INCISIONS

The following article was printed with permission from Vital Signs Bay Area, January 2003 edition.

The US Senate has a new majority leader, Bill Frist, who will be promoting new medical policies. He’s a doctor whose family played a role in founding HCA, the largest private chain of hospitals in the country. Frist personally raised more than a hundred million dollars for election campaigns, much of it from the medical-insurance complex.

Last year, he sponsored legislation that limited the legal liability for drug maker Eli Lilly and other manufacturers of a mercury-based additive to vaccines which is now linked to autism in children. He added it to the Homeland Security Act just after the election. Frist successfully blocked a strong patient’s bill of rights, stopped a Medicare prescription drug plan and promoted caps on awards to patients injured by managed care.

A report from Jamie Court of the Foundation for Taxpayer and Consumer Rights indicates Frist is expected to promote bare-bones insurance policies which do not pay for drugs, hospitalization, or maternity costs, and mandatory insurance laws which force people to buy an unaffordable, low quality product.

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CCMP Organizes Community Education on Chronic Diseases of Poverty

On January 22, 2003 Dr. Larry Cohen, a member of CCMP’s Board of Directors, presented a medical education and information session on “The Importance of Diabetic Foot Care” to a group of CCMP volunteers, patients, and interested community residents. At the session, Operations Manager Middy Mincer announced that this is the first in an ongoing series of presentations by medical professionals on health topics including diabetes, asthma, hypertension, tuberculosis and other chronic diseases of poverty.

This series of educational programs is being organized as part of CCMP’s commitment to the provision of preventive health care as a key part of alleviating the health care crisis for the working poor and low-income workers in the metropolitan area who experience a higher incidence and more serious effects of common, treatable health problems due to economic conditions under which they live and work.

“The information gotten out to people in these presentations can save lives,” stated Gloria Lewis, building coordinator for Flatbush Church of the Redeemer located at the corner of E. 23rd St. and Foster Avenue in the East Flatbush area of Brooklyn which is hosting several of the sessions. “More people are losing access to health care, and managed care policies often limit the amount of time a doctor can spend with their patients during an appointment to answer questions and provide adequate patient education. These information sessions provided by CCMP are such an important opportunity for anyone interested in being well-informed about their own and the family’s health needs to learn more about how to prevent, treat and control many health problems. It

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Opinion-Editorial

A World of Their Making

By Dr. Eugene A. Paul

As the United States prepares to extend its war against the Iraqi people which it started over a decade ago, the American public is also being psychologically primed for the possibility, however remote, of a biological response to this and other acts of aggression (A.K.A. preemptive strikes) which it is planning. All of these plans euphemistically go under the heading of the “war on terrorism.” Last year there was an interesting “coincidence” between the timing of the anthrax letters sent to members of Congress, Supreme Court, media and the efforts to push the USA Patriot Act through the Congress. No doubt members of Congress might have had difficulty voting against such a piece of legislation while feeling themselves under personal attack. This year we are increasingly being prepared for the possibility of widespread smallpox exposure. In response to this alleged threat, the Bush administration has announced its plan for resuming vaccinations. Initially the plan is to vaccinate just two groups: 510,000 military troops geared for war in Iraq and 300,000 health-care workers. In December 2002, Bush announced that the vaccine will be made available to all Americans on a voluntary basis starting in 2004.

As alluded to in the previous issue of Vital Signs (see “Managed Fear” Fall 2002, page 3) when fear increases, whether of a disease or acts of terrorism, so will the demand for presumed remedies. In previous issues of this publication, we have also spoken of how the pharmaceutical companies benefit from this programmed sense of terror. As the manufacturers of the antibiotic Cipro, Bayer benefited from the anthrax scare. Cipro is only one of several drugs presumed to be effective against this infection but the impression was created that it was “the” treatment for anthrax and, as a result, several pharmacies couldn’t keep enough of the drug on the shelves. With the growing concerns about smallpox, beneficiaries include Aventis-Pasteur who was reportedly stockpiling the vaccine; Wyeth, from whom 15 million doses is scheduled to be ordered by the US government imminently; and Acambis and Baxter, who are in the process of manufacturing two new versions of the vaccine. Concerns about bioterrorism have stimulated the demand for other vaccines. A vaccine against Ebola virus is set to begin development this year and according to the National Institute of Allergy and Infectious Diseases multimillion dollar contracts for developing a new anthrax vaccine has been awarded to two companies.

