

TRENDS & Ideas

When Rev. Dwight Jackson tried for more than three weeks to help a Medicaid child with a kidney disorder get a consultation with a physician, he knew he had to take action. "As I saw the difficulties I was having with the resources available to me, I was appalled to think of the people who didn't have those resources," explains Rev. Jackson, pastor of Webster Groves (MO) Baptist Church.

As a result, in December 1990 Rev. Jackson met with Linda Kessler, program director of Interfaith Partnership, an ecumenical coalition of faith groups. Out of that discussion came an April 1991 healthcare forum sponsored by Interfaith Partnership with the help of St. Louis-based SSM Health Care System. Of the 80 persons at the forum, 22 participants agreed to join an Interfaith Partnership task force to oversee Congregations for HEALTH (Holistic Education and Action Leading to Health).

The task force, which held its first meeting in May 1991, includes congregations from area churches, temples, and mosques. To draw congregations' attention to the need to reclaim their responsibility for healthcare, the task force has proclaimed 1992 as the year of healthcare awareness in St. Louis. "As people of faith, we have given away part of our legacy to healthcare professionals," explains Rev. Jackson, task force

HEALTHCARE AWARENESS

An Interfaith Partnership



Sim Gellman

chairperson.

In early fall 1991 the task force sent letters to 37 faith groups, inviting them to sign its proclamation. The groups included the Archdiocese of St. Louis, the Episcopal Diocese of Missouri, the St. Louis Rabbinical Association, the St. Louis Metro Baptist Association, and the Islamic community. As this article went to press, 18 had agreed to participate.

The proclamation, signed in December, calls for a year of "prayer and study . . . to create within

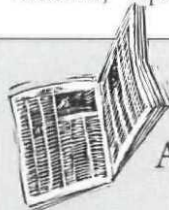
congregations awareness, knowledge, skill building, and support for pro-actively addressing the health care needs of all people."

The task force established task teams to support the congregations and ensure that they reach their goals. The resources task team will develop a workbook, a speakers bureau, a resources library, and a directory of models for congregational responses to healthcare access problems.

The congregational relations task team will establish a network of "healthcare ambassadors" who will develop grassroots awareness of and action on healthcare issues within the congregations. This task team will also bestow small grants to congregations to support their work.

The public forums task team will educate the community on health and wholeness and familiarize congregational leaders with healthcare resources in St. Louis. This team will also hold retreats to challenge persons in healthcare to rethink their professions' issues from a faith perspective.

The year of healthcare awareness is only the first phase of the task force's work. In 1993 the task force will initiate a process for congregational teams to study health and wholeness issues to broaden the definition of wellness beyond the physical to include relational, spiritual, and environmental dimensions as well.



THE PRESS

All the News That's Fit?

Medical research findings that are reported in the popular press are more likely to have an impact on the scientific community than those which the lay press does not report, according to a study in the *New England Journal of Medicine*.

For the study, University of California at San Diego sociologist David P. Phillips and associates focused on articles that appeared in selected categories of *NEJM* during 1979. Using the *Science Citation Index*, they compared the number of references scientific journals made to articles covered in the *New York Times* with the number of references these journals made to similar articles not covered in the *Times*. The authors found that articles publicized by the *Times* were 72.8 percent more likely to be cited in the scientific literature in the year following their appearance. They continued to receive significantly more citations in each of the nine following years.

To determine whether the articles covered by the *Times* were more fre-

quently cited because of this coverage or because of other factors (e.g., their inherent excellence), the authors made the same comparison for *NEJM* articles that appeared during a 12-week period in 1978 when the *Times* was on strike but continued to prepare an undistributed "edition of record." For this period, the study revealed no significant difference between the number of references in scientific journals to articles covered by the *Times* and those not covered by the paper.

The authors conclude that the lay press plays an important role in disseminating medical research results to the scientific community. They suggested that a publication like the *Times* may even serve as a mechanism "for reducing and filtering what would otherwise be an overwhelming flow of scientific information."

