As health care focuses on women,
Are Men Dying From Disinterest?

By Robin Baskerville

The waiting area outside Barbara Yost's office is deceiving. The medical environment has been softened by muted colors, green plants and homey accents. Chairs face a bookcase filled with texts on women's health. This is decor by design, not accident.

Yost is the head of Parkland's Women's Center in Derry, which celebrated its first birthday this fall. Her mission: "to provide education and health services to women in an attractive, private, yet welcoming environment."

"We want women to have the information necessary to make healthy choices for themselves and their families," is Yost's stated mandate.

Nowhere at Parkland, or apparently at any other hospital in New Hampshire, is there a male equivalent of the center, where leather chairs could belly up to bookcases featuring reading material on "you and your prostrate."

The reason why men have been ignored boils down to business. The current marketing wisdom in the health care community is that men aren't interested in health. Instead, to borrow from an old saying, the way to a man's heart, and stomach, is through a woman.

"Hospital marketers have realized the people making the..."
Nowhere at Parkland, or apparently at any other hospital in New Hampshire, is there a male equivalent of the center, where leather chairs could belly up to bookcases featuring reading material on “you and your prostate.”

Statistically men go to the doctor less,” says Dr. Donald Rainone who practices internal medicine with The Medical Group of Manchester. “Quite often it’s the wife that calls and makes the appointment. It’s very hard to get them to take responsibility... Men will say, ‘I don’t know what my prescription is. You’ll have to ask my wife.’”

It is that willingness to abdicate responsibility that can prove deadly - even in young men. Testicular cancer is the most common cancer in U.S. men ages 20-34, but Rainone says it is not something that they think about “particularly when your talking about safe sex and other things, it’s really down the list.”

“But for the person that gets the cancer it’s not insignificant,” says Marosits. In fact in this country each year 6,000 men will be diagnosed with the cancer and 350 will die from it. Overall three in 1,000 American men will develop it at some time in their lives.

Rainone encourages his young patients to perform a testicular self-exam on a monthly basis, much as his female patients are told to perform breast self-exams to catch cancer in its early stages.

The procedure is simple. After taking a warm shower or bath to make the skin of the scrotal sac relax, each testicle should be gently examined for signs of any painless lumps by placing the index and middle fingers underneath the testicle while the thumbs are placed on top. The testicle is gently rolled between the thumbs and fingers. The cord-like structure on the top and back of the testicle is the epididymus, used to transport sperm to the penis, and should not be confused with an abnormal lump. It is also normal for one testicle to be larger than the other.

If a lump is found, a doctor should be contacted immediately. If it is diagnosed as cancer, because of advances in medicine, the National Cancer Institute calls it one of the most curable cancers, especially if treated early. And because testicular cancer almost always occurs in only one testicle, it does not mean the end of sexual functioning.

Despite the obvious benefits of early detection, Rainone finds his patients are often very uncomfortable dealing with it. “The whole subject has sort of a taboo aura about it,” he says. That extends to the diagnostic test for prostate cancer. “There are a lot of men who will avoid the digital rectal exam,” Rainone says.

But for men 40 and over, avoiding the issue is a mistake. Currently prostate cancer is a disease that will be diagnosed in one out of every 11 men in the country - nearly the same rate of incidence that U.S. women are experiencing in breast cancer. At least one hospital, St. Joseph in Nashua, is using prostate cancer screenings as a way of directly addressing its male audience.

Rainone and Dr. Steven Levine, who practices internal medicine at the Hitchcock Clinic in Nashua, say men 40 and over should have annual checkups - a practice their female counterparts have been instructed to do since early adulthood.

Levine, who has occasionally lectured on men’s health as part of Matthew Thornton’s community health series and the lunch lecture program at Digital, uses the scenario of a routine checkup to organize his talks. During the talk, the audience learns about more than their prostates.

“I’d present a typical male patient and it would open up topics such as heart disease, cancer screening and cholesterol levels,” he says.

“I don’t want to leave out diet and exercise,” says Rainone. “I recommend a low-fat diet for all men. It lowers the risk of prostate cancer and heart disease. And the new buzzword will be ‘activity.’ Get off the couch and put down that remote.”

But health care workers say men don’t always want to listen to what doctors have to say.

