly \$2.8 million less than Cigna CEO H. Edward Hanway's \$25,839,777. Also in 2007, Coventry's Dale B. Wolf received \$14,869,823, United Health group's Stephen J. Hemsley \$13,164,529, Humana's Michael McCallister \$10,312,557, WellPoint's Angela Braly \$9,094,271. and Health Net's Jay M. Gellert \$3,686,230. Total 2007 pay for seven health-insurance CEOs: \$100,130,021.

In 2008, Williams led the pack, with \$24,300,112, followed by Hanway, \$12,236,740; Braly, \$9,844,212; Wolf, \$9,047,469; McCallister, \$4,764,309; Gellert, \$4,425,355, and Hemsley, \$3,241,043. Total 2008 pay for the seven: \$67,859,240.

Suppose the seven had been paid, say, only \$1 million each. That compensation would have enabled significant premium reductions — in 2007, of roughly \$93 million; in 2008, of about \$61 million — that would have enabled purchase of coverage by many of the 45,000 Americans whose deaths each year are linked to lack of health insurance. ♦

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### TECHNOLOGY from page 1

rescue us from our national health care crisis.”

Dr. Steffie Woolhandler, professor of medicine at Harvard and study co-author, said several factors may explain why HIT has failed to reduce administrative costs.

“Any savings may have been offset by the costs of purchasing and running new computer systems,” she said. “In addition, most software is designed around the accounting and billing needs of hospitals, not the clinical side.”

She noted that a computer success story

in recent years has been at the Veterans Administration, where global budgets eliminate most billing and internal cost accounting, allowing physicians to focus instead on delivering care.

“The VA system now has our nation's highest quality and patient approval ratings,” Woolhandler said. “Congress should take note: to get the most benefit from our health care dollars and from health IT, we should adopt a single-payer, Medicare-for-all program. Nothing short of that will allow us to reap the full potential of computerization or to provide comprehensive, quality and affordable care to all.” ♦



# Neonatal Circumcision for HIV Prevention: Cost, Culture and Behavioral Considerations

*The following article was written by Seth C. Kalichman, Department of Psychology, University of Connecticut, Storrs, Connecticut. It was published online on PLOSmedicine.org in January 2010.*

Decades of epidemiological studies and three carefully controlled randomized clinical trials have definitively shown that male circumcision (MC) reduces risks for HIV transmission from women to men by as much as 55 percent.<sup>1</sup> Male circumcision is therefore more protective against HIV transmission than even the most promising vaccines and topical microbicides. The protective biological mechanisms of MC are most likely a combination of removing HIV vulnerable cells that are present at high densities in the foreskin, particularly Langerhans cells, keratinization of mucous membranes, and reduction of penile trauma during intercourse. There is also evidence that MC offers protection against other sexually transmitted infections, further reducing the risk of HIV acquisition and transmission.<sup>2</sup> Although MC offers little, if any, direct protective benefits to women who engage in vaginal or anal intercourse with HIV infected men, or to male receptive anal intercourse partners of HIV-positive men, population-level reductions in HIV prevalence among men will ultimately lead to fewer infections in their sex partners.

Efforts to scale up MC for HIV prevention have thus far focused on promoting circumcision for young adult men, and there is ample evidence for high levels of acceptability in this group.<sup>3,4</sup> Cost-effectiveness studies show that the monetary expenditures of scaling up MC in southern Africa are offset by dramatic savings in productivity and health care expenditures. For example, Kahn et al.<sup>5</sup> found that full-scale coverage of MC in South Africa's

Gauteng province, which has an HIV prevalence of over 25 percent, would save \$2.4 million over a 20-year period. Because MC is a partially effective HIV prevention strategy, its effects are cumulative over men's sexually active lifetimes and will, therefore, have most impact when implemented prior to sexual debut.<sup>6</sup> Neonatal circumcision is safer than circumcision in adulthood, carrying lower risks for surgical errors, infection, and other adverse events. As with adult MC, there is also evidence that neonatal MC has high acceptability for HIV prevention.<sup>7</sup> Circumcising male infants has therefore emerged as an important consideration in policy discussions for scaling up MC for HIV prevention.

## The Cost-Effectiveness of Neonatal Male Circumcision

In a study published in this issue of PLoS Medicine, Agnes Binagwaho and colleagues conducted a comparative cost-effectiveness analysis of neonatal, adolescent, and adult MC scale-up in Rwanda, a country with a moderate adult HIV prevalence of about 3 percent.<sup>8,9</sup> The study used the perspective of the Rwandan government as the health care payer and used standard costs associated with the procedure as well as costs associated with HIV testing, treatment, and care. The model was based on current estimates of HIV incidence in Rwanda and an estimated 55 percent protective effect of MC. Analyses once again showed that MC is a cost-saving HIV prevention intervention, with both neonatal and adult MC saving Rwanda resources for each HIV infection averted. Furthermore, neonatal MC is less expensive than adult and adolescent MC, rendering greater dividends despite the time lag between the procedure and averted infections.

As with any HIV prevention strategy, the benefits of MC are most apparent when HIV incidence is highest.

However, sensitivity analyses showed that neonatal MC remains cost saving even under very low estimates of HIV incidence. Binagwaho et al. conclude that providing universal access to MC, including neonatal MC, in conjunction with other effective HIV prevention interventions will reduce the overall cost of effectively fighting severe HIV epidemics driven by heterosexual transmission.