So as not to take anything for granted, a few basic words about the latest scare and “remedy” would be in order at this point. Smallpox is an infectious disease caused by the Variola virus. The disease has been known to humankind at least since around 1200 BC and was written about extensively by the Persian physician, Rhazes, in the 9th century AD. The disease is transmitted by the respiratory route (similar to TB) and common signs and symptoms include head and backache, high fever and a characteristic rash, more severe on the face, arms and legs. In order to survive, the virus has to be spread continually from person to person and because of this some historians have speculated that the disease actually emerged after the first agricultural settlements in around 10,000 BC. No specific treatment was available and by the 18th century, the disease was killing an estimated 400,000 Europeans each year and was responsible for 1/3 of all cases of blindness. In the early 20th century, 5-15% of the people on the continent of Africa died from the disease. Since transmission from the infected person to contact was essential to survival of the virus, managing the disease was centered around isolating the patient and vaccinating the contacts. British physician Edward Jenner was credited with the development of the vaccine in 1796. By the 20th century vaccination programs were in effect in virtually all infected countries and the disease was declared Continued on page 14
Public Health Crisis in the Low-Income Community: Domestic Mercury Poisoning

By Arnold Wendroff, Ph. D.
Mercury Poisoning Project

Mercury metal (elemental mercury) is a potent neurotoxin, similar to lead in its deleterious effects on the developing brain. It is volatile at room temperature and inhaled vapor is readily absorbed. Mercury (azogue, vidajan, quicksilver, respectively in colloquial Spanish, Haitian Creole and English) is put to a variety of ritualistic uses in Caribbean and Hispanic religious and folkloric traditions including Espiritismo, Obeah, Palo Mayombe, Santeria and Voodoo, where it is generically believed to attract good and repel evil. Many if not most of these uses involve exposing mercury to indoor air, where it releases toxic mercury vapor.

Mercury for folkloric or spiritual use is sold by botanicas and religious stores found in Caribbean and Hispanic neighborhoods. The domestic (as opposed to industrial) level of concern for domestic mercury vapor exposure is between 0.2 and 0.3 micrograms of mercury per cubic meter of air. The evacuation level for domestic mercury vapor contamination is 10 micrograms per cubic meter. These levels are easily attained by simply breaking a clinical thermometer in a small room. The mean weight of mercury in a clinical thermometer is just 0.7 grams, whereas the mean weight of mercury sold by botanicas is some 10.0 grams.

When a person inhales mercury vapor, about 80% of it is absorbed, enters the blood, and circulates throughout the body, where it passes through the blood-brain barrier. In pregnant or nursing women, it enters the placenta, and is excreted in breast milk. It differentially affects the developing brain, and so fetuses, nursing infants and small children are at special risk for permanent behavioral, and learning disabilities (similar to those caused by lead), from early mercury exposure.

The most problematic and apparently one of the most common modes of domestic mercury use is to sprinkle it on floors of homes and in motor vehicles. When this occurs, the mercury not only is irretrievable, but is broken up into tiny globules, enormously increasing its surface area and hence the amount of mercury vapor released into the air in a given period of time. The mercury is very dense, and sinks into porous surfaces such as carpeting, cracks in wood, tile, and linoleum flooring, and even concrete. Under these circumstances, mercury can remain in a floor for a decade or so, continually releasing neurotoxic — i.e., brain-damaging — levels of mercury vapor into the room’s air.

Occupants of a dwelling where some previous occupant has spilled mercury on the floor have no means of knowing that their home is contaminated. The mercury droplets in the flooring or furnishings are generally too small to be seen, and mercury vapor is colorless and odorless. It can only be measured by special (and expensive) mercury vapor analyzers, operated by trained technicians. Evidence suggests that due to the volume of past mercury sales by botanicas in New York City and elsewhere, coupled with the extreme persistence of mercury spills, that many tens of thousands of homes in New York City alone are contaminated with developmentally neurotoxic levels of mercury vapor.

The New York City Department of Health (DOH) has been aware of botanica mercury sales and ritualistic mercury use since 1989. They have long known that virtually all mercury sold by botanicas is devoid of any labeling whatsoever, and hence is in violation of the labeling regulations for toxic substances mandated by Article 173 of the City’s Health Code. The DOH has failed to enforce these labeling regulations designed to inform the public of mercury’s toxic effects. The same is true of the U.S. Consumer Product Safety Commission, whose Federal Toxic Substances Act regulations, with similarly stringent labeling requirements have been flouted for over a decade with no substantive enforcement, investigational, or outreach efforts to protect the

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affected communities of color from being exposed to mercury vapor in their homes.

Although various government agencies have oversight of these toxic mercury exposures, there has until recently been little substantive effort to either investigate them, or to prevent them. This sad state of affairs seems to be changing. The New Jersey Department of Environmental Protection has just released a report of investigations of mercury vapor levels in public hallways in Hispanic multi-family housing which found several instances of highly elevated mercury vapor levels likely to be associated with ritualistic mercury contamination of apartments. The Centers for Disease Control and Prevention is about to begin an investigation of urine mercury levels of 500 Hispanic children in the Bronx and in Chicago. The EPA has just released the report of its Ritualistic Uses of Mercury Task Force, available at www.epa.gov/mercury/

There is an urgent need to inform the members of potentially exposed communities (primarily Caribbean and Hispanic), to make them aware that their dwellings may have been contaminated with mercury due to their own in-home practices, or, more likely at this time, by some prior occupant’s practices. It is equally if not more important to alert health care providers serving these communities to be aware of these domestic mercury exposures and of their signs and symptoms, so that they may correctly detect and diagnose them. We have a probable longstanding but undetected epidemic of neuro-developmental deficits and other renal, cardiac and immunological disorders associated with early and chronic exposure to mercury vapor.