Phillips and colleagues add, however, that this reliance on the lay press may have some important drawbacks, perhaps prompting "some scientists to overemphasize certain medical articles and deemphasize others." They conclude that further research may be called for to study an even more troubling possibility: "whether the lay press not only amplifies but also distorts the transmission of medical information to the biomedical community."

An Emphasis on Ability

As the number of medical students and physicians with physical disabilities increases, Americans are becoming more aware that persons with disabilities can perform more than menial tasks, reports Ryan Ver Berkmoes in a recent *American Medical News*.

Current estimates put the number of U.S. physicians with disabilities such as paraplegia, visual impairments, and cerebral palsy at more than 2,000—and rising.

This trend goes back to the 1960s, when the general education system was opened to persons with disabilities, notes Nancy Nelson, associate dean for student affairs, University of Colorado School of Medicine, Denver. "That resulted in increased opportunities throughout the education system as these people increased their expectations," she asserts.

As a result, society's attitudes toward persons with disabilities are shifting, Nelson says. Recently at the University of Colorado School of Medicine, students immediately questioned whether a proposed plan to move certain offices would make them inaccessible to persons with disabilities. "These were students without disabilities who were demanding that we accommodate the disabled," she explains. "Just a few years ago that never would have happened."

Certain medical specialties are out of reach for the disabled no matter how determined they may be. Ver Berkmoes reports there are no blind surgeons or speech-impaired psychiatrists, for example. In 1987 Stanley Wainapel, MD, associate director of rehabilitation medicine, St. Luke's/Roosevelt Hospital Center, New York City, informally surveyed 155 physicians with disabilities. He found that two-thirds of them were practicing in five medical specialties: internal medicine, family practice, pediatrics, psychiatry, and rehabilitation medicine.

Nevertheless, many physicians with disabilities hope to soon enter specialties previously closed to them. For example, special wheelchairs can lift surgeons with paraplegia to a standing position. "Technological developments have opened up more opportunities than ever before," reports Ver Berkmoes.



AIDS

Discrimination Likely to Continue

Despite laws protecting them, people who test positive for the human immunodeficiency virus (HIV) continue to face discrimination—and recent legislation may not be of much help. "The vagaries in the law are bound to affect the growing number of people with HIV-related discrimination claims," reports Wade

tion. And, he continues, even though a federal law has banned housing discrimination since 1989, complaints of illegal evictions are increasing.

Under the disabilities act a person with HIV who illegally loses a job can sue for punitive damages. However, many people are reluctant to spend their last healthy years

can't find a reasonable way to eliminate the risk." Attempts to resolve these unanswered questions will likely lead to years of litigation.

Access to healthcare is another area of continued discrimination. Persons infected with HIV have been locked in a dispute with the insurance industry over its right to consider HIV status when writing a policy, refuse payment for experimental treatments, and cap the amount of benefits paid for workers with the virus.

Individual providers are also under fire. HIV discrimination claims are "almost systemic" in long-term care and up sharply against dentists, says Larry Gostin, Harvard University professor of health and law and director of the U.S. AIDS Litigation Project. Courts and state regulators usually rule in favor of the person with HIV, and the disabilities act may "make it easier to resolve many of the disputes, because it clearly establishes that dentist offices, nursing homes and other medical facilities are public accommodations," explains Lambert.

Discrimination is not the only legal hurdle persons with HIV must face. Lambert writes, "Several states have laws that provide harsh penalties for HIV-positive people who bite or spit upon someone, although medical officials say transmission in that manner is virtually impossible." And, he continues, the HIV status of parents is becoming an issue in child custody matters.



Lambert of the *Wall Street Journal*.

The Americans with Disabilities Act, which went into effect January 1, makes it illegal for most companies to fire or reassign employees solely on the basis of a positive HIV status. However, Lambert points out, many states have had similar laws for years, and workers with HIV still face job discrimina-

in court, Lambert notes. And in small cities and rural areas, "many people fear making their conditions known," he says.

A major question is whether courts will exempt some healthcare jobs from the disabilities act. Lambert explains that the law is not applicable "if the worker's illness poses a significant threat to others and if the employer