“Women are very willing to hear information about their bodies,” says Yost. Yost says market analysis shows that women make 70-90 percent of the health care decisions for a family. And that doesn’t just mean which doctor to see. It also translates into choosing a nursing home for aging elders or what type of health insurance to buy.

None of the health care professionals asked can objectively say why women are more open to dealing with health, but the general hypothesis is that because of women’s physiology - monthly menstruation from early adolescence, childbirth -
ing, and menopause - they have no choice, but to be in touch with their bodies. Once a mate and children enter the picture, a woman becomes concerned with their health as well.

"Women are making decisions and they need the information to make the proper decisions," says Yost. "It's also known that women were dissatisfied with health care. There were reported problems with the Dalkon shield and questions were raised about the number of hysterectomies being performed in this country. Hospitals wanted to make a place where women felt comfortable."

Now at Parkland, women waiting for mammograms no longer have to queue up with other X-ray patients. The Women's Center houses Parkland's mammography department, complete with specialized X-ray equipment, trained technicians, and private dressing rooms. The center is also used as a marketing arm of the hospital. Choices, a quarterly newsletter on women's and community health issues, is published under its aegis, and ads mentioning the center and its programs are run in the local press.

"I've seen the trend toward women's programs," says Gina Balkus, vice president of public affairs for the New Hampshrene Hospital Association headquartered in Concord. "Part of it is that maternity care is obviously a large part of hospitals. Women's programs tend to feed off of that."

"Hospitals were aware that women were decision makers," says Susan Hassell, manager of women's health services at Quorum Health Resources, a consulting firm located in Nashville that has worked with Hospital Corporation of America, the owner of Parkland Medical Center and Portsmouth Hospital. "The hospitals said, 'We need to reach out and attract them to our hospital.' That's why there was a flurry of these centers and programs. Men's health does not provide such a clear opportunity because women make the health care decisions. Traditionally men are not seen as a marketing target. The hospitals are reaching men through women."

But that might be changing. There are a handful of hospitals across the nation that have started men's programs, but it is in the world of publishing that men's health is beginning to be a money maker. Rodale Press Inc., of Emmaus, Penn., appears to have a winner with its publication. Men's Health. Recently Folio's Publishing News ran a feature article on it that said it could be a best seller, and

"Behavior dictates people's approaches to health care. Men haven't been trained and educated in approaching their own health needs. Women have connected much better."

- Charles Albano
Rodale has begun an aggressive marketing campaign. Calling itself the hottest new men’s magazine in America, Rodale recently mailed out in bulk an offer for a free trial copy of the magazine. The mailing included a letter from Executive Editor Michael Lafavore that plays off the differences between men’s and women’s health, in the hopes of getting subscribers.

“Why are women in better shape than men? How on Earth can this be?” asks Lafavore in the letter.

The answer is easy: Women take better care of themselves.

And why?

“Simply because they have more information telling them how.”

Rodale Press, which also publishes the general health magazine, Prevention, is betting that men are concerned enough about their health to buy Men’s Health and that advertisers are interested enough in selling their products to Men’s Health readers that they will buy into it as well.

In a recent interview in Folio’s Publishing News, Lafavore says, “If there’s one thing we’re trying to do it’s to say, ‘It’s OK to take care of yourself; it’s the smart thing to do; it’s not unmanly.’”

And apparently, Men’s Health’s message is catching on. Folio’s Publishing News says Rodale has increased the three-year-old magazine’s guaranteed circulation from 350,000 to 500,000, double what it was two years ago.

Does this signal a new attitude about men’s health care that will translate into men’s centers and programs?

The jury is still out in New Hampshire health care circles.

“My sense would be that it would not make it,” Levine says. “Programs based on mammography units, they can make money. There is no such thing in men’s care right now.”

“Women are taught of the preventative side of health care so women tend to be the driving force.” Bonifazi says. “Men seem to think it is diminishing or demeaning to get health care. I’m not aware of any programs for men’s health care in the state.” That is echoed by the NHHA’s Balkus and others. But just because a program does not exist, does not mean that there aren’t people interested in seeing that happen.

“Men have been left behind in efforts to improve their health status,” says Albano. “The leading causes of death and the number of years of life lost can be greatly reduced by a planned and systematic approach to health care.

