Secretary Bowen Appoints Commission to Improve Nurse Recruiting and Retention Nationwide

HHS Secretary Otis R. Bowen, MD, has announced a Commission on Nursing to develop recommendations for improved recruiting and retention of registered nurses in health care facilities throughout the nation.

Secretary Bowen said the new commission will address reports of nurse shortages and will identify the practices of health care facilities which successfully recruit and retain full nursing staffs.

"Today we are hearing urgent reports from hospitals, nursing homes, and home health agencies in many parts of our country which are not attracting or retaining the number of registered nurses they need," Dr. Bowen said. "At the same time, other facilities show conspicuous success in recruiting and retaining their nurses.

"This commission will look broadly at practices in the health care sector, as well as the needs of registered nurses themselves. It will analyze the factors that work for successful facilities. And, it will develop a multiyear plan to help attract young people into this vitally important profession and encourage them to stay."

The commission, with 19 members appointed by the HHS Secretary and six ex-officio members, will be chaired by Carolyne K. Davis, RN, PhD, former administrator of HHS' Health Care Financing Administration and currently health care advisor for Ernst and Whinney, Cleveland, OH.

Serving as an honorary member of the commission is Kaye Lani Rafko, Monroe, MI, winner of the 1988 Miss America title and a registered nurse.

"America's nurses provide the very foundation for health care in our country," Dr. Bowen said. "The health of the nursing profession itself must be of vital concern to all of us. I look to the Secretary's Commission on Nursing as an important element in assuring the long-range availability of nurses as well as the recognition and support which our nurses deserve."

The commission is to deliver a final report to the Secretary by the end of the year.

New Regional Centers to Support Community Efforts Against AIDS

Seven new regional centers will offer education, training, and support services for community primary health care professionals who are facing the challenges of providing AIDS prevention services, and treatment and care for patients with human immunodeficiency virus (HIV) infection.

The centers, together with four begun last year, will reach thousands of health professionals each year with new information and expert assistance in combatting the epidemic and caring for the afflicted. Each center collaborates with health professions schools, hospitals, health departments, and other organizations to train community primary care providers and to prepare health professionals to serve as instructors in their communities. Each center will serve as a resource to health professionals in its region, providing services such as hotline, clearinghouse, and referral services.

The centers will be set up with grants totaling $5.2 million from the Health Resources and Services Administration, Public Health Service. The grants were announced by Assistant Secretary for Health Robert E. Windom, MD. They will support the first year of the 3-year projects.

Awards were made to the University of Southern California, Los Angeles; University of Colorado, Denver; Emory University, Atlanta, GA: University of Illinois, Chicago; Louisiana State University, New Orleans; University of Maryland, Baltimore; and University of Massachusetts, Worcester. The first four centers are at New York University, Ohio State University, University of Washington, and University of California at Davis.

Critical Professional Manpower Shortage Seen in Environmental Health

Environmental health specialists are in critically short supply, with the estimated need for them greatly exceeding the more than 15,000 job vacancies that currently exist in this area, according to a recently released health manpower conference report.

More than half of the estimated need for about 121,000 environmental health professionals is in hazardous materials programs. About 10,000 professionals are employed in areas related to hazardous materials, and the need for 65,000 more is foreseen.

An estimated 38,000 professionals are believed to be insufficiently trained or lack experience for current responsibilities. They include occupational health nurses and physicians, hazardous materials managers, and institutional environmental health specialists.

The report resulted from a 4-day gathering of 50 environmental health specialists and program managers from public agencies, industry, and colleges and universities. The sessions were sponsored by the Health Resources and Services Administration's Bureau of Health Professions.

Education and training programs will reduce but not fully meet the needs for skilled professionals in environmental health, the report predicts. By 1992, the work force in these specialties will grow from 235,000 to 297,000, but an additional 74,000 will be needed. Specifically, 25,000 will be needed to work with hazardous materials; 10,000 each in waste water and institutional environmental health categories; 6,800 to work on milk and food sanitation problems; and 4,500 in injury control. By 1992 the number of professionals requiring additional training will be 39,000. The manpower needs are related to responsibilities growing out of recent rules and legislation, such as those pertaining to indoor and outdoor air pollution control and hazardous waste cleanup efforts.

