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Boston University



**Boston
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Medical
Campus**

Campus UPDATE

January/February 1993 Vol. 5 No. 1

BUMC hosts Senate hearing on women's health



Sen. Edward M. Kennedy

U.S. Sen. Edward M. Kennedy chaired a U.S. Senate Labor and Human Resources Committee field hearing on women's health research at the School of Medicine on Jan. 11, acknowledging at the outset that there is a dire need to boost federal funding for women's health research.

Speaking to some 350 to 400 members of the Medical Center community in the Hiebert Lounge, National Institutes of Health Director Bernadine Healy, M.D., provided an overview of the NIH's mission to bolster the lagging research in the area of women's health. Her remarks were followed by the testimony of five other prominent female scientists, including two members of the School of Public Health faculty, Hortensia Amaro, Ph.D., an associate professor of social and behavioral sciences, and Lynn Rosenberg, Sc.D., a professor of epidemiology.

"Our knowledge of many common disorders is based almost entirely on studies that have used men as the standard to determine research priorities and to evaluate the efficacy of treatments," said Healy. "As a re-

sult, judgments regarding prevention, interventions and treatment therapies for women have sometimes been inappropriate or lacking."

This is particularly true of minority and low-income women, said Rosenberg. "There is a great need for studies among black women and other minority groups," she said. Most of the knowledge about the causation and prevention of disease in women has come from studies of white, middle-class women whose lifestyles and health risks may be different from those of minority or poor women. The lack of knowledge about these populations may make treatment and other forms of intervention less effective, she said.

Amaro said that while she applauded the Women's Health Initiative, a 14-year, \$625 million clinical study launched by the NIH, it would yield little valuable



NIH Director Bernadine Healy, M.D.

data on the health problems of minority women, because it grouped women from very different ethnic minorities into one "non-white" category. Even if the data for each minority were reported separately, she said, "the sample size for each group will be too small to provide much-needed information about the health problems of women in Asian, black, Hispanic and Native American communities." □

Software licensing advisory

Medical Center personnel should avoid the urge to copy other people's or departments' software on to their separate computer systems, as it is illegal to do so, warns Medical Campus Office of Information Technology Director Graham Ward. Software is licensed, and each copy of it must be purchased. "There must be a separate copy for each machine," he said. "This is the law, and we must abide by it."

This applies to people working from network servers, as well. Software on network servers is usually licensed on a concurrent-user basis. "Ten licenses could serve 100 people, but only 10 people may use the software at a time," Ward explained. If software is moved from a free-standing station to a network server, it should be removed from the previous machine. Ward stressed the fact that fines as high as \$100,000 could be issued for illegal copying. For more information, call Ward at x8854 (638-8854). □

For a step back to the holidays, see page 3.

The skyrocketing costs of health care takes a toll

This article ran in Boston University Today, the week of Jan. 11, and was written by staff writer Jim Graves. As Boston University, like other large organizations, has been wrestling with ways to deal with the impact of the health-care cost spiral, it seems appropriate to run the article here, as well. Vice President Richard Towle told Campus Update last week that the administration is focusing on options for maintaining quality in its health-benefits program, while still containing costs for both the employees and the university.

How big a crisis do skyrocketing health costs and attendant hikes in medical cover-

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Potential treatment found for sickle cell anemia

A team of researchers at the School of Medicine and Children's Hospital in Oakland, Calif., have found a way to turn on a fetal gene in patients with two of the most common inherited blood disorders, sickle cell anemia and beta thalassemia, resulting in a promising treatment for these two devastating diseases.

The study, published in the Jan. 14 issue of *The New England Journal of Medi-*

Sickle cell anemia
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Black Achievers urged to 'Keep the dream alive'

Speaking on the theme advocated by the late Martin Luther King Jr., "We Can Make a Difference," Superintendent of Boston Public Schools Lois Harrison-Jones, Ed.D., urged the audience gathered for the Medical Center's Greater Boston YMCA Black Achievers Program recognition event to extend their support to Boston's youth.