“Men need to recognize that they have to have control of their lives in a health context, and that historical, cultural and societal norms need to be addressed to alter the way men view their own health. The service delivery system will need to make changes to address men’s health needs.”

“There’s a challenge to steer clear of stereotypes from both sides,” says Maroisits. “Yes, women do consume more health information and make health care decisions, but we’ve tried to take the focus that men need to consume.

“I think it’s not so much an issue of creating a program as making sure men have access to information and a practitioner who can meet their needs,” Maroisits says. “Men should know that services such as Ask-a-Nurse are available.”

Although the medium is up for debate, the health care community appears to agree on the message: Men and women are in equal need of knowledge and treatment.

“In my mind there are big differences between men and women,” says Quorum’s Hassell. “But the idea of (seeing health care as) a source of respect, convenience and partnership is not different from how you should treat men... There should be the same level of care for men as women.”

“Quite often it’s the wife that calls and makes the appointment. It’s very hard to get them to take responsibility. Men will say, ‘I don’t know what my prescription is. You’ll have to ask my wife.’”

– Dr. Donald Rainone

“Traditionally men are not seen as a marketing target. The hospitals are reaching men through women.”

– Susan Hassell
MEN'S HEALTH SERVICES

MAY 1989

• Background Information
• Implementation Rationale
• Organizational Structure
• Services Offered
• Staffing
• Program Location
• Marketing Strategy
• Success

RESEARCH ASSIGNMENT: Program/Product Review

This project was researched and written to fulfill the specific research request of a single Health Care Advisory Board member and as a result may not satisfy the information needs of each and every member. The Health Care Advisory Board encourages members who have additional questions about this topic to assign custom research projects of their own design.
Machismo Hospital

Background Information
- Machismo Hospital is a 500-bed, not-for-profit hospital located in a large city. Machismo implemented its men's health services program in September 1987.

Implementation
Rationale
- Prior to establishing its men's health services program, Machismo Hospital conducted extensive market research in order to determine the number of men who make health care decisions. Although research concluded that approximately 65% of the health care decisions are made by women, Machismo considered that 35% signified a large consumer group and that men thus constituted a potentially profitable market.

Organizational Structure
- Machismo's men's health services program is a physician referral and informational service that targets men and directs them to appropriate hospital services. "Machismo conducted market research to determine what types of services men need and how a provider should deliver these services to men. Our research suggested that men need a variety of already existing hospital services, and that to increase utilization of these existing services, the hospital had to provide men with a means to access the services conveniently."

- "Our men's health services program is not a product line. A men's product line would be hard to establish, as there are very few male-specific ailments that permeate the male population in great numbers. Women's product lines, on the other hand, are quite feasible, as demonstrated by the large numbers of women's centers and programs. Women typically require a greater volume of gender-specific health services."

- Machismo's men's health services program is administered by the men's health services program coordinator.

Service Offered
- Machismo's men's health services program offers men a wide-range of health services, including 40 to 50 medical specialty services.
- The most popular men's services are listed, in order of highest demand, below.
  - Routine physicals
  - Urology
    - Sexual dysfunction
    - Prostate dysfunction
    - Vasectomy
  - Psychiatry
  - Dermatology

**Staffing**
- Machismo's men's health services program telephone line is staffed by one man at all times. "It is essential that the men's health referral line is staffed by men, as market research conducted by Machismo suggests that men feel more comfortable talking to other men concerning their health problems, especially sexual or urological problems. The majority of hospital physician referral or informational services have a 'female gatekeeper' and, consequently, do not function as a point of easy access to health services for men."

**Program Location**
- Machismo's men's health services program operates in the central appointment group area, where other physician referral service programs are located.

**Marketing Strategy**
- Machismo Hospital uses newspaper and television advertising to market its men's health services program. Machismo circulates an advertisement in the city newspaper once every ten weeks, and a television commercial is aired once every six weeks. Machismo does not market via radio or direct mail, although the hospital may develop a direct mail campaign in the near future.

