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Undernews For July 29, 2009

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Column: Undernews

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Since 1964, the news while there's still time to do something about it

THE PROGRESSIVE REVIEW

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29 July 2009

PUTTING MONEY BEFORE MEDICINE

Sam Smith - One of the reasons the Democratic health care plan is so controversial is because the party and its president want to use corporate economic principles to decide how healthcare should be distributed.

The problem with this is that human beings are not corporate structures. They have souls, loves, hopes, imaginations - not to mention friendships and relationships - that can not be priced or measured for cost effectiveness.

The Democrats are, admittedly, late comers to the terminally sick principles of longevity economics. After all, they had to overcome all those centuries of theologians and philosophers, not to mention their own liberal forebears, who taught us to value life without putting a dollar amount on it. And they had to ditch their own traditional principles, including the one that said that each of us should be equal to all the others.

But that was before the bipartisan fiscal disaster with which we are now faced. And so on one recent week, the Democrats in the Senate rejected three Republican attempts to bar the rationing of care under the new health bill.

The Democrats have belatedly lopped onto a theory that includes the notion of a "quality adjusted life year." As Wikipedia puts it, "The quality-adjusted life year is a measure of disease burden, including both the quality and the quantity of life lived. It is used in assessing the value for money of a medical intervention. The QALY

model requires utility independent, risk neutral, and constant proportional tradeoff behavior. The QALY is based on the number of years of life that would be added by the intervention. Each year in perfect health is assigned the value of 1.0 down to a value of 0.0 for death. If the extra years would not be lived in full health, for example if the patient would lose a limb, or be blind or be confined to a wheelchair, then the extra life-years are given a value between 0 and 1 to account for this."

I have a little experience with this. Sixteen years ago I came down with prostate cancer. The web was in its infancy, but I still managed to pull down data from various sources and construct myself a flow chart that analyzed the advantages and disadvantages of various approaches. As I did so, I realized that the math would only take me so far. In the end, I settled on surgery, not because it was definitely the best solution, but because it was the best one I could best live with.

If I had, for example, taken the watch & wait approach, there might have been one of two results: the cancer might have increased, perhaps to the point of it becoming far more serious, or I could have lived with sixteen years of constant, unnecessary worry because that's the sort of guy I am.

Things like worry, or a disease's affect on others near to the patient, don't enter quality life calculations. And there are other problems, well summarized in 1990 in the abstract of an article by John La Puma and Edward F. Lawlor in the Journal of the American Medical Association:

"Quality-adjusted life-years have been used in economic analyses as a measure of health outcomes, one that reflects both lives saved and patients' valuations of quality of life in alternative health states. The concept of "cost per quality adjusted life year" as a guideline for resource allocation is founded on six ethical assumptions:

- quality of life can be accurately measured and used
- utilitarianism is acceptable
- equity and efficiency are compatible,
- projections of community preferences can substitute for individual preferences,
- the old have less 'capacity to benefit' than the young
- and physicians will not use quality-adjusted life-years as clinical maxims.

"Quality-adjusted life-years signal two shifts in the locus of control and the nature of the clinical encounter: first, formal expressions of community preferences and societal usefulness would counterbalance patient autonomy, and second, formal tools of resource allocation and applied decision analysis would counterbalance the use of clinical judgment.

"These shifts reflect and reinforce a new financial ethos in medical decision making. Presently, using quality-adjusted life-years for health policy decisions is problematic and speculative; using quality-adjusted life-years at the bedside is dangerous."

The Democrats claim they won't be rationing anyone, but the minute budgets take precedence, rationing is only a short distance away. What, for example, if I had come down with prostate cancer after the bill was passed? And what if surgery in my case was permitted but only with a payment equal to a small fraction of the cost? On the other hand, what if watch & wait was the approved method and fully funded? Which would I take and who would have then done a cost effectiveness study of my 16 years of worry? And what role would my doctor play in all of this?

I know I'm sharing political ground with the conservatives on this one. But it's not my fault that Obama and the more powerful Democrats are acting like a bunch of money grubbing corporate CFOs while some Republicans are playing a role normally associated with progressives, which is to say that you don't discriminate against people because they are too something . . . in this case too old or too sick to pass a cost effectiveness test.

But these are crazy times and I'm at least happy to still be around to bitch about them thanks to the fact that sixteen years ago my doctor and I were able to make a decision based on our choice and not what on what some group of government experts thought was best for me and next year's budget.

THE BACK STORY

[Heritage Foundation](#) - Comparative effectiveness research, which is research that compares the clinical and/or cost-effectiveness of two health care treatments for the same condition, has been a contentious topic since the giant stimulus bill provided government agencies with \$1.1 billion to conduct it. The Kennedy bill includes an increased role for CER. How this language is to be interpreted is crucial.

There is nothing wrong, of course, with finding out what works and what doesn't. The key issue is the consequence of the research findings for patient care, and whether those findings come with any regulatory or reimbursement strings attached to them. If CER can be used by the government to make payment, treatment, and coverage decisions, it could also be used as a rationing tool. Recently, the Senate Committee considered and rejected three amendments that were designed to prevent CER from becoming any such thing.

As The Washington Post pointed out on June 8th, one of the key issues emerging in the national health care debate is whether or not there will be official limits on the kinds of care, medical treatments, or procedures that Americans can get. As The Post reporter noted, when asked a specific question on this issue, the President failed to respond.

The