## Cultural Factors Can Undermine the Public Health Impact of MC

The case for MC, including neonatal MC, for HIV prevention is biologically and medically compelling. However, as with any other public health intervention, the effectiveness of MC will be determined by access and uptake. Cost-effectiveness analyses such as those reported by Binagwaho et al. illustrate the public health utility of increased access to neonatal MC. However, uptake may turn out to be a far greater challenge than can be estimated in cost-effectiveness analyses.

Rwanda was an interesting choice for a neonatal cost-effectiveness analysis because the country may represent a best case scenario for neonatal MC scale-up in Africa. More than 90 percent of the Rwandan population is Christian, and in Christianity there is little if any religious and cultural meaning attached to MC. Thus, while the country does not already routinely circumcise at birth, there will likely be little resistance to scaling up neonatal MC. Indeed, Rwanda has already initiated a national MC program that focuses on infants as one of its first priority populations.<sup>9</sup>

Resistance to neonatal MC will surely be greater in African cultures where MC in young men is central to concepts of masculinity and maturity, often in places where HIV prevalence is much higher

**continued on page 4**



than Rwanda. In South Africa, for example, Xhosa communities circumcise young men in a rite of passage that is key to gender definitions, marking the transition from boyhood to manhood. Cultural beliefs and conceptualizations of masculinity, including what it means to be a man, are turned upside down when neonatal MC is introduced to cultures where MC is a pubertal rite of passage.<sup>10</sup> These cultural realities may at least in part account for why Rwanda is rapidly scaling up MC programs for HIV prevention whereas South Africa, a country with nearly four times the national HIV prevalence of Rwanda, remains stalled on implementing MC. The power of cultural and religious beliefs is readily apparent to orthodox Jews or Muslims who contemplate the ramifications of any public health recommendation that opposes MC. For example, when New York City's health department launched a public health campaign to oppose an ancient form of ritualistic neonatal circumcision, ultra-Orthodox Jewish leaders held a rally against the campaign.<sup>11</sup> Recognizing and understanding the cultural and religious beliefs attached to MC in areas most seriously affected by HIV/AIDS will be crucial in the successful scale-up of this effective HIV prevention strategy.

### Ignoring Behavioral Factors Can Undermine MC for HIV Prevention

Cultural and religious beliefs are not the only nonbiological factors to consider in scaling-up neonatal MC. Anticircumcision groups have long existed and are increasingly vocal as MC programs for HIV prevention are promoted.<sup>12</sup> Anticircumcision groups resemble other antiscience and antimedicine extremists including AIDS denialists who refute public health realities to maintain entrenched belief systems.<sup>13</sup>

Another behavioral consideration in the scale-up of MC is the potential for risk compensation. In other words, men who elect MC to reduce their risks

for HIV may subsequently stop using condoms and possibly increase their number of sex partners in response to their lower perceived risk.<sup>14</sup> While risk compensation following MC may occur, the evidence thus far is mixed.<sup>14-16</sup> It is possible that boys who grow up circumcised will not experience compensatory behavior because they will not undergo reductions in risk perception. However, an increase in beliefs that a man's circumcision status determines his vulnerability to HIV will likely shift social norms, with the potential for community-wide risk compensation. The contextualization and framing of MC must therefore be tailored to each individual culture to avoid adverse behavioral ramifications of implementing neonatal MC.<sup>17</sup> The slow uptake of MC may be due to a failure to take into account the cultural and behavioral issues surrounding MC. This slow pace risks offsetting the potential long term impact of MC for HIV prevention.

### Conclusion

MC offers one of the few available effective HIV prevention interventions. Scaling up MC in southern Africa has the potential to stem entire HIV epidemics, saving countless lives. Lifetime protection against HIV, and therefore reductions in population levels of HIV/AIDS, can be realized when circumcision occurs prior to sexual debut. The cost-savings of neonatal MC are compelling and suggest that implementation is economically feasible in developing countries hit hardest by HIV/AIDS. Neonatal MC should therefore be considered a priority in comprehensive HIV prevention plans for southern Africa. ♦

### Author Contributions

ICMJJE criteria for authorship read and met: SCK. Wrote the first draft of the paper: SCK.

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# Health and Disease in People over 85

## Despite Disease, Disability is Low

By Thomas Perls, Associate Professor of Medicine, Boston University Medical Center

*The following article appeared in the Jan. 9, 2010, issue of the British Medical Journal. It has been reprinted with permission.*

**P**eople aged 80 years and over are the world's fastest growing age group.<sup>1</sup> In the United States from July 2007 to July 2008 the over 85 age group grew by 3.5%, whereas the overall population grew by 0.73%.<sup>2</sup> In the linked population based study, Collerton and colleagues point out that despite this unprecedented growth, relatively little is known about what is perceived by many to be a predominantly frail and disabled group.<sup>3,4</sup> The authors recruited 53 of 64 general practices in Newcastle upon Tyne and North Tyneside to send letters of invitation to all but their terminally ill patients who were born in 1921. Sociodemographic, medical, cognitive function, and physical function data were collected from personal visits and reviews of the medical records. In all, 1042 people (72%) agreed to participate (62% women, 38% men), 10% of whom were living in non-family care settings.