- Machismo's men's health services program tracks the advertising media by which male callers are informed of the program. "Machismo has determined that both television and newspaper advertisement are effective marketing tools. They each, however, contribute to the marketing process in two distinct ways. Television advertisement is valuable for informing and educating the public concerning our men's health services program. Newspaper advertisement functions to solicit callers."
Success

- "Machismo's men's health services program has been very successful. Approximately 70% of the calls result in appointments with hospital or hospital-affiliated physicians. Approximately 70% of all appointments generated as a result of the men's health services program are new referrals who have never visited Machismo."

- "The revenue generated by the men's health services program is seven times greater than the direct cost of advertising plus the advertising director's salary."

- "The bottom line is that the male market is broader than we expected."

Additional Comments

- Results from Machismo's tracking study for its men's health services program reveal the typical user-profile characteristics presented below.

  - Annual income of approximately $35,000
  - Between the ages of 35 and 54 years of age
  - Commercially insured
  - Employed in a white-collar position
  - Has not recently visited a physician
  - Married
Detecting a killer

Tony Dell'Orfano felt that 1992 was going to be his big year. At 70, an avid downhill skier — and swimmer, skater, and dancer — he planned to take advantage of the free admission to ski slopes offered to people his age. His five years of retirement had been a health hazard — a mistake that many older men make. But otherwise, he says, "I felt like a 25-year-old."

Prostate cancer can spread for years before symptoms occur. According to the American Cancer Society, one man in 11 will develop the disease at some point in life, usually after the age of 50. In 1991, it was predicted that 120,000 new cases would be identified and that 32,000 men would die from the disease. Such figures mark prostate cancer as the second leading cause of death by cancer in men, following lung cancer.

What's worse, the standard method for finding prostate cancer — the digital rectal exam, in which a doctor prods the walls of a patient's rectum with a finger — is a hit-or-miss proposition. The prostate is a walnut-sized organ located just beneath the bladder. But the front of the gland, where cancer occurs most often, is frequently beyond a physician's reach.

As a result, rectal exams fail to detect an alarming 50 percent of malignant lesions. And when cancer finally is diagnosed, in an estimated 50 percent to 70 percent of cases it has already spread to other parts of the body. This was the bad news Dell'Orfano received last year.

The good news is that several new diagnostic techniques may help detect prostate cancer earlier, when treatment assures longer survival. One of the newest approaches is the TRUS, or transrectal ultrasound, which allows an instrument about the size of a finger to be inserted into the rectum, where a transducer uses sound waves to create a picture of the prostate gland and any suspicious masses within it. "Most people say it's less uncomfortable than the standard rectal exam," says Dr. Peter Littrup, codirector of prostate research at St. Joseph Mercy Hospital. A study published last summer found that a combination of TRUS, the PSA test, and the conventional digital exam boosts detection of asymptomatic prostate cancer by 73 percent.

But TRUS also has its problems. It fails to detect about one-third of nonpalpable lesions greater than 1 centimeter in diameter, says Dr. Patrick Walsh, director of the Urological Institute at the Johns Hopkins Hospital, in Baltimore. In addition, TRUS can create suspicious images of areas that are perfectly healthy.

All of which means that, while diagnostic methods have improved, doctors have a long way to go in the fight against prostate cancer. To fill that gap, they hope to educate men about the warning signs of the disease. These include difficulty in urinating, need to urinate frequently, pain burning during urination or intercourse, and general pain in the upper pelvis or back. Men should also determine family risk factors. A study by Johns Hopkins found that men who close male relatives have had prostate cancer face increased risk of getting the disease.

Regular checkups, therefore, are crucial. Walsh believes that every man should have a yearly rectal exam at the PSA test, beginning sometime between the ages of 40 and 50. Like baseline mammograms for women, baseline PSA reading allows doctors to identify worrisome changes over the years. If the PSA test is above 4, it signals potential disease and possibly cancer. Walsh recommends that men with readings between 4 and 10 have an ultrasound exam to diagnose the condition more accurately. Patients with readings of 10 or higher should also have a biopsy.

Persuading American men to submit to such tests may be the biggest challenge of all. "The prostate was put in a convenient location," Walsh concede. Many men are embarrassed or afraid to broach the subject with their doctors. "It's not only fear of the procedure, but fear of cancer," says Joann Schellenbach, a spokeswoman for the American Cancer Society.