Pregnant women and children living in suspect housing should be tested for excess mercury levels, generally using a urine mercury analysis. Housing should be tested for elevated mercury vapor levels. The New York City Housing Authority has been notified of the likelihood that many of its apartments are contaminated with mercury. To date they have refused to implement a mercury testing program, although they do test their rental units for the presence of lead and asbestos. We have also informed The Department of Housing and Urban Development of the mercury problem, and HUD is currently debating what course of action to take.

Official Inertia

Why has so little been done to address as obvious a public health issue as this one? Because of the politicians in power using the pretext of ‘political in-correctness’ by admitting that in some communities, religious and cultural practices contaminate dwellings and their occupants with toxic levels of mercury as the excuse for not spending any money on the health problems of low-income people. Unlike the case of pediatric lead poisoning, where the landlord, industry, or government is directly to blame, in this instance it is members of certain racial and ethnic minorities who have, in ignorance, toxified their own environment and their own bodies. But that is hardly the point. The point is that we have a public health problem of potentially enormous and irreversible proportions and blame-setting is irrelevant. We need action, and a solution, from a government which takes responsibility for the health and welfare of its people.

Elected officials and members of the environmental and public health establishment alike have refrained from addressing this issue for fear of the enormous sums that need be expended to assess and clean up mercury-contaminated homes — low-income homes. They pretend to fear antagonizing Caribbean and Hispanic voters, or insulting someone’s cultural mores.

Some government agencies and so-called community organizations who feed from the government trough would like to address this issue with educational campaigns to encourage ‘responsible’ mercury use. However this approach ignores the hard-won lessons learned from pediatric lead poisoning prevention, where not only were lead-based products banned from homes, but ongoing programs of blood lead surveillance

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Supports CCMP’S STRUGGLE FOR COMPREHENSIVE HEALTH CARE
and lead paint abatement were implemented. Similar clinical and environmental assessment and environmental decontamination programs are required to prevent maternal-fetal and pediatric mercury exposure from mercury vapor emissions from floors of previously contaminated dwellings.

Communities ignoring domestic mercury contamination for the sake of political expediency condemn their most vulnerable members to further brain-damaging mercury exposure.

Editor's note:
Dr. Wendorff is a Brooklyn-based medical sociologist whose work on behalf of poor and working people from Manhattan to Malawi has been tireless and often uncompensated. He inspired the Mercury Poisoning Project, and in the course of it he has personally contacted literally scores of government agencies in his efforts to get official addressment to the domestic causes and effects of mercury poisoning in our low-income and immigrant homes and communities.

Dr. Wendorff has given testimony and lent his considerable research on mercury poisoning to officials and scientists in Florida, Illinois, California, Connecticut and New Jersey, in addition to New York. When Vital Signs asked Dr. Wendorff just how many official agencies at city, state and federal level he had informed and alerted about this problem, he said he was not sure, but since the inception of the Project he has kept a log book of his transactions and communiques with them, and he is now on page 1,293 of that log book.

We asked Dr. Wendorff how, in his view, people became so fascinated by mercury that they would assign it supernatural powers. He told us that after the arrival of the conquistadors in the New World, that the Spanish established slavery and then built up an infrastructure for mining interests using those slaves. The mining process was carried out by the slaves panning for gold (and silver) over pans of mercury, because the mercury “attracted” the precious metals, and perhaps this property was attributed to a magical power. The Spaniards also treated their syphilis with mercury, often by mixing it with a fat and rubbing it on themselves. The treatment apparently abated some of the disease’s symptoms but is probably also the reason why tertiary syphilis was believed responsible for mental derangement. As we now know, mercury is a neuro-toxin.

CCMP welcomes Dr. Wendorff to our fight for comprehensive health care for all people, and to our unceasing demand for government accountability for the health and welfare of its people.

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A New Orleans doctor, William St. John LaCorte, who admits and treats patients in hospitals and nursing homes in that area, has filed suit against Merck & Co., the maker of Pepcid, for alleged Medicaid fraud. He said in the lawsuit that Merck had put in place a policy of selling Pepcid to hospitals and other health care institutions for about 10 cents a tablet, while charging as much as $1.65 a tablet to Medicaid and other government health care programs. Medicaid's reimbursement standard is that the pharmaceutical companies must charge the lowest price that a "prudent and cost-conscious buyer would incur."