The authors found that despite high

prevalence and complexity of age related diseases, these people had difficulty with a median of only three of 17 basic and instrumental activities of daily living. A fifth had no difficulty at all. They also found that 40% rated their health as excellent or very good compared with other people of the same age. Only 4% thought their health was poor.

Although the prevalence and multiplicity of various diseases is substantial in this age group, age related diseases such as ischaemic heart disease, heart failure, and cerebrovascular disease occurred at relatively low rates: 37%, 13%, and 25%, respectively. These rates are consistent with figures reported by the Framingham Heart Study and the Cardiovascular Health Study.<sup>5</sup> Accordingly, Collerton and colleagues noted that the increased growth of the over 85 population mainly results from decreased age specific death rates at the oldest ages. These declines have been dramatic. For example, in people aged 65 and older in the U.S., deaths related to cardiovascular disease declined from 40% of deaths in 1980 to 30% in 2004.<sup>6</sup> From 1999 to 2005, annual deaths in developed countries from cardiovascular disease declined from 6063 deaths to 4778 deaths per 100 000 people over 85, a decrease of 22% in six years.<sup>7</sup> As mortality for middle age and older age groups continue to

fall, and as large birth cohorts such as the "baby boomers" age (figure page 6), the increase in the over 80 age group from 2000 to 2050 will be dramatic. Furthermore, the over 80 group will make up an increasingly greater proportion both of the total population and those over 65 years in nearly all the countries shown. By virtue of the sheer numbers involved, the projected growth in the U.S., China, and India is particularly striking. Even the countries of Africa will see an impressive growth in people over 80.

Decreasing the risk for premature death from causes such as cardiovascular disease also allows other age related causes of death to become more prevalent. For example, from 1999 to 2005, deaths from Alzheimer's disease in over 85 year olds in the US increased from 601 to 862 per 100,000 people — an increase of 30%.<sup>7</sup> The Medical Research Council's Cognitive Function and Ageing Study found that the incidence of dementia increases with age: 7.4 cases per 1000 person years at age 65-79 years to 68.5 cases per 1000 person years at age 85 and older.<sup>8</sup>

Does this increase in Alzheimer's disease in the fastest growing segment of our population predict a looming disaster? Yes and no. Without the development of effective preventive

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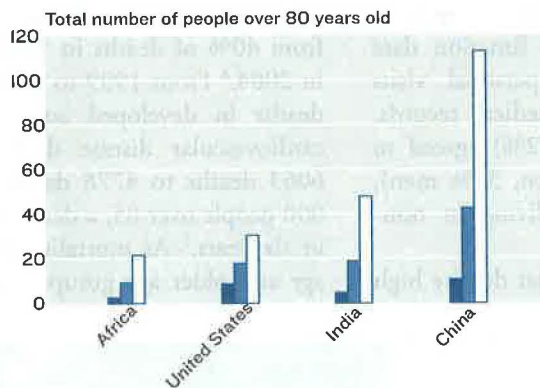
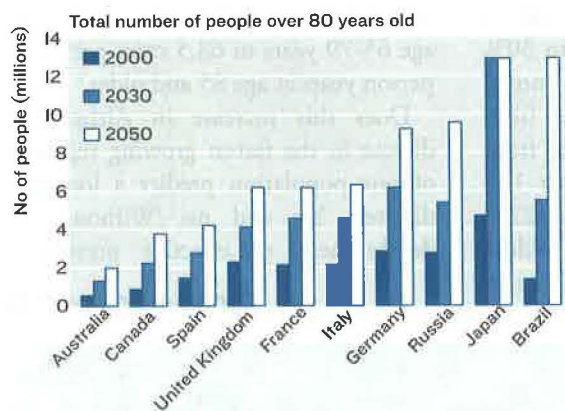
measures, the sheer number of people aged 85 and over will probably result in millions more people developing the disease, and governments must prepare for this — from research into prevention and treatment to provision of care.<sup>9</sup> A large proportion of older people do not develop Alzheimer's disease, however, and its incidence may even plateau in the nonagenarian years.<sup>10</sup> This muted incidence is probably the result of demographic selection, which results in the existence of select cohorts at the most extreme ages that have decreased risks for certain age related diseases and disabilities that are associated with premature death.<sup>11</sup> The fact that demographic selection is a potent force at the oldest ages underlies the importance when studying this population of further segregating the oldest old into even older age groups when possible.

As Collerton and colleagues point out, the presence of age related diseases and functional impairment seem to be disconnected in the over 85 age group. Terry and colleagues saw this

phenomenon with centenarians, and they speculated that disability, rather than disease, is the better predictor of mortality at these older ages, and that people who cope better with their disease(s), perhaps via enhanced functional reserve or adaptive capacity, are the survivors.<sup>12</sup> Thus, the social and individual effect of various age related diseases may be attenuated in the over 85s. Functional status, rather than age alone, must be an important consideration in establishing goals of medical treatment in the very old. Understanding the genetic and modifiable underpinnings of how some people deal with disease better than others should be a priority. ♦

