

# Public Health Views... and News

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**Medical Director for the  
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Community Health Agency**

### **Editorial**

Lack of access to health and dental care is a major problem not only in our area, but in the nation as a whole. The problem is due to high cost of health/dental insurance and the inability of many to pay out-of-pocket health care costs when underinsured. Spiraling health costs are forcing employers to cut or eliminate health insurance benefits for their employees. The cost of an illness, especially one that requires hospitalization, can drive many into bankruptcy. Governmental health insurance for the poor (Medicaid) is being diverted to cover nursing home housing costs for the elderly. Despite the huge financial outlay by the State, the Medicaid payments available to providers of healthcare are grossly insufficient. Many physicians refuse to accept Medicaid patients for this reason.

Currently, more than 1 million Michigan residents are estimated to be without health insurance. Millions more have inadequate

coverage. There has been no effective control over the inflationary cost of health care. Private insurance plans have attempted to do this with “managed care” but the theory is flawed and the effect only temporary. We have seen the recurrence of “double digit” inflation in health costs, whereas inflation overall has remained at 3-4%. Health expenditures for the rich and well insured are often wasteful of resources, whereas the poor and underinsured very often go without essential care and preventive services.

Dental care is a division of health care. A recent (2005) study sponsored by the Sturgis Foundation involved 9th grade high school students attending Three Rivers and Sturgis high schools. The study demonstrated a significant disparity in dental health in this population. Also found was a disparity in preventive dental care (sealant application) based on income level and race. Poor access to dental care mirrors the problem of overall healthcare access.

About 10% of families in the Tri-County area are living in poverty.

Minority populations are increasing – Sturgis 17.8%, Three Rivers 16.5%, Coldwater 8.5%, and Hillsdale 5.8%. Employers are cutting health benefits to keep up with global competition. Access to health care is worsening as the number of uninsured rises in our area.

Your governmental public health agency (Branch-Hillsdale-St. Joseph Community Health Agency) is responsible for defining health problems and developing interventions. The Community Health Agency has been instrumental in setting up the new Community Health Plan to partially address the issue, but the plan does not provide hospitalization coverage or other benefits provided by basic insurance plans. The health department provides immunizations for the poor, but universal immunization and preventive services are needed for everyone. Provision of cost effective health care services (including dental care) for the entire population is a public health intervention needing priority attention.

Health benefit cost control and universal insurance would not only keep us healthier but also bolster the local economy. We have an obligation to each other to provide care for our sick and likewise assure universal access to essential preventive care. Universal health care coverage should be adequate but not wasteful of resources. Universal insurance should come with laws limiting medical malpractice suits because people would no longer be at risk of impoverishment by serious illnesses.

One model for universal insurance coverage is quite logical but has been strongly

opposed by the established insurance and drug interests. This model is “a single insurance agency” - the government - acting through selected private insurers to pay all health claims. The provision of health benefits would be taken away from businesses and guaranteed to all by the government. Persons over 65 could stay on Medicare until a transition occurred. A graduated tax to pay for nursing home care of the elderly could be included; this would result in more Medicaid money transitioning for health costs.

This plan should result in cost containment for government *and* for businesses and should improve the public health in our locality. The outlay in additional taxes would be offset by less out-of-pocket health costs. Expenditures by businesses for the plan would be controlled and sustainable. This could spur economic development in the area. Physicians and hospitals would be helped with easier budgeting, billing and collecting. Public health clinics (immunizations, family planning, BCCCP, etc.) could be augmented by care given by one’s private physician. All persons rich or poor would be covered by insurance. Public health efforts could be redirected toward controlling disease outbreaks, improving the environment, and studying the community to uncover health risks and lead efforts to make us healthier.

The local medical, dental, and governmental agencies should cooperate to insure that value is being obtained for the health care dollar spent. The government should have oversight but negotiate with physician and dental organizations to set reasonable fees and monitor

unnecessary, overly expensive or experimental services. Prescription drugs for the universal plan could be governmentally purchased in bulk bargaining for the best prices. Additional coverage for special services (cosmetic surgery, private rooms, extra days in the hospital, unproven therapies, etc.) could be obtained by purchasing additional private insurance.