"Our young people are very much in need of mentoring, of positive reinforcement of what they do, of having someone give them the opportunity to expend their energies in a productive way and to display their talents for you," she said at the 6th annual event, held on Jan. 6.



Lois Harrison-Jones

Speaking specifically to the Medical Center employees named as Black Achievers for 1993, she said, "I shall assume that somebody saw something in you of what perhaps was the dream [of King's] translated into re-

ality. You had within you those qualities that were worthy of lifting up the name of Dr. Martin Luther King Jr."

To work to truly carry out King's dream, said Harrison-Jones, "We must be true to the reality of that dream." The reality of today, she said, is racial and cultural diversity, and she urged the audience to "embrace it, and celebrate it."

Those Medical Campus employees named as Black Achievers for 1993 are Linda Green, a secretary/receptionist in the Goldman School of Graduate Dentistry's Department of Prosthetics, Marilyn Ledbetter-Johnson, a sponsored programs analyst in the Medical Campus

Office of Sponsored Programs and Janet McGill, a program coordinator in the School of Public Health's Department of Health Services.

As Black Achievers, these employees have agreed to be matched with students in the Greater Boston area to serve as their mentors for a year, offering a minimum of 40 hours of volunteer effort for this service.

In addition to Harrison-Jones' talk and the introductory words of several leaders of the Medical Center, the recognition event included choral presentations by the children of the Phillis Wheatley Middle School of Roxbury and the Medical Center chorus. □

Medical costs for corporations, institutions are soaring

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age pose for American businesses, industries and institutions, and countless individuals? U.S. Sen. John Breaux of Louisiana put it this way: "It's not a question of whether we're headed for a big train wreck; it's just a question of when it's going to occur."

Cutting into earnings

In the two-year period 1989 to 1990 alone, medical costs for corporations soared by a full 42 percent, despite intense cost containment efforts, according to a broad-based survey conducted by the consulting firm of A. Foster Higgins. As a result, "health benefits costs amounted to a whopping 26 percent of corporate earnings," said the Higgins survey cited by *The Wall Street Journal* for June 29, 1991. The *Journal* noted that by the year 2000, inflation continuing at the present rate would hike the cost of medical benefits to \$22,000 per employee. In 1990 (the latest year for which figures were then available), the cost was \$3,161.

U.S. Secretary of Health and Human Services Louis Sullivan, writing in *The New England Journal of Medicine* (NEJM) for Sept. 10, 1992, noted that total dollars spent on health care in the United States in fiscal 1970 amounted to only a little over 7 percent of our gross national product (GNP). By 1980, the percentage had passed 9 percent. In 1990, health care costs consumed 12.2 percent of the GNP. That percentage translated into outlays exceeding \$666 billion. "Clearly," said Sullivan, "spending for health care is growing at an unsustainable rate."

Bipartisan agreement came from then-candidate for president Bill Clinton. In the same issue of NEJM, Gov. Clinton pointed out that the cost of health care in 1992 exceeded \$800 billion. Over the past 12 years, he said, per-person medical spending climbed from \$1,059 in 1980 to nearly triple that amount in 1992. Gov. Clinton noted that "health care costs are now the number-one cause of bankruptcy and of labor disputes" in America.

Actually, Gov. Clinton's figures were on the low side.

A report released by the Department of Commerce this January puts total U.S. medical spending in 1992 at \$858.5 billion, an increase of 13.2 percent over 1991. The department predicts this year's medical expenditures will reach \$939 billion. The annual bill will pass \$1 trillion in 1994.

Looking to the future

How does total U.S. spending for health care compare with costs for other services? In a series of front-page stories appearing from June 2 through June 5, 1992, *The Boston Herald* noted: "Education spending (grades kindergarten through graduate school) in 1991: \$300 billion; health care spending in 1991: \$766 billion."