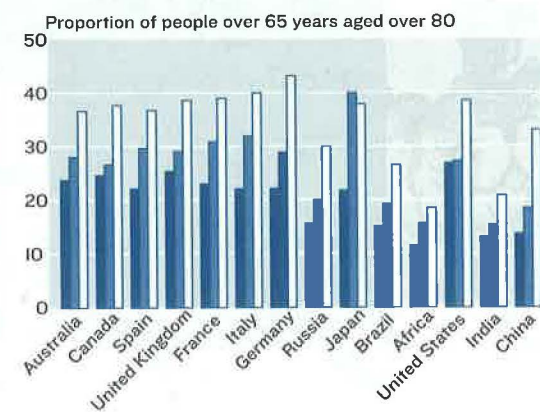
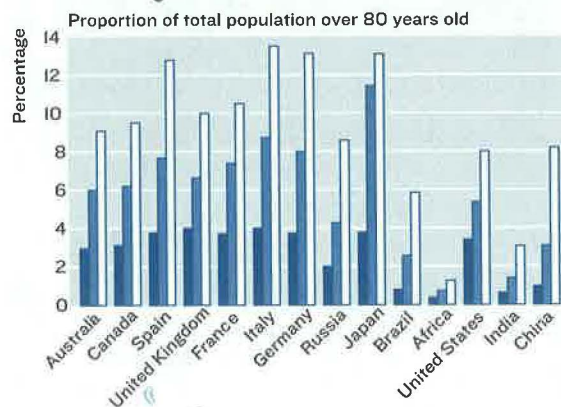
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International data on people aged over 80 in 2000 and projections for 2030 and 2050.

Derived from US Census Bureau and National Institute on Aging report.





# Product Recalls

## December 14, 2009 - January 25, 2010

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](http://www.fda.gov). Visit [www.recalls.gov](http://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

**Dextroamphetamine Saccharate**, Amphetamine Aspartate, Dextroamphetamine Sulfate and Amphetamine Sulfate (Mixed Salts of a Single Entity Amphetamine Product), CII, 20mg tablets, 100 count bottles, Rx only, NDC 0555-0973-02; Tablets are oval shaped and peach colored, debossed with b/973 on one side and 2/0 on the other side. 9,826 bottles. Tablet Thickness: Some tablets exceed weight specifications and may deliver more than the intended dose. Lot #: 311756, exp. date 05/2012; Barr Laboratories Inc.

### 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

**Milk of Magnesia** (magnesium hydroxide), 1200 mg Saline Laxative, Cherry Liquid 12 Fl oz, NDC # 59779-949-40, UPC 5042807094. 72,840 bottles. Labeling: Label mix-up: Product is labeled as sugar-free but it actually contains sugar. Lot #: 9DK0168, 9DK0376, 9EK0118, 9EK0173, 9EK0367, 9EK0525, 9FK0044, 9FK0256, 9FK0425, 9FK0521, 9GK0049, 9GK0308, 9GK0436, 9GK0668, 9HK0106, 9HK0285, 9HK0372 and 9JK0126. Perrigo Co.

**Tylenol Arthritis Pain**, (acetaminophen), extended-release caplets, 650 mg, 100 count bottles with EZ-open cap, NDC 50580-112-21. 6,329,760 bottles. Chemical Contamination: The product recall was initiated after identifying an uncharacteristic smell and taste associated with the presence of a chemical called 2, 4, 6-tri-bromoanisole. The source of this chemical is believed to be from the breakdown of a chemical compound used to treat the wood pallets that are used for the transportation and storage of packaging materials. Lot #: 08BMC020-exp. date 11/30/2010, 07CMCO11-exp. date 1/31/2010, 07DMC024-exp. date 1/31/2010, 07HMC051-exp. date 1/31/2010, 07JMC064-exp. date 1/31/2010, 07DMC022-exp. date 2/28/2010, 07GMC038-exp. date 2/28/2010, 08AMC002-exp. date 2/28/2010, 07FMC032-exp. date 3/31/2010, 07FMC033-exp. date 3/31/2010, 07GMC039-exp. date 4/30/2010, 07HMC045-exp. date 4/30/2010, 07HMC053-exp. date 5/31/2010, 07XMC055-exp. date 5/31/2010, 07JMC069-exp. date

6/30/2010, 07JMC070-exp. date 6/30/2010, 07XMC058-exp. date 6/30/2010, 07XMC062-exp. date 6/30/2010, 08AMC005-exp. date 6/30/2010, 07JMC071-exp. date 7/31/2010, 08CMC026-exp. date 9/30/2010, 08DMC029-exp. date 1/31/2011, 08EMC037-exp. date 2/28/2011, 08EMC039-exp. date 2/28/2011; 08FMC044-exp. date 2/28/2011, 08FMC045-exp. date 3/31/2011, 08GMC050-exp. date 3/31/2011, 08GMC053-exp. date 4/30/2011, 08GMC063-exp. date 4/30/2011, 08GMC065-exp. date 4/30/2011, 08KMC124-exp. date 5/31/2011, 08XMC093-exp. date 7/31/2011, 08XMC094-exp. date 7/31/2011, 08XMC095-exp. date 7/31/2011, 08JMC103-exp. date 8/31/2011, 08JMC109-exp. date 8/31/2011, 08JMC110-exp. date 8/31/2011, 08JMC111-exp. date 8/31/2011, 08KMC127-exp. date 8/31/2011, 08KMC131-exp. date 10/31/2011, 08KMC132-exp. date 10/31/2011, 09AMC010-exp. date 10/31/2011, 09BMC034-exp. date 12/31/2011, 09CMC036-exp. date 12/31/2011, 09CMC040-exp. date 1/31/2012, 09CMC041-exp. date 1/31/2012, 09EMC075-exp. date 2/28/2012, 09EMC076-exp. date 2/28/2012, 09GMC096-exp. date 2/28/2012, 09GMC097-exp. date 2/28/2012, 09EMC079-exp. date 3/31/2012, 09GMC099-exp. date 4/30/2012, 09XMC116-exp. date 5/31/2012, 09JMC118-exp. date 7/31/2012, 09JMC126-exp. date 7/31/2012, 09XMC114-exp. date 7/31/2012, 09KMC133-exp. date 9/30/2012, 09KMC134-exp. date 10/31/2012. McNeil Consumer Healthcare, Div of McNeil-PPC, 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 its hotline at (800) 638-2772. The CPSC Web site is [www.cpsc.gov](http://www.cpsc.gov). Visit [www.recalls.gov](http://www.recalls.gov) for information about FDA recalls and recalls issued by other government agencies.