Some of us don’t trust “big government”. Perhaps here in southwest Michigan we could come up with a plan in which smaller governmental units would be involved in demonstrating the benefits of truly universal health insurance. Trust, vision, and hard work by the medical, dental, and governmental powers would be required to launch such an effort. One thing would be for sure; the rest of the country would be watching us to see if our model would fit the country as a whole. Events seem to be coalescing to demand a bold new health insurance plan for Michigan and the country as a whole. Action is needed now.

### **Storm Front**

With the advent of spring, we enter into the Tornado season once again. Already in many parts of the country we have had



reports of deaths, injuries, and property damage from

these storms.

If you don't regularly watch or listen to the weather report, but strange clouds start moving in and the weather begins to look stormy, turn to the local radio or television station to get the weather forecast. Check The

Weather Channel for additional information, or if you have trouble getting up-to-the-minute forecasts on a regular radio, then a "NOAA weather radio" is a wise investment.

If a tornado "**watch**" is issued for your area, it means that a tornado is "possible."

If a tornado "**warning**" is issued, it means that a tornado has actually been spotted, or is strongly indicated on radar, and it is time to go to a safe shelter immediately.

Be alert to what is happening outside as well. Here are some of the things that people describe when they tell about a tornado experience:

- A sickly greenish or greenish black color to the sky.
- If there is a watch or warning posted, then the fall of hail should be considered as a real danger sign. Hail can be common in some areas, however, and usually has no tornado activity along with it.
- A strange quiet that occurs within or shortly after the thunderstorm.
- Clouds moving by very fast, especially in a rotating pattern or converging toward one area of the sky.
- A sound a little like a waterfall or rushing air at first, but turning into a roar as it comes closer. The sound of a tornado has been likened to that of both railroad trains and jets.
- Debris dropping from the sky.
- An obvious "funnel-shaped" cloud that is

rotating, or debris such as branches or leaves being pulled upwards, even if no funnel cloud is visible.

- If you see a tornado and it is not moving to the right or to the left relative to trees or power poles in the distance, it may be moving towards you! Remember that although tornadoes usually move from southwest to northeast, they also move towards the east, the southeast, the north, and even northwest.

Most importantly have an "emergency kit" in your tornado shelter area. Besides the food and water items usually found in the kits, it is suggested that you include basic tools such as a hammer, pry bar, screwdrivers, and other items. It is good to take your cell phone into the shelter as well in case you become entrapped.

The key to all preparedness activities is being alert to the changes in your environment.

### **New Vaccine**

In June, 2006, the FDA announced the licensure of Gardasil, the first vaccine for the prevention of cervical cancer, abnormal and precancerous cervical lesions, abnormal and precancerous vaginal and vulvar lesions and genital warts. Gardasil is a recombinant vaccine and is effective against HPV types 6, 11, 16 and 18, and is approved for use in females ages 9-26 years.

HPV is the name of a group of viruses that includes more than 100 different types. More than 30 of these viruses can be passed

from one person to another through sexual contact. For most women, the body's own defense system will clear the virus and they don't develop health problems. However, some types can cause cervical cancer or abnormal cells in the lining of the cervix that can sometimes progress to cancer. Other types are a major cause of genital warts.

For women who do develop cervical cancer, HPV is generally the root cause. In 2006, it is estimated that there will be 9,710 new cases of cervical cancer and 3,700 deaths attributed to it in the United States.



HPV is the most common sexually transmitted infection in the United States. The Centers for Disease Control and Prevention (CDC) estimates that about 6.2 million Americans become infected with genital HPV each year and that over half of all sexually active men and women become infected at some time in their lives.

This new vaccine is effective against HPV types 16 and 18 which cause approximately 70% of cervical cancers, and against HPV types 6 and 11 which cause approximately 90% of genital warts.