The total U.S. environmental health work force totals about 715,000 persons, including about 80,000 with formal education in environmental health and 155,000 engineers, chemists, and other professionals not trained in public health. Two-thirds of the work force consists of technicians and plant or equipment operators chiefly working in air, water supply, and waste water programs. Water supply and waste water programs employ more than 500,000 persons, more than half of the

total in environmental health, and air quality programs employ another 100,000, according to the report.

Smaller numbers are estimated to work in programs related to milk and food sanitation, institutional environmental health, epidemiology, toxicology, hazardous materials management, industrial hygiene, occupational safety and health, radiologic health, land-use planning, solid waste, injury control, and education.

The report notes that an adequate work force is needed in achieving the 1990 Health Objectives for the Nation. The Public Health Service recently assessed progress toward 226 separate objectives, of which a fourth are related to toxic agent and radiation control, occupational safety, and health and accident prevention and injury control. Key objectives are the reduction of lead toxicity in children, preventing and reducing birth defects and miscarriages from exposure to toxic substances, reduction of work-related injuries and death, and reduction of home injury fatality rates. As was experienced with efforts to assess progress toward the Objectives for the Nation, efforts to measure progress on environmental health manpower shortages were hampered by missing and inadequate data.

Education and training recommendations of the report include a suggestion to establish a food protection academy for professional training, which would operate in a manner similar to the FBI Academy, which helps to train local law enforcement officers.

Copies of "Evaluating the Environmental Health Work Force" may be obtained from HRSA, Bureau of Health Professions, Room 8C-09, 5600 Fishers Lane, Rockville, MD 20857; tel. (301) 443-6853.

—BLAKE L. CRAWFORD, Health Resources and Services Administration.

Telephone Hotline Taking Questions on Safe Food Handling and Preparation

A telephone hotline has been established on a temporary basis to test the feasibility of providing information on the safe handling and preparation of foods.

The pilot program is operating in three States, Florida, Illinois, and Massachusetts, and will continue until the end of August. The toll-free Food Safety Hotline number is 1-800-426-3758. Callers may request information from trained home economists on any aspect of food safety.

The pilot service is operated jointly by the Department of Health and Human Services and the Department of Agriculture. Its effectiveness will determine whether a permanent service will be set up.

Secretary of Health and Human Services Otis R. Bowen described foodborne illness as a major public health concern in this country, affecting millions of persons and whose symptoms often are confused with those of influenza. The human and economic costs of food poisoning incidents are enormous, accounting for much suffering and costs from lost wages and medical care, he said.

Secretary of Agriculture Richard E. Lyng said, "An important part of good health is food safety, both in food as it is bought and as it is prepared in the home kitchen. We want consumers to know how to keep food safe."

Video for Health Care Providers Available on Responding to the Patient with HIV Infection

"Most often, in my experience, compassion for the AIDS patient springs naturally from an understanding of the true facts about this virus and its transmission."

These words of Robert E. Windom, MD, Assistant Secretary for Health, in his editorial in the last issue of *Public Health Reports*, are the theme for a 34-minute video produced by PHS entitled "AIDS and the Health Care Worker." During the program, Dr. Windom encourages health care workers to overcome their anxieties about treating patients with HIV infection and notes that education efforts are making a difference in the way health providers are responding to HIV patients.

The video is narrated by Dr. Windom, who reviews the medical basis for the guidelines from the Centers of Disease Control for protecting health care workers from infection. The guidelines address in detail preventive techniques for health care workers in different types of care settings and relate to concerns expressed by care providers and others about the potential for accidental infection. The questions frequently involve possible risks in such work as handling blood and laundry and in dialysis, dental, and other procedures.

The personal and emotional aspects of treating persons with HIV infection are discussed in the video by Bill Travis, a young person with AIDS; Dr. Shelby Josephs, a physician; and Dorothy Ward-Wimmer, a nurse at Children's Hospital National Medical Center in Washington, DC.

Health care institutions may borrow a copy of the video by writing to Jim Brown, Public Health Service, Room 717H Humphrey Bldg., 200 Independence Ave. SW, Washington, DC 20201.

Statistics on Mental Health Service Delivery Systems Compiled in NIMH Report

Current statistical information on the country's organized mental health service delivery system is available in a recent publication from the National Institute of Mental Health (NIMH). The third edition of "Mental Health, United States, 1987," is edited by Ronald W. Manderscheid and Sally A. Barrett of the NIMH Division of Biometry and Applied Sciences.