### Name of Product; Problem; Recall Information

**1/4" Oval Roll-up Blinds.** Strangulations can occur if the lifting loop slides off the side of the blind and a child's neck becomes entangled on the free-standing loop or if a child places his/her neck between the lifting loop and the roll-up blind material. Lotus & Windoware Inc., (800) 506-4636 or [www.windowcoverings.org](http://www.windowcoverings.org).

**2009-2010 Polaris All-Terrain Vehicles (ATVs).** The front suspension ball joint stem can separate from the steering knuckle and cause the rider to lose steering control, posing a risk of injury or death to riders. Polaris Industries Inc., (888) 704-5290 or [www.polarisindustries.com](http://www.polarisindustries.com).

**2010 Redline Conquest Pro Bicycles and Framesets.** The bicycle's fork legs can separate from the fork crown and cause the rider to lose control, posing a risk of serious injury if the rider falls. Seattle Bike Supply, (800) 283-2453 or [www.Redlinebicycles.com](http://www.Redlinebicycles.com).

**"Action Team" Toy Dart Gun Set.** If a child places the soft, pliable plastic dart in his/her mouth, he/she is likely to choke/aspirate the dart into her/his throat impairing the child's ability to breathe. If the dart is not immediately removed, brain damage or death can occur. OKK Trading Inc., (877) 655-8697 or [www.okktrading.com](http://www.okktrading.com).

**Ameristep Plastic Strap-On Tree Step.** The plastic portion of the step can break, posing a fall hazard to the user. Primal Vantage Co., Inc., (866) 972-6168 or [www.treestandcustomerservice.com](http://www.treestandcustomerservice.com).

**"Big Rex and Friends" Cloth Books.** A red plastic dot sewn in the book contains high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. St. Martin's Press LLC, (800) 347-9411 or [www.priddybooks.com/recall](http://www.priddybooks.com/recall).

**Boys Fleece & Flannel Zip Hooded Sweatshirts with Drawstrings.** The hooded zip sweatshirts have a drawstring through the hood which can pose a strangulation hazard to children. In February 1996 CPSC issued guidelines to help prevent children from getting entangled on the neck and waist drawstrings in upper garments such as sweatshirts and jackets. Jason Evans Associates, LLC, (888) 683-0063 or [www.burlingtoncoatfactory.com](http://www.burlingtoncoatfactory.com).

**Ceramic Santa Tea Light Holders.** The flame from tea lights can ignite these tea light holders, posing a fire hazard. Pier 1 Imports (U.S.), Inc., (800) 245-4595 or [www.pier1.com](http://www.pier1.com).

**Certain Acer Aspire-series Notebook Computers.** An internal microphone wire under the palm rest can short circuit and overheat. This poses a potential burn hazard to consumers. Acer America Corporation, (866) 695-2237 or [www.acer.com](http://www.acer.com).

**Classic Scuffproof Boots.** The logo stamped onto the children's boot's insoles contains excessive levels of lead, violating the federal lead paint standard. The Timberland Company, (800) 445-5545 or [www.timberland.com](http://www.timberland.com).

**CO2 bicycle tire inflators.** The pressurized cartridge containing carbon dioxide (CO2) can forcefully separate from the pump head, posing a risk of injury to the consumer. Todson Inc., (800) 213-4561 or [www.todson.com](http://www.todson.com).

**Connector Kits Used With Electronic Door Lock Control Modules.** The pin connector can fail and prevent a door from being unlocked from the inside, posing an entrapment hazard to consumers. This failure can lead to the inability to vacate a location in an emergency. Stanley Convergent Security Solutions Inc., (866) 792-5276 or [www.stanleycss.com](http://www.stanleycss.com).

**Cressi Ellipse Black MC5 Regulator.** Partial obstruction of the High Pressure (HP) port can produce an inaccurate reading on the pressure gauge, resulting in a slow descent of the needle in the pressure gauge. The inaccurate reading on the gauge poses a drowning hazard to divers. Cressi-sub USA, (800) 338-9143 or [www.cressi.com](http://www.cressi.com).

**Deluxe Matchstick Roll-up Shades.** Strangulations can occur if the lifting loops slide off the blind and a child's neck becomes entangled on the free-standing loop or if a child places his/her neck between the lifting loop and the roll-up blind material. Also, children can become entangled in the looped pull cord. International Merchandise, (800) 506-4636 or [www.windowcoverings.org](http://www.windowcoverings.org).