Yet for some men, early diagnosis becomes a rallying cry. The one who I find most willing to get the exam are those who've had relatives who have died of it," Walsh says. "I've never seen that procedure, but fear of cancer," says Joann Schellenbach, a spokeswoman for the American Cancer Society.

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Routine colon exam shown to save lives

Cancer deaths cut 30 percent

By DANIEL HANEY
Associated Press

BOSTON — A study published today offers the strongest evidence yet that routine screening for colon cancer saves lives.

The key is a widely available exam called sigmoidoscopy, in which a long tube is used to probe the rectum and colon. The study concludes that its use could lower the death rate from colon and rectal cancer by 30 percent.

Doctors hope the study will persuade more people to undergo this simple but unpleasant checkup after they reach age 50. By catching ominous growths early, doctors can prevent cancer from developing.

Many health organizations already recommend routine use of sigmoidoscopy. However, some experts disagree, and the new research is the first carefully conducted study to show that it saves lives.

“We now have clear-cut evidence of a very substantial reduction in mortality risk associated with screening,” said Dr. Joe V. Selby, who directed the study, published in today’s New England Journal of Medicine.

The exam costs about $100 to $200 and is performed on about 1 in 5 older Americans. Selby recommended that everyone be screened around age 50, and once every 10 years after that.

The risk of colon cancer starts to climb around age 55.

The study suggests that pre-cancerous growths, called polyps, typically take 10 years to become cancerous.

“If we screen at age 50, we will catch all these cancers in a premalignant stage,” Selby said.

The American Cancer Society estimates that 58,300 Americans will die from cancer of the colon and rectum this year.

“There has been a huge debate over whether sigmoidoscopy ought to be routinely done,” commented Dr. Daniel Nixon of the American Cancer Society. “This seems to be good evidence that indeed it should be.”

Doctors say the biggest drawback to the exam — and the reason many people avoid it — is discomfort.

A doctor or nurse inserts a slender flexible tube through the anus into the rectum and colon, then looks through the tube for polyps and cancer. The tube can produce severe cramps as it navigates the bowel.

The study was conducted at the Kaiser Permanente Medical Care Program in Oakland, Calif., and was based on 261 people who died of rectal or colon cancer from 1971 to 1988. They were compared with 866 people who were the same age and sex.

Researchers found that 9 percent of the cancer victims had undergone routine sigmoidoscopy screening before their deaths, compared with 24 percent of the comparison group.

The scope goes far enough into the colon to spot about half of all colon and rectal cancer.
Men may lose hearing faster, study says

Loss getting worse over time

By MALCOLM RITTER
Associated Press

NEW YORK – A study suggests that men are losing their hearing faster than scientists thought and that their hearing is worsening from generation to generation.

The federal study also suggests that men over 30 are losing their hearing more than twice as fast as women do through age 80.

Study co-author Jay Pearson said that the cause of the reported hearing loss in men is not known, “but if you want to speculate from what the conventional wisdom is on noise exposure, I would think you’d want to be careful about the noise you’re exposed to at work and in your leisure.”

The findings also suggest a possible influence from such things as high-powered stereo equipment or medications that affect hearing, he said.

The report should probably not cause concern unless follow-up research confirms it, said Dr. Alexander Schuebl, chairman of otolaryngology, head and neck surgery at the Oregon Health Sciences University in Portland.

Pearson agreed he “wouldn’t want to go ringing alarm bells based on this study.”

Researchers studied mostly well-educated volunteers from the middle class to upper middle class, so it is not clear whether the findings apply to the general population, he said. Nor is it known whether the declines researchers found over 10 to 15 years will continue, he said.

Still, the study “raises enough concerns that you definitely want to find out whether this is holding up in other places,” he said.

Pearson, a researcher with the National Institute on Aging, presented the work yesterday in San Francisco at a meeting of the Gerontological Society of America.

He did the work with Larry Brant and other colleagues at the institute.

The study is part of the long-running Baltimore Longitudinal Study of Aging. It tracked the results of hearing tests done every two years on a group of 1,158 men and 551 women.

The men were followed for an average of 10 years and the women an average of five. Their ages through the study period ranged from 30 to 80.