The 220-page report with more than 120 tables includes for the first time a chapter that highlights the characteristics of the very disabled population, those suffering from severe and persistent mental disorders, and estimates its size. Chapter topics are:

1. Chronic mental disorder diagnosis, disability, and duration;
2. Trends in the availability, volume, staffing, and expenditures of organized specialty mental health services;
3. Use of inpatient psychiatric services by racial and ethnic minorities, children and youth, the elderly, Vietnam-era veterans, and persons committed involuntarily for care;
4. State mental health services tables for 1983–84, updating data previously published;
5. Expenditures by each State men-

tal health agency, other major State government agencies, and selected Federal agencies;

6. State mental health agency revenues and expenditures for 1985, compared with 1981 and 1983; and

7. Estimated use and costs of ambulatory mental health care utilization, based on a Medicaid sample in four States, and a comparison of some of the summary statistics with estimates for the total non-Medicaid population.

Data are derived primarily from surveys conducted by the National Institute of Mental Health, in collaboration with State mental health agencies and the American Hospital Association. Other data sources include the National Center for Health Statistics, the National Association of State Mental Health Program Directors, and the Health Care Financing Administration.

Copies are available from NIMH, 5600 Fishers Lane, Room 15C-05, Rockville, MD 20857; (301) 443-4515.

High Incidence of Elevated Cholesterol Levels Found by Local Screening Program

A screening and public education program undertaken by a local health department in New Jersey found that about 70 percent of those tested had blood cholesterol levels in the at-risk category.

The Parsippany-Troy Hills Health Department began its cholesterol detection program as part of a widely supported public health activity in the community. The township, in Morris County, is a middle-class community of about 50,000 population, 32 miles west of New York, NY.

A total of 1,795 persons were tested for blood cholesterol levels during mass screenings held in June and December 1987. Fees of $3 for residents and $5 for nonresidents were charged to pay for instrumentation and supplies. The tests were performed by the medical staff of the health department, using the finger-stick technology, which offers equipment portability as well as accuracy and quality control. The program was cosponsored by St. Clare's and Riverside Hospital and the Morris County Medical Society, and was supported by donations from Nabisco Brands, Inc., and Merck Sharp and Dohme.

About 25 percent of the participants were found to have cholesterol levels greater than 240 mg. per dl., and 70 percent had readings greater than the recently recommended standard of 200 mg. per dl. Each participant received his or her cholesterol level reading immediately. Dietary information, health education, and nutrition counseling was available at no charge at the test site.

Those with readings above 240 mg. per dl. were followed up by public health nurses. A 6–month call-back index of those with abnormal readings was used to encourage retesting and self-referral to personal physicians.

According to a 1986 national survey, less than 10 percent of U.S. adults know their cholesterol level. Local health departments should give high priority to community education programs concerning the role of cholesterol as a risk factor in heart disease.

—MAX SCHUBERT, MPH, Health Officer, Township of Parsippany-Troy Hills, Parsippany, NJ, 07054.

Education Campaign Stresses Treatability of Depression

A national campaign is being carried out by the National Institute of Mental Health (NIMH) to educate the public to the fact that depressive illnesses, which afflict 10 million Americans annually, are treatable.

"We want the public to know that clinical depression, when recognized, can be treated effectively with relatively short-term drug or psychosocial therapies, or a combination of both, according to NIMH Director Lewis L. Judd, MD. "Although more than 80 percent of persons suffering from depression could be successfully treated if they recognized that they were ill and sought help, the fact is that only 3 in 10 depressed persons get any form of treatment," he said.

Common misperceptions are that depression is just a case of the blues, that the disorder results from some personal weakness, and that a person can "snap out of it." Such misconceptions will be countered with accurate information through television and radio public service announcements, according to NIMH. Training grants have been awarded to five universities to provide information to primary care physicians and mental health professionals on the diagnosis and treatment of depressive illnesses.

Cooperative Groups to Pool Expertise in Developing New Approaches to HIV Vaccines

The National Institute of Allergy and Infectious Diseases (NIAID) is establishing research groups around the country to pursue new leads in developing vaccines against human immunodeficiency virus (HIV).

NIAID has announced funding totaling $4 million in the first year for six National Cooperative Vaccine Development Groups (NCVDG). The six will be funded for 3 to 5 years, and additional groups will be funded in 1989. The Institute created the groups to foster collaboration among academic research institutions, industry, and government.

"This is important to the national effort to create a vaccine to prevent AIDS," said Dr. Anthony S. Fauci, Director of NIAID. "The complex nature of this virus will require innovative efforts by scientists in many areas of research in order to develop a vaccine."