Confirming those dire figures, *Business Insurance*, for Nov. 22, 1992, cited data from the U.S. Chamber of Commerce showing that total benefits (including such items as health insurance and pension benefits paid for by employers) "as a percent of payroll could hit 40 percent this year if costs continue to rise at the current rate. ... Benefit costs as a percentage of payroll increased to 39.2 percent in 1991, 38.4

percent in 1990 and 37.6 percent in 1989. ... The chamber attributes about 60 percent of [the 1991] increase to the rising costs of medical benefits."

Should the trend continue, by the year 2030 health spending would consume a full 37 percent of the GNP, U.S. Budget Director Richard Darman told the Congress last year. In that case, Americans would find themselves spending their entire income on medical bills alone, Darman said.

The Wall Street Journal for June 29, 1991, also listed the major factors contributing to this wild inflation. "Companies cite," said the *Journal*, "larger catastrophic illness claims, increased use of mental-health and substance-abuse services and overall medical-price inflation. ... Other major causes are increased use of medical services, as well as the practice of doctors and hospitals to increase charges to private sector bill payers to offset underpayments from federal Medicare and Medicaid programs," whose benefits have

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A look back at the University's Holiday Party



The festive holiday season may have past, but the celebratory feel captured in photographs from the Boston University Holiday Party can help to bring it back in memory. A bounteous buffet, door prizes and an ice sculpture contest added flair to the popular, well-attended event. Many Medical Campus employees made the trip to the Charles River Campus' George Sherman Ballroom for the affair.

Two Medical Campus employees won door prizes: Peggy Harden, of the Office of Payroll, won \$50, and Lynn Moore, of the School's Department of Medicine, won a Greater Boston coupon book. □



Technicians in the Department of Anatomy and Neurobiology were full of cheer at the annual holiday gathering.



Members of the Medical Campus Office of Purchasing were all smiles at the University event.



Winston Weekes (left), a custodian in the Medical Campus Office of Facilities Management, took the opportunity to visit with a Charles River Campus employee at the party.



Jackie Cernieux and Loretta Dyson, of the registrar's office, didn't win the ice sculpturing contest, but they did have fun creating their "Morning After Christmas Reindeer."

Intersession: 'The nicest gift of all'

For the 18th consecutive year, Boston University President John Silber scheduled an intersession break for the University during the week leading up to and through the start of the New Year. This vacation is unlike any other for employees, because most of them have the time off and, consequently, little work piles up and there are no phone messages for them to respond to when they return. *Campus Update* asked some employees what they did over the break. Here's what they said:



Terry Gibbs
Assistant professor

"I went to New Mexico to visit my family, and to Houston to visit more family and to attend a weeklong aikido clinic."



Tammie Key
Administrative secretary

"This was my first intersession, and I thought it was great. I read two books, and didn't watch any TV. I slept late, and went to bed late."



Diana Lehman
Executive assistant to Dean

"I cleaned my refrigerator and oven and took my children on outings. I also came in to work for two days!"



Al Simpkins
Custodial services

"I stayed home and relaxed. I really enjoyed the time off. It's like a little vacation. I'm looking forward to next year's."

Inflation expected to escalate cost of medical benefits

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been reduced in recent years. In 1989, the shortfall from the Medicare program alone amounted to \$4.3 billion.

Meanwhile, business, industries, and many institutions caught in this upsurge are suffering, as are countless individuals. And American competitiveness vis-a-vis Japan and Europe is being hurt.

Drain on salaries

Benefits Quarterly for the fourth quarter of 1991 pointed out that, for employers, "health care costs are the most rapidly growing component of employee compensation. Business health care costs, as a percentage of total wages and salaries, more than doubled between 1970 and 1987. This cost translates to 37.2 percent of employers' profits being used to pay for health care costs and more than 94 percent of after tax corporate profits."