Gardasil is expected to prevent up to 70% of cervical cancers, because they are due to HPV types against which the vaccine is directed. However, women would not be protected if they have **already been infected** with the HPV types(s) that are covered by the vaccine prior to vaccination.

Gardasil is given as three injections over a six-month

period; the first dose is given at an initial time selected by the vaccine recipient and her healthcare practitioner, followed by another dose 2 months later, and the third and last dose, six months after the first dose. The vaccine is administered intramuscularly in the upper arm or thigh.

Now that the vaccine has been licensed, CDC's Advisory Committee on Immunization Practices (ACIP) will discuss Gardasil at its June 29, 2006, meeting and make recommendations concerning its use.

For more information on Gardasil, including contraindications, cost, possible use for males and safety evaluations, visit the CDC web site at [www.cdc.gov](http://www.cdc.gov) or the U.S Food and Drug Administration at [www.fda.gov/default.htm](http://www.fda.gov/default.htm)

### **Simulated Attack**

On May 17, 2006 the Branch-Hillsdale-St. Joseph Community Health Agency in conjunction with St. Joseph County Emergency Management conducted an Emergency Preparedness exercise. This exercise also involved many of our community partners including the American Red Cross; St. Joseph County United Way; St. Joseph County Sheriff's Office; Centerville Schools; Sturgis Police Department; Sturgis Fire and Rescue; Three Rivers Ambulance and Fire Department; County of St. Joseph; Sturgis Hospital; Three Rivers Health; St. Joseph County Medical Control; Life Care Ambulance; Michigan State Police (EMD as well as the local Post Commander); Department of Human Services, and St. Joseph County 911. The exercise

involved many phases of emergency planning as well as the execution of several emergency functions of the various agencies involved. The scenario involved a deliberate biological attack on merchandise within several food and department stores located in St. Joseph County. Anyone who may have been in the stores, and more especially anyone who had purchased items from the stores, could possibly be affected by the disease that was spread. As is the nature of biological attacks, this one went unnoticed until someone became ill. The resulting investigations closed the stores in question and left open the possibility for thousands of residents and visitors to have become infected. One of the goals of this exercise required the Community Health Agency to practice activation and delivery of the Strategic National Stockpile of medicines from the CDC. Both the transportation and dispensing of these pharmaceuticals was practiced. Students from Centerville High School were our willing "victims" and went through the Dispensing Site at the St. Joseph County Fairgrounds. Some of the "victims" were given their medications straight away as they showed no signs of exposure to the disease, or had no medical history which would prevent their taking the medicine. Others were screened by a competent staff of doctors and nurses to determine the proper medication for them to receive. All "medications" were in the form of candy or raisins for this simulation. The objective of this portion of the exercise was to determine the most efficient site designed to move the largest amount of persons through in the least amount of time. All in all it was a great exercise and a good learning experience for those

involved. Lessons learned will be applied to our future planning and upcoming exercises. Stay tuned Hillsdale, you're!

### **West Nile Returns**

Researchers this month have positively identified the state's first bird infected with the West Nile Virus (WNV). The crow, found in Muskegon County, was collected earlier this month and tested positive for WNV at Michigan State University's Diagnostic Center for Population and Animal Health.

In 2005, Michigan experienced a higher than average WNV year, with 62 reported cases and four deaths. Last year, a total of 131 birds statewide tested positive for WNV, and 13 horses across the state also tested positive for the illness.

Most people bitten by a WNV infected mosquito show no symptoms of illness.

However, some become sick three to 15 days after exposure.



Persons aged 55 and older are more susceptible to severe WNV disease symptoms. Physicians are urged to test patients for WNV if they present with fever and signs of meningitis or encephalitis, or sudden painless paralysis in the absence of stroke in the summer months. For more information about WNV, including a fact sheet and a map of statewide WNV activity visit our web site at: [www.bhsj.org](http://www.bhsj.org)

Or you can visit the State Health Department web site Emerging Diseases page at:

[www.michigan.gov/emergingdiseases](http://www.michigan.gov/emergingdiseases)