Research in virology, molecular biology, structural biology, genetics, and immunology will be incorporated into the groups' approaches to vaccine development. Strategies may include such approaches as the use of whole virus preparations (either live or killed), or those using viral vectors, such as vaccinia, into which one or more HIV genes have been inserted. Strategies are expected to include subunit preparations (those using only a portion of the virus), recombinant DNA-produced antigens, and synthetic vaccine antigens. The groups' programs will include basic studies, developmental studies, scale-up and production, evaluation in laboratory animals, and possibly some clinical trials.

"The NCVDGs were established to facilitate the joint application of research expertise from diverse institutions—academic, nonprofit, and commercial organizations—together with the resources of NIAID. We are creating a broad effort in our overall AIDS vaccine plan to improve chances for development of safe and effective AIDS vaccines. The NCVDGs are one important component of that plan," said Dr. Fauci.

NIAID is supporting the centers under cooperative agreements, which differ from investigator-initiated grants and agency-initiated contracts in that they allow scientists to define and manage their research while at the same time they are assisted by NIAID researchers. The groups are structured to be able to translate their concepts rapidly into improved candidate vaccines.

The six centers are at the University of Washington School of Medicine, Seattle; University of Massachusetts Medical Center, Worcester; University of California at Davis, School of Medicine; Southwest Foundation for Biomedical Research, San Antonio, TX; Stanford University School of Medicine, Stanford, CA; and Whitehead Institute for Biomedical Research, Cambridge, MA.

Global Health Trends Profiled in WHO Statistics

"World Health Statistics Annual, 1987," published by the World Health Organization in Geneva, provides one of the most complete sources available of vital statistics, life tables, and changing morbidity and mortality rates for every country.

The new 455-page report contains a section of evaluative reviews of selected health problems, showing how global statistics and epidemiologic data can be used to assess problems and monitor improvements. Conditions reviewed in the 1987 volume are the following:

The health of the elderly. Many developing nations are "greying" rapidly. By 2000, two-thirds of the world's 600 million persons aged 60 and older will be in developing nations, whereas just half were in 1960. Among the challenges facing these nations is how to pay for the care that their aging populations will need, as financial resources to meet the expected costs will not increase proportionately to the numbers of elderly.

The epidemiology of AIDS and its global impacts. The number of new AIDS cases worldwide is expected to rise steeply during the next 5 years, with between 500,000 and 3 million new cases, mainly from those aged 20 to 49. Between 5 and 10 million persons may now carry the virus agent of the disease. In countries where 10 percent of the pregnant women are HIV-infected, AIDS-related infant mortality may be greater than the total mortality rate from all causes in many industrialized countries, thus nullifying improvements in infant and child health in the developing world.

Cardiovascular diseases. Overall improvement in mortality from cardiovascular diseases in industrialized countries was reported between the early 1970s and the early 1980s. Coronaries declined in 15 European countries and in Canada, the United States, Australia, New Zealand, and Japan. Mortality from coronaries remained essentially unchanged in Ireland and Italy, and increased in eight European countries. Mortality rates from coronaries for men aged 30 to 69 increased 25 percent in Bulgaria, Czechoslovakia, and Greece; 25 to 40 percent in Hungary, Poland, and Yugoslavia; and more than 50 percent in Romania and Spain.

Cancer. Stomach cancer was the most common form of cancer worldwide in 1980, making up an estimated 10.5 percent of new cases that year. It is the fourth most common form in the industrialized world, and second in the developing world. Stomach cancer is declining in incidence at a rate of about 2 percent yearly, largely as a result of the greater availability of fresh or refrigerated foods. The trend is down in Japan, where the disease accounts for roughly 32 percent of all cancers. Lung cancer was the second most common form of cancer in 1980, with 10.4 percent. It is the most common form of cancer in the industrialized world. However, incidence rates for men in parts of the industrialized world, where cigarette smoking has been commonplace for 5 or 6 decades, have now reached their maximum, and are even declining. That is not the case for women, whose incidence of lung cancer is rising in parallel with cigarette consumption. In the developing world, where cigarette smoking is a more recent phenomenon, incidence rates are at present quite low, although that is likely to change in the near future. Breast and colon-rectum cancers were 9 percent combined. Breast cancer is most frequently in populations of European origin, and is relatively common in North Africa. As it is linked to a lifestyle typical of developed countries, with advanced age at first pregnancy, and probably the diet, the report forecasts an increase in frequency of breast cancer in developing countries. Colon-rectum cancer is linked to rich foods, which are not standard fare in developing countries, where incidence rates are increasing as dietary practices change more towards the pattern of industrialized countries.