**Diana Crib.** The slats on the cribs drop-side can detach from the rails, posing fall and entrapment hazards to the child. Caramia Furniture, (877) 728-0342 or [www.caramiafurniture.com](http://www.caramiafurniture.com).



## CONSUMER PRODUCTS

**Dive Rite Wings.** The over pressure valve springs in the diving equipment could rust and fail allowing the buoyancy compensator devices to leak, posing a drowning hazard to divers. Lamartek Inc., dba Dive Rite, (800) 495-1046 or [www.diverite.com](http://www.diverite.com).

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**Dorel Asia Cribs.** The drop side hardware can fail causing the drop side to detach from the crib. When the drop side detaches it creates a space in which an infant or toddler can become entrapped and suffocate or strangle. In addition, the recalled cribs can pose a serious entrapment and strangulation hazard when a slat is damaged. This can occur while the crib is in use, in storage, being put together, taken apart or reassembled; or during shipping. Dorel Asia SRL, (866) 762-2304 or [www.dorel-asia.com](http://www.dorel-asia.com).

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**Dorel Infant Car Seat/Carriers.** When used as an infant carrier, the child restraint handle to the seat can loosen and come off, posing a fall hazard to infants. Dorel Juvenile Group Inc., (866) 762-3316 or [www.djgusa.com/safety\\_notice](http://www.djgusa.com/safety_notice).

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**Eagle 5 Rifle Crossbows.** The trigger mechanism becomes loose after 30 shots. When the safety mechanism is moved to the fire position, the crossbow will automatically discharge on its own. Master Cutlery, (888) 271-7229 x138 or [www.mastercutlery.com](http://www.mastercutlery.com).

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**Faux Wood Blinds.** Strangulation can occur when a child places his/her neck between the cords of the pull cord above the break-away device and the device fails to breakaway. American Vintage Group LLC, (866) 831-1524 or [www.AmericanVintagegroup.com](http://www.AmericanVintagegroup.com).

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**Food Club Supreme Clean Clear Ammonia.** The bottle, which is labeled as containing ammonia, actually contains household bleach. The mislabeling of the bottles can pose a chemical hazard to consumers. If bleach is accidentally mixed with ammonia or acid, irritating or toxic gases could be produced. OnLine Packaging Inc., (800) 398-8177.

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**Graco's Passage™, Alano™ and Spree™ Strollers and Travel Systems.** The hinges on the stroller's canopy pose a fingertip amputation and laceration hazard to the child when the consumer is opening or closing the canopy. Graco Children's Products Inc., (800) 345-4109 or [www.gracobaby.com](http://www.gracobaby.com).

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**Hampton Bay Dehumidifiers.** Component can fail causing the dehumidifier to overheat, posing burn hazards to consumers. The Home Depot, (800) 553-3199 or [www.homedepot.com](http://www.homedepot.com).

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**Home Improvement Books.** The books contain errors in the technical diagrams and wiring instructions that could lead consumers to incorrectly install or repair electrical wiring, posing an electrical shock or fire hazard to consumers. Oxmoor House, Inc., (866) 696-7602 or [www.sunsetrecall.com](http://www.sunsetrecall.com).

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**Horizon Fitness and LIVESTRONG™ Fitness Elliptical Trainers.** The foot pedal can become disengaged, posing a fall hazard. Johnson Health Tech North America Inc., (800) 962-3596 or [www.livestrongfitness.com](http://www.livestrongfitness.com).

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**Jute/Poly Roman Shades.** Strangulation can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the shade or when a child pulls the cord out and wraps it around his/her neck. West Elm, (800) 492-1949 or [www.westelm.com](http://www.westelm.com).

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**LED light kits.** Defective wiring in the light kits can cause the battery pack to overheat and explode, posing a risk of burn and fire hazards to consumers. Rockler Companies Inc., (800) 260-9663 or write to Rockler Woodworking and Hardware at 4365 Willow Drive, Medina, Minn 55340.

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**LEOPARD Highchairs.** The snap locks used to secure the seat to the frame can break and allow the seat and child to drop through the frame, posing a fall hazard to young children. Detached snap locks can pose a choking hazard to young children. IKEA Home Furnishings, (888) 966-4532 or [www.ikea-usa.com](http://www.ikea-usa.com).

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**Lysol Steam Cleaning Mop.** Hot water mixed with Lysol can forcefully spurt out and rupture the housing unit, posing a burn and laceration hazard to consumers from the broken housing unit. Conair Corp., (800) 687-6916 or [www.conair.com/recallmop](http://www.conair.com/recallmop).

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**Master Forge Five-Burner Gas Grills.** The flexible rubber hose on the LP gas tank can come into contact with burner box, causing the hose to melt and rupture when the grill is lit. This poses a fire and burn hazard to consumers. Sagittarius Sporting Goods, (800) 444-6742.

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**Mattress Sets.** The mattress sets fail to meet the mandatory federal open flame standard and pose a fire hazard to consumers. Mattress World, (877) 819-0725 or [mattressworld@live.com](mailto:mattressworld@live.com).

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## CONSUMER PRODUCTS

**Military toy figure.** The surface paint on the toy contains excessive levels of lead violating the federal lead paint standard. Jide Trading, Inc., (866) 544-7822 or [www.jidetradings.com](http://www.jidetradings.com).