The tests focused on sound at 1,000 hertz, 3,000 hertz and 6,000 hertz, frequencies important for understanding speech.

As found in earlier research, men consistently had poorer hearing than did women of the same age at the three pitches tested.

The conventional explanation is that men are exposed to more loud noise from the workplace, military service and leisure activities like hunting and carpentry, but there is little evidence that this accounts for the gender difference in hearing, Pearson said.

The male rate of hearing decline was generally faster than that found for women through all ages tested, especially in the lower frequencies that are more commonly involved in speech, Brant said.

The gender difference in rates of decline was greater for ages 30 to 50 or so than between ages 60 to 80.
Men can get breast cancer, too

Dear Ann Landers:

Women are told repeatedly to get checked for breast cancer because if it is caught early there is a good chance of being cured. A less well-known fact is that men can get breast cancer, too. Although it occurs in only one in 2,500 men, it's something to think about.

Most doctors do not check for breast cancer when they examine their male patients. An alert young doctor asked me how long I had had the small lump near my right nipple. I told him it had been about four years and I had never paid any attention to it. He did a biopsy and it turned out to be skin cancer. Minor surgery was performed and the tissue was sent to a lab for analysis.

To the surgeon’s surprise, the result showed that I had two types of cancer. The hospital cancer board said I needed a mastectomy because one of the cancers was “infiltrating lobular carcinoma,” a rare form of cancer in males.

After three more opinions, I was told that surgery was the only way to be sure the cancer was eradicated. So I had a mastectomy and, thank God, they got the cancer in time.

I am writing this letter to let men know that they, too, can get breast cancer — and should be aware of lumps or any noticeable changes in that area. Please, Ann, print it.

J.C.

Tujunga, Calif.

I hope every male who reads this column will pay attention to what you have written. When you get your annual physical, guys, take this column along. You'd be surprised how much physicians learn from their patients.
Impotence Evaluation and Treatment Program
FOR MEN ONLY

Testicular Cancer and how to do TSE (a self exam)

AMERICAN CANCER SOCIETY*
Vasectomy Reversal
by Jane Mickelson

The fact that my husband Don and I could conceive a child together still seems to us to have been a very special miracle. After the birth of his second child with his first wife, Don had made the decision to have a vasectomy, not knowing that the marriage would end before a year was out, leaving him the single parent of a three-and-a-half-year-old daughter. We met, fell in love, and discussed marriage, but were worried about what the effect of not being able to have children together might have on our relationship.

I was 30 at the time, and felt very strongly that I wanted a child; so when we heard about a reversal operation, called a vaso-vasostomy, Don immediately looked into it and before long went to Yale-New Haven Hospital and had the surgery performed. Seven months after our wedding, we conceived a baby and our son Jared was born in March 1977, healthy and beautiful and the perfect addition to our family.

It all sounds so simple, yet it involved months of highly emotional soul-searching on both our parts, as well as concerns about what we should do if the operation were not successful. At that time, in 1975, the odds were not in our favor. The surgeon who performed the operation told us that there was about a 20 percent chance that the reversal would work. Fortunately, Don’s age and excellent state of health were highly beneficial factors, and the skill of the surgeon was an additional advantage.

Vasectomy
Most couples who choose vasectomy are very happy with it. Side effects are generally rare and can be corrected. Infection can occur, as can sperm granulomas. The latter are nonbacterial abscesses, consisting of sperm, lymphocytes (white blood cells), and epithelial cells (sloughed off from internal mucous membranes). They occur when sperm leak into the surrounding tissue, and can occasionally cause the man mild to severe pain. Unfortunately, channels can open up through the granuloma, thereby creating a new passageway for the sperm and returning the risk of pregnancy. The chances of this happening, however, are minimal, and although a significant percentage of vasectomized men do develop these granulomas, most of them are totally unaware of their presence. Whether or not the appearance of granulomas has any effect on the subsequent success of a reversal is an issue which is under debate.

Before his vasectomy, Don had been counseled, both about the operation itself and the possible emotional and physical after-effects. At that time he was told that it was a permanent operation, as reversals are by no means predictably effective. Most counseling sessions cover in detail each step of the vasectomy, as well as stressing the need for contraceptive use until it has been determined through a lab test that all sperm are absent. Because of the uncertainty of reversal, no doctor should ever suggest vasectomy as a temporary form of birth control. We were extremely lucky, but there are

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Living with
CANCER

Richard Anthony: Lost his house but finally found a job – at one-third the pay.