Alcohol use. The rising consumption of alcoholic beverages throughout the world has been attributed to increased production. Although alcohol has become more easily available in both developed and developing countries, what is of greater concern is that there is no loss of momentum in their sharply increasing rates of alcohol production and consumption. The increase in beer production was due to an increase in less developed areas. Beer accounts for about 40 percent of the worldwide production of alcoholic beverages, and African countries, particularly, produced and consumed greater quantities of it. The highest age-adjusted death rates for both sexes per 100,000 population from chronic liver disease and cirrhosis of the liver are given as Chile, 60; Hungary, 42; Romania, 37; Puerto Rico, 34; and Italy, 32. The lowest rates are Iceland, 2; Ireland, 4; and England and Wales, Barbados, New Zealand, and Northern Ireland, 5.

A second section of the report gives detailed studies of global changes in the prevalence of dental caries and periodontal diseases, and the impact of these changes on the orientation of oral health services. The third section provides an overview of national health situations, with vital statistics and life tables summarizing pertinent demographic data. Emphasis is given national and regional indicators of

health status most relevant to the identification of health trends.

The final section contains country-by-country breakdowns of deaths, by age and sex, for more than 150 specific causes, such as ischemic heart disease, cerebrovascular disease, lung cancer, cirrhosis of the liver (alcoholism), and automobile accidents.

Copies may be ordered from WHO Publications Center USA, 49 Sheridan Ave., Albany, NY 12210, $54.

New HRSA Office Focuses on Quality Assurance Activities

The Health Resources and Services Administration has established an Office of Quality Assurance in its Bureau of Health Professions as a focal point for quality assurance and risk management efforts in the Public Health Service (PHS).

The new unit will be responsible for implementing the planned National Practitioner Data Bank authorized by the Health Care Quality Improvement Act of 1986 (Title IV). The bank will collect information on adverse actions against licensed health practitioners and malpractice payments made on their behalf.

The office will assist PHS agencies to develop and strengthen quality assurance and risk management programs and will collaborate with public and private organizations engaged in similar activities.

The office provides staff support to the newly formed PHS Interagency Council on Quality Assurance and Risk Management. Established by HHS Secretary Otis R. Bowen at the recommendation of the Task Force on Medical Liability and Malpractice, the council will provide guidance to PHS agencies on the recommendations of the August 1987 task force report.

The office will work with Federal, State, and local agencies to propose guidelines for PHS in areas such as granting of clinical privileges, monitoring and evaluation programs for physicians, dentists, and other health professionals, risk management and utilization review.

It will encourage evaluation, demonstration, and research projects concerning quality assurance, medical liability, and malpractice. It also will work with the Secretary's office to provide technical assistance to States undertaking malpractice reforms.

The planned National Practitioner Data Bank will store and release information and reports as required by Title IV. Title IV requires reporting of payments made by entities such as insurance companies to settle claims or satisfy court judgments in malpractice actions that involve a licensed health practitioner. It also places reporting requirements on health care entities such as hospitals and group medical practices that take certain adverse actions against the clinical privileges of a physician or dentist. It requires State licensing authorities to report certain disciplinary actions and professional societies to report formal actions taken against the membership of a physician or dentist.

The new office is directed by Dr. Daniel D. Cowell, a psychiatrist who previously served as Associate Director for Quality Assurance and Medical Education at the NIH Clinical Center.

Native American Safety Poster Prize Winners

Eight students, winners of the fifth annual American Indian and Alaska Native Safety Poster Competition, were presented with certificates on March 15, 1988, by Dr. Otis R. Bowen, Secretary of Health and Human Services, in Washington, DC.

"The Department's Indian Health Service (IHS) sponsors this competition to promote awareness of the tragically high rate of accidental deaths and injuries among American Indians and Alaska Natives," Secretary Bowen said. "The death rate for accidents among Native Americans is approximately three times that of the total U.S. population."

An estimated 30,000 youngsters living on or near federally recognized reservations and enrolled in the first through the twelfth grades in 26 States entered the competition, launched last November during the 1987 Native American Safety Campaign. To be considered at the final judging at IHS headquarters in Rockville, MD, entries had to survive preliminary competitions at the school, IHS service unit, and IHS area levels.