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**Newport Energy Solution Roman Shades.** Strangulation can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the blind or when a child pulls the cord out and wraps it around his/her neck. Louis Hornick & Co. Inc., (800) 517-3612 or [www.hornickindustries.com](http://www.hornickindustries.com).

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**No-Spill 5-gallon Gasoline Cans.** The gas containers can leak fuel at the black plastic collar where the spout connects to the can, posing fire and burn hazards to consumers. No-Spill LLC, (877) 928-0049 or [www.nospill.com/recall](http://www.nospill.com/recall).

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**One-inch 140X-9 Temperature and Pressure Relief Valves.** The relief valve can fail to reduce pressure and avert failure or rupture of the water heater tank and associated valves, posing rupture and burn hazard to consumers. Watts Regulator Co., (888) 272-4649 or [www.watts.com](http://www.watts.com).

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**Pedriini® Pro Chop™ Professional Multipurpose Choppers.** Pieces of the chopper's metal blades can break off during use and fall into food being prepared in the chopper, posing a laceration hazard to consumers. Lifetime Brands Inc., (800) 471-3986 or [www.lifetimebrands.com](http://www.lifetimebrands.com).

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**Portable Dehumidifiers.** The power connector for the dehumidifier's compressor can short circuit, posing fire and burn hazards to consumers. LG Electronics Tianjin Appliance Co., (877) 220-0479 or [www.30pintdehumidifierrecall.com](http://www.30pintdehumidifierrecall.com).

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**Precious Moments Angel Tree Toppers.** Undersized wiring can cause the tree topper's switch assembly to overheat and melt posing a fire hazard. Precious Moments Inc., (877) 778-7275 or [www.preciousmoments.com](http://www.preciousmoments.com).

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**Promotional Knife.** The knife can fail to lock into its open position, posing a cutting hazard to consumers. 5.11 Tactical®, (866) 451-1726 or [www.511tactical.com](http://www.511tactical.com).

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**Rechargeable Batteries for Cordless Phones.** The rechargeable batteries can overheat, posing a fire hazard to consumers. Lenmar Enterprises, (800) 424-2703 or [www.Lenmar.com](http://www.Lenmar.com).

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**Roll-up Blinds and Roman Shades.** Roll-Up Blinds: Strangulations can occur if the lifting loops slide off the side of the blind and a child's neck becomes entangled on the free-standing loop or if a child places his/her neck between the lifting loop and the roll-up blind material. Roman Shades: Strangulations can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the blind or when a child pulls the cord out and wraps it around his/her neck. Walmart Stores Inc., (800) 925-6278 or [www.walmartstores.com](http://www.walmartstores.com).

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**Roman Shades "Weren't Built in a Day".** Strangulation can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the blind or when a child pulls the cord out and wraps it around his/her neck. The Land of Nod, (800) 933-9904 or [www.landofnod.com](http://www.landofnod.com).

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**Roman Shades and Paxton Roller Shades.** Roman Shades: Strangulation can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the shade or when a child pulls the cord out and wraps it around his/her neck. Roller Shades: Strangulation can occur if the shade's looped cord is not attached to the wall with the tension device provided and a child's neck becomes entangled in the free-standing loop. Pottery Barn, Pottery Barn Kids, and PBteen division of Williams-Sonoma Inc., (800) 492-1949 or [www.potterybarn.com](http://www.potterybarn.com), [www.potterybarnkids.com](http://www.potterybarnkids.com) and [www.pbteen.com](http://www.pbteen.com).

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**Roman Shades and Roll-Up Blinds.** Roman Shades: Strangulations can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the blind or when a child pulls the cord out and wraps it around his/her neck. Roll-Up Blinds: Strangulations can occur if the lifting loop slides off the side of the blind and a child's neck becomes entangled on the free-standing loop or if a child places his/her neck between the lifting loop and the roll-up blind material. J. C. Penney Purchasing Corp., (888) 333-6063 or [www.jcp.com](http://www.jcp.com).

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**Roman Shades with Black-out Lining.** Strangulation can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the blind or when a child pulls the cord out and wraps it around his/her neck. Restoration Hardware Baby & Child, (800) 318-5029 or [www.rhbabychild.com](http://www.rhbabychild.com).

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**Roman Shades.** Strangulations can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the blind or when a child pulls the cord out and wraps it around his/her neck. All Strong Industry (USA) Inc., (800) 506-4636 or [www.windowcoverings.org](http://www.windowcoverings.org).

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## CONSUMER PRODUCTS

**Roman Shades.** These shades have an exposed operating cord and exposed inner cords on the back of the shade. Strangulations can occur when a child places his/her neck between the exposed inner cord and the fabric on the backside of the shade or when a child pulls the cord out and wraps it around his/her neck. In addition, these shades have a continuous looped bead chain that when not attached to the wall or floor, hangs loosely by the shade, posing a strangulation hazard to children. Draper Inc., (877) 315-7037 or [www.draperinc.com](http://www.draperinc.com).

**Safety 1st Disney Care Center™ Play Yard and Eddie Bauer Complete Care Play Yard.** The one piece metal bars supporting the floorboard of the bassinet attachment can come out of the fabric sleeves and create an uneven sleeping surface, posing a risk of suffocation or positional asphyxiation. Dorel Juvenile Group Inc., (866) 762-2166 or [www.djgusa.com](http://www.djgusa.com).

