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COVER 3

You're astute enough to discuss the philosophical ramifications of Victor Frankl's "Existential Vacuum." And you're still smoking?



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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PUBLIC HEALTH SERVICE
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We well know that reductions in pregnancy-related mortality and morbidity will never again be by major percentage points per decade. We well know that the puzzle is complex and the problems multifactorial in etiology. Here is one piece of the solution. We need to have and use a sophisticated, broad-based, uniform data set. It is of vital concern to us all.

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ALCOHOL ABUSE AND ALCOHOLISM IS THE TOPIC OF UPCOMING SPECIAL ISSUE

The entire November–December 1988 issue of *Public Health Reports* will be devoted to one of the nation's major public health problems—alcohol abuse and alcoholism. Articles have been contributed by a diverse group of authors who have examined the complexities of the problem; the range of their topics reflects its many aspects. The programs for dealing with alcohol abuse and alcoholism, what the promises of research are, the prevention and early intervention of alcohol dependence, and the biological features of alcohol abuse and alcoholism among women are some of the subjects covered.

aid coverage in 1980 (about 44 percent of poor persons younger than 65 years of age and 38 percent of the poor elderly) used medical care services at approximately the same level as the privately insured population after adjusting for health status. However, Medicaid enrollees had access to different sources of medical care (more often hospital outpatient departments and emergency rooms) than did persons with private insurance (more often physician's offices).

The findings suggest that recent initiatives to increase health insurance coverage through expansion of the Medicaid Program and through increased employer-sponsored insurance may be effective strategies for improving access to care for low-income Americans. For example, many States have substantially increased the number of poor people who are covered by Medicaid as a result of recent Federal legislation, which allows for coverage of all poor, pregnant women and young children below the poverty level. Future health survey data will be useful in determining the impact of these and other expansions on access to care for the poor.

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"My son died of AIDS. He was 21 years old. We must be totally open, honest and sincere in discussing AIDS with our children. It could save their lives."

— Elena Treto
Atlanta, GA



Call the AIDS Information line, 1-800-342-AIDS.

An Important Message from the U.S. Public Health Service
Centers for Disease Control

Multidisciplinary Curriculum Development Conference on HIV Infection" are available from the Health Resources and Services Administration, Rm. 9-13, Parklawn Bldg., 5600 Fishers Lane, Rockville, MD 20857 (tel. 301-443-6745). Information on the education and training center grant program may be obtained from the same source.

SAMUEL C. MATHENY, MD, MPH, Associate Administrator for AIDS, and NANCY S. KILPATRICK, MA, Program Analyst, Bureau of Health Professions, Health Resources and Services Administration, Rockville, MD

Hospital Administrators Urged to Implement Nonsmoking Policies

The administrators of more than 7,000 hospitals participating in the Medicare Program have been urged by Federal health officials to adopt policies to make their institutions free from tobacco smoke.

Surgeon General C. Everett Koop, MD, and William L. Roper, MD, Administrator of the Health Care Financing Administration, which has responsibility for the Medicare Program, have asked that hospitals establish smoke-free environments because of risks to patients' health from exposure to ambient tobacco smoke.

Their letter to the administrators in May 1988 cited the 1986 Surgeon General's Report, "The Health Consequences of Involuntary Smoking," noting that separation of smokers and nonsmokers within the same air space may reduce, but does not eliminate, the exposure of nonsmokers to environmental tobacco smoke.

"We are especially concerned about smoking in health facilities. Patients in these facilities are probably more susceptible than the general population to the ill effects of passive smoking, particularly children and those with lung or heart conditions. Many are less mobile (or immobile), and thus less able (or unable) to avoid exposure to tobacco smoke," they wrote.

"While some individual hospitals and hospital corporations have voluntarily

adopted smoke-free policies to protect patients and employees, many other health facilities have not," the officials said. "If your hospital has not yet adopted a policy designed to minimize or eliminate the risks to your patients from involuntary exposure to tobacco smoke, we urge you to work with your governing body, medical staff, and other staff to develop and implement such a policy. We encourage you to work toward achieving a totally smoke-free environment as quickly as possible."

Major medical and health care organizations have endorsed the goal of smoke-free hospitals, including the American Medical Association, the American College of Physicians, the American Academy of Pediatrics, and the American Heart Association. Major hospital industry groups are encouraging their members to support policies called for in the letter.

In a related action, Dr. Roper announced his intent to explore the possibility of making smoke-free policies a condition of participation for hospitals in the Medicare Program.

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