The winning posters appear on pages 439 and 440 and on the inside back cover. The winners are

Kacie Pratt (Pawnee-Osage-Potawatomi), first grade, Pawnee Elementary School, Pawnee, OK;

Jessica Coon (Poarch Bank of Creek Indians), second grade, Huxford School, Atmore, AL;

Jeremy Cadotte (Chippewa), third grade, Holy Family School, Bayfield, WI;

Craig Blanchard (Shawnee), fourth grade, Little Ax School, Little Ax, OK;

Wayde Noah (Choctaw), fifth grade, Red Oak School, Red Oak, OK;

Michael Vann (Cherokee), sixth grade, Greasy School, Greasy, OK;

Roberta Yarlott (Crow), an eighth-grader who won the junior high school competition, Pretty Eagle Catholic School, Crow Agency, MT; and

Jason Jones (Laguna-Pueblo), a twelfth-grader who won the senior high school competition, Laguna-Acoma High School, Paraje Village, NM.

The winners and their parents or guardians were brought to Washington, DC, by the IHS for a 3-day visit highlighted by the awards ceremony. The first day was devoted to a sightseeing tour of the capital. On the second day they attended receptions hosted by Dr. Everett R. Rhoades, IHS Director, at agency headquarters, and by Sen. Daniel Inouye, Chairman of the Senate Select Committee on Indian Affairs, on Capitol Hill.

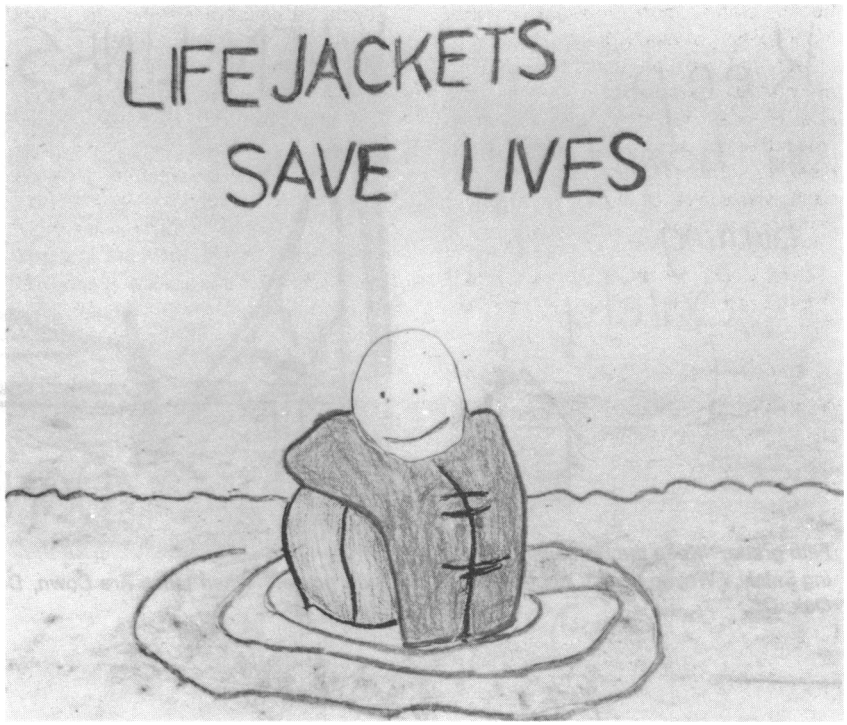
Injuries are one of the most serious health hazards of American Indians and Alaska Natives. Every year more than 1,000 die as a result of motor vehicle accidents, drownings, falls, poisoning, gunshot wounds, or other injuries. Injuries are the leading cause of death for Native Americans aged 1 to 44 years.

Between 1983 and 1985, about 2,450 Native Americans lost their lives because of injuries. These deaths accounted for 89,762 years of productive life lost.

The age-adjusted injury death rate for Indians from 1983 to 1985 was 3.25 times the all-U.S. rate. As high as that rate is among Indians, it was exceeded in some IHS areas. The highest rates were reported in Aberdeen, 4.8; Alaska, 5.3; and Billings, 6.