**Silver Glitter Tea Lights; Gold Glitter Tea Lights.** The flame from the tea lights can ignite the glitter on the candle, posing a fire hazard. Pier 1 Imports (U.S.), Inc., (800) 245-4595 or [www.pier1.com](http://www.pier1.com).

**Spine Align and Posture Perfect Ergonomic Office Chairs.** The legs of the chair can break, posing fall hazard to the user. MooreCo Inc., (888) 446-5161 or [www.chairrecall.com](http://www.chairrecall.com).

**Thermador® Built-In Ovens.** The ovens can have gaps in the insulation where overheating can occur and when used in the

self-cleaning mode it can cause nearby cabinets to catch fire. This poses a fire hazard to consumers. BSH Home Appliances Corp., (800) 701-5230 or [www.thermador.com](http://www.thermador.com).

**Tool Bench Utility Knife.** The utility knife's blade can slide past the blade support during use, posing a laceration hazard to consumers. Dollar Tree Stores Inc., (800) 876-8077 or [www.dollartree.com](http://www.dollartree.com).

**Vicks Dayquil Cold & Flu 24-Count Bonus Pack Liquicaps.** The cold and flu medicine contains acetaminophen and is not in child-resistant packaging and lacks the statement, "This Package for Households Without Young Children," as required by the Poison Prevention Packaging Act. This medicine could cause serious health problems or death to a child if several of the capsules are swallowed. The Procter & Gamble Co., (800) 251-3374 or [www.vicks.com](http://www.vicks.com).

**Vintage Verandah Patio Fireplace.** A paint used to finish the exterior shell may catch fire, posing a fire hazard to consumers. Fujian Minhou Minxing Weaving Co. Ltd, 1-800-223-2625 or [www.badcock.com](http://www.badcock.com).

**Wooden Skill Ball Toys.** The paint coating on the ball contains excessive levels of lead, violating the federal lead paint standard. Kendamaspot LLC, (866) 903-7795 or [www.kendamaspot.com](http://www.kendamaspot.com).

### OUTRAGE from page 12

care. This population is therefore more amenable to cost-effective preventive measures aimed at health maintenance rather than treatment. Covering them at younger ages would likely be protective of their health, thereby avoiding costlier care later.

Given their lack of coverage, many undocumented immigrants rely on community health centers and emergency rooms for care. The enactment of the Emergency Medical Treatment and Active Labor Act of 1986 ensures public access to emergency health services regardless of ability to pay. In many cases, this care is uncompensated, and providers must resort to other means to cover

their costs. The federal government, through its Disproportional Share Hospital (DSH) program, covers part of the costs incurred by hospitals that treat uninsured patients, including the undocumented. But these funds are not sufficient to cover the entire costs of uncompensated care; hospitals therefore raise the fees they charge other patients to increase their revenues. This cost-shifting means that everyone pays, whether they are aware of it or not.

The health reform bills now being considered reduce DSH payments on the assumption that the uninsured would be reduced, and there would therefore be fewer uninsured patients. This may be true overall, but not for certain hospitals. Facilities treating

many undocumented patients rely on DSH payments to make ends meet, and are therefore facing an increasingly precarious situation. This is particularly the case with border institutions, which are the health care safety net for many immigrants.

We favor the inclusion of **all** persons residing in the U.S., regardless of their citizenship status. We therefore oppose any nativist arguments that exclude non-citizens. We consider health to be a public good, whose benefits accrue not only to the immediate recipient but also to society as a whole. Our stance is based on both public health and social justice reasons. But there are also economic and practical reasons for our position, as we have summarized above. ♦



## OUTRAGE! Everybody In, Nobody Out (That Means Immigrants Too!)

**U**niversal health care should mean that everyone is covered. With more than 46 million not insured in the U.S., extension of coverage is the major rationale for health reform.

Immigrants are over-represented among the uninsured; it is estimated that some 12 million immigrants currently lack coverage. Any health care scheme that seeks to extend coverage should make a dent in this number. Unfortunately, the proposed reforms will continue to leave many out because of their immigration status.

Coverage of undocumented immigrants has become a politically-sensitive issue, and President Obama has stated that any reform will explicitly exclude this population. This means that no subsidies will be given to undocumented immigrants. Moreover, the Senate version of the bill currently under discussion makes undocumented immigrants ineligible to buy coverage in the insurance exchanges that seek to provide a broader array of better-priced options. The President's statement concerning eligibility prompted a "You lie!" from Rep. Joe Wilson, a comment that was strongly condemned as a breach of Congressional etiquette but that largely eclipsed the issue at hand.

Wilson's eruption would have made more sense if he had said



"Fie!" The fact is that exclusion of undocumented immigrants does not make good public health policy, nor does it make much economic sense. In addition, it places clinics and hospitals that treat this population at a distinct disadvantage.

The public health argument for covering undocumented immigrants is that a number of diseases do not stop at a number of diseases do not stop at the border, or take citizenship or legal status into account. This is true not only of the H1N1 virus, but also other communicable diseases such as TB.

The economic argument is more complex, though equally compelling. Most immigrants are part of the risk pool that insurers seek to cover: they are young (35 percent are men between the ages of 18-39; only 1.2 percent of the total are 65 and older), and tend to be healthy and not in need of much

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