Survivors work to
rid employers
of perception that
the disease affects
their performance

"But if I called and set up an inter-
view, they were always canceled a few
days later for various reasons," Antho-
ny said in an interview. "I suspect that
when they heard my voice, they real-
ized that I'd had a laryngectomy, and
they didn't want to hire me."

Last August, after a five-month
search, Anthony landed a job doing
clerical work and programming for the
nonprofit American Cancer Society in
Boston at a third of the $40,000 he
earned previously. He has lost his
house in Danvers, and he and his wife
are struggling to support themselves
and their daughter.

Although the Americans with Dis-
abilities Act of 1990 bars employers
with 25 or more workers from discrim-
inating against an applicant who has
had a serious illness, specialists say
many small and mid-sized companies
are still unaware of the measure, which
went into effect this year.

"The law may have had an immedi-
ate impact on the co-workers in the
work force, but there are still people
who continue to rely on their own in-
stincts and on stereotypes when it
comes to diseases like cancer. Some
employers are not even aware that that
kind of response is illegal," said Ellen
Stovall, executive director of the Na-
tional Coalition for Cancer Survivors
in Washington.

Although news that Boston lawyer
Paul Tongas is suffering from a recur-
rence of lymph gland cancer focused
attention on the impact a cancer diag-
nosis may have on a public-figure's life,
Cancer and surviving in the workplace

CANCER
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specialists say one of the biggest
problems cancer survivors face to-
day is workplace discrimination –
even though 51 percent of those with
a malignancy survive, according to
the American Cancer Society.

Tsongas, who ran unsuccessfully
for president, had suffered a local-
Earlier this month, after press re-
ports revealed that he had selective-
lly disclosed the 1987 recurrence,
Tsongas maintained all candidates
should disclose their medical back-
gounds. Fighting his second relapse
of cancer, Tsongas was admitted to
the Dana-Farber Cancer Institute
last week for treatment of an infec-
tion caused by chemotherapy.

A 1992 survey of 200 supervi-
sors by the nonprofit National Coal-
ition of Cancer Survivors in Wash-
ton found that 66 percent felt an em-
ployee with cancer could not per-
form his job adequately and 44
percent said a recent cancer dia-
gnosis would affect their decision to hire
an otherwise qualified job candidate.

And the American Cancer Soci-
ety reports that common misper-
ceptions that cancer is untreatable as
well as myths about the nature of
the disease cause many cancer pa-
tients to conceal their condition. For
small and mid-sized companies, mon-
ey is also a big factor. Because insur-
ance premiums are often based on
the actual health or medical experi-
ence of a firm’s employees, a single,
catastrophic illness could cause a
small company’s health insurance
premiums to soar. To avoid such
problems, the society says, some
smaller companies stay away from
hiring people who are perceived as
potential risks.

Tony Hammond, a policy re-
search actuary at the Health In-
surance Association of America, is criti-
cal of bias against cancer survivors,
but he said recently that while bas-
ing insurance rates on the amount of
illness a company’s employees have
had is socially unacceptable, it is also
“actuarially sound.”

“One cancer patient with
$300,000 in claims – somebody with a
bone marrow transplant, for exam-
ple – that person alone could escal-
ate insurance costs at a small firm.
Somebody has to pay for it,” Ham-
mond said.

Recognizing that small or mid-
sized firms might be leery of retain-
ing or hiring a person with a history
of an illness like cancer, 14 states
have either banned experience-ad-
justed insurance coverage or put
limitations on the amount of insur-
ance adjustments a group can have
because of its health experience.
In Massachusetts, for example, small
group health reforms enacted late
last year guarantee small businesses
group health coverage regardless of
the medical status of its employees.
In addition, premium increases are
capped. The law also guarantees
people with a catastrophic disease
such as cancer or AIDS medical
coverage.

Donald White, a spokesman for
the Health Insurance Association of
America, believes such laws will go a
long way toward easing corporate
fear of escalating health care costs.