At \$8,848 per family per year, Massachusetts stands number three among the states in the amount of money the average family requires for medical care. That figure includes dollars spent for insurance premiums, as well as expenses not covered by insurance. The *Boston Herald* series cited above reported that recession-ridden

Massachusetts has been hit especially hard by soaring health care costs: "For the first time, we are seeing small companies dropping health care coverage," said Charles Berry, of Consolidated Group, Inc. of Framingham, which markets and administers group insurance programs for small companies. "They are not leaving us and going to another plan; they are simply dropping coverage." Berry estimates that 20 percent of his clients dropped health insurance coverage for employees during the last year.

The people most obviously affected here are the employees and their families who are left unprotected by health coverage. But, the *Herald* points out, the high cost of medical services also puts the Commonwealth at a disadvantage in the competition for creating new jobs. For instance, it reported, "Five years ago, the Gloucester plant of LePage's Inc., which makes glue and tape, employed 130 people. Its Winchester, Ky., plant employed 20 people. Today the Gloucester plant still employs 130 people. But the Kentucky plant has grown to 70 people," said Jim Kaczinski, vice president of manufacturing for the Gloucester plant."

The relative price of

health coverage is definitely a factor in the firm's decision to concentrate its expansion in Kentucky. "The costs [of medical coverage in Massachusetts] are higher because the cost to go into a hospital is higher, the cost to see a doctor is higher. I do know that when all of the dust settles I can insure a worker in Kentucky for about half the dollars," Kaczinski said. "It's not a good situation anywhere," he added, "but it's particularly painful in Massachusetts."

Regional Pain

The pain in Gloucester and the Cape Ann areas comes from the loss of the income occasioned by the inability of LePage's (and perhaps other firms) to expand operations there. That pain is spread among job seekers and their families, among the merchants and service organizations they patronize, and by outside firms that contemplate locating here but end up elsewhere.

Then there is the factor of international competition. Citing Rick Lord of the Associated Industries of Massachusetts, the *Herald* noted that, "The health care hike on the business budget threatens the very ability of America to compete globally. 'We spend 12 to 13 per-

cent of our GNP. Other countries we compete with are more in the 6 to 8 percent range,' Lord said. 'This means that General Motors adds \$772 to every car and truck it produces in the United States to provide health benefits to its employees; Chrysler adds \$700 per car. By contrast, health care costs add only about \$200 to \$400 per Toyota or Honda for cars produced in Japan.'"

Confirming Lord's figures, *Benefits Quarterly* points out that Japan "spends only 6.8 percent of GNP on health care; Germany spends 6.8 percent; and Canada spends 8.6 percent. But some put the medical add-on cost for manufacturing an American automobile much higher than the *Herald* did. According to Gov. Clinton, in 1990 health care benefits "added \$1,086 to the cost of every car made in America." What all the figures agree on is that soaring medical costs are hurting the American ability to compete in world markets. □

Key to treatment lies in turning on fetal gene

Sickle cell anemia

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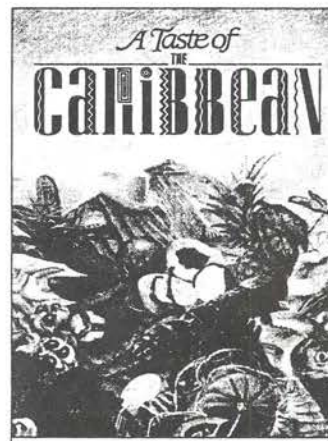
cine, shows that a compound called arginine butyrate safely and effectively stimulates the production of fetal globin, which in the developing fetus substitutes for beta globin, a component of hemoglobin that is defective in patients with these diseases. Douglas V. Faller, Ph.D., M.D., a profes-

sor of medicine, was a key investigator in the study.

The trial was a Phase I/II investigation, which was designed to test the safety and to some extent, the efficacy of the drug. While the Food and Drug Administration (FDA) requires that the drug be tested in larger groups of people before it can be licensed for use, its effect on the six patients studied was

so profound that two requested and received "compassionate approval" to continue treatment after the trial ended.

One of these patients, who received treatment for the longest duration, had a "complete reversal" of her disease, said Faller. "Looking at her blood, you would not know that she had thalassemia." □



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