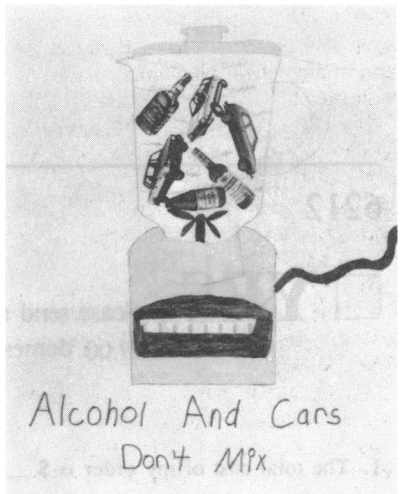
More days are spent at IHS and contract care medical facilities for the

First grade: "Buckle Up Baby," Kacie Pratt (Pawnee, Osage, and Potawatomi), Pawnee, OK.



Second grade: "Life Jackets Save Lives," Jessica Coon (Poarch Band of Creek Indians), Atmore, AL.

Third grade: "If You Carrot All You'll Buckle Up," Jeremy Cadotte (Chippewa), Bayfield, WI.



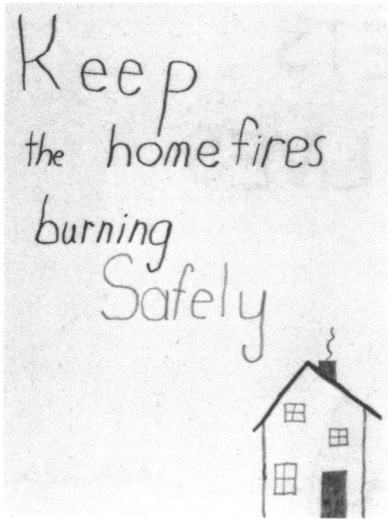
Fourth Grade: "Alcohol and Cars Don't Mix," Craig Blanchard (Shawnee), Little Ax, OK.

treatment of injuries than any other cause. One of every seven beds is required for injury victims. More than 300,000 outpatient visits are made for the treatment of less serious trauma conditions, accounting for 1 of every 10 visits. In ranking the causes of outpatient visits, injuries are second only to the common cold.

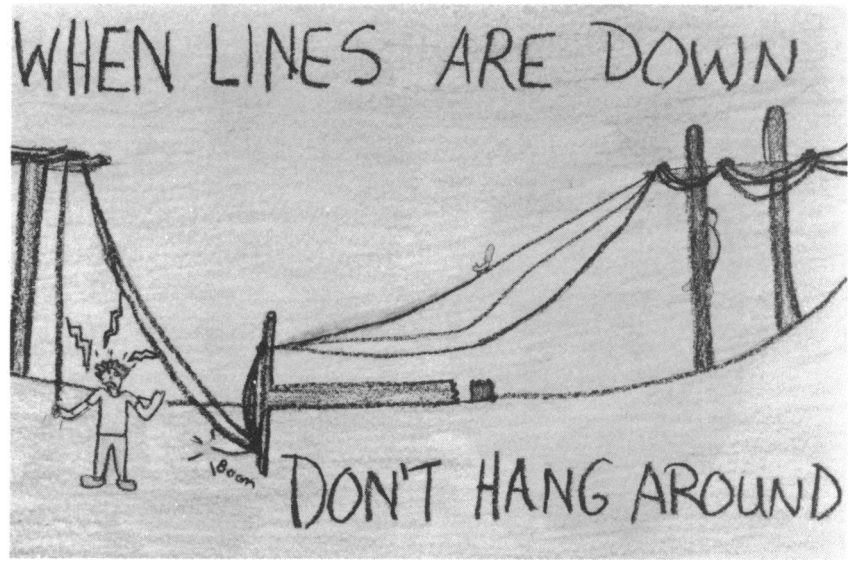
An estimated $71 million of IHS funds are spent each year in the transportation, treatment, and rehabilitation of injury victims.

Recognizing injuries as a major health problem, IHS has developed a community injury control program that is being implemented throughout Indian country. The types of activities being carried out under this initiative include multidisciplinary community-based encounters to identify injury targets, design prevention programs, and monitor results; visits to homes and communities to investigate injuries to learn of contributory factors; and educational seminars to raise awareness of decisionmakers to injury problems and the need for action.

—FRANK A. SIS, Health Resources and Human Services Administration.



Fifth grade: "Keep the Home Fires Burning Safely," Wayde Noah (Choctaw), Red Oak, OK.



Sixth grade: "When Lines Are Down, Don't Hang Around," Michael Vann (Cherokee), Greasy, OK.

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