“Once Massachusetts employers be-
gin to understand the new law, they
will realize that it’s bound to have an
impact on health care costs,” he said.
“Hopefully, instead of judging em-
ployees solely according to health
factors they will pay more attention
to the contribution a particular em-
ployee has made.”

The next step, advocates say, is
ridding the public – and employers –
of stereotypic notions concerning
cancer.

“People are living longer and
they are in remission longer, but
many corporations still relate to
them as if they have an incurable,
deathly disease. Plus, there are still
people who think cancer is conta-
gious,” said Pamela Narrett, a social
worker at Massachusetts General
Hospital who works with recovering
cancer patients.

Take the case of consultant Pa-
mela Onder.

Three years ago, Onder, 42, of
Bethesda, Md., learned she had de-
veloped breast cancer and immedi-
ately told her employer, a Washing-
ton consulting firm.

“My coworkers were terrific. The
problem was upper management.
They said, ‘You’ve got cancer. We
don’t anticipate your being able to
perform as well as you have in the
past. We don’t want you seeing cli-
ents,’” said Onder, co-founder of
the Breast Cancer Coalition, a national
women’s lobby for survivors of breast
cancer.

When radiation treatments be-
gan to affect her appearance, high-
level executives in the company be-
gan to avoid her. Onder’s hair began
to fall out and her already slender
frame grew thinner.

“Management felt I didn’t look
200 percent anymore so they told me
to stay in the office,” Onder said. “I
was thinner, paler and not the at-
tractive, blonde marathon runner I
had been. So, they brought in a guy
to take my place.”

Within weeks after she told her
employer about the cancer, Onder was
relegated to a small office, with
no staff or secretary. She continued
treatments and eventually had the
lump in her breast surgically re-
moved. When she returned to work,
her replacement excluded her from
executive-level meetings. Then, one
day he made it clear to Onder that
she had to report to him – even
though she was spending her days in
an empty office.

“I got so angry that I went up to
him and said: ‘Look, I didn’t have a
lobotomy. My brain is still intact. I
had a mastectomy!’ Then, I reached
in my blouse, took out the prosthesis
and threw it on his desk.”

In 1990, a year after she told the
company about her diagnosis, Onder
filed a lawsuit in the Superior Court
of the District of Columbia. Several
months later she received a job offer
from a competing firm and decided to
settle the case in return for sever-
ance pay. She also agreed not to di-
ujice her former employer’s name.

Today Onder is again battling
cancer. But her new employer is
standing by her. “My office is still
here and I’ve been told that they
want me back,” she said. “The re-
sponse has been ‘Pam, we’re not
hung up on your cancer. We care
about you.’”
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| 1109 MANCHESTER, ME               | 5883 | 1707 | 1613 | 4063 |
| 1125 MANCHESTER, ME               | 6893 | 1960 | 3204 | 1538 |
| 1124 MANCHESTER, ME               | 4526 | 1589 | 2700 | 1802 |
| 1126 ANDOVER, ME                  | 350 | 107 | 183 | 167 |
| 1128 BURLINGTON, ME               | 343 | 140 | 239 | 192 |
| 1122 BURLINGTON, ME               | 214 | 39  | 101 | 91  |
| 1131 EAST ANDOVER, ME             | 47  | 22  | 38  | 35  |
| 1135 FRANKLIN, ME                 | 460 | 454 | 525 | 551 |
| 1137 GILMANTON, ME                | 0   | 0   | 0   | 0   |
| 1243 HILL, ME                     | 96  | 38  | 65  | 54  |
| 1246 LAUNCH, ME                   | 2992 | 1245 | 1938 | 2050 |
| 1253 HERBERT, ME                  | 605 | 283 | 481 | 435 |
| 1256 NEW HAMPTON, ME              | 216 | 75  | 144 | 130 |
| 1267 NEW LONDON, ME               | 250 | 128 | 191 | 240 |
| 1268 GLOUCESTER, ME               | 119 | 51  | 87  | 79  |
| 1269 CARBON, ME                   | 255 | 47  | 197 | 188 |
| 1276 TILTON, ME                   | 981 | 460 | 546 | 525 |
| 1300 WASHINGTON, NH               | 98  | 28  | 56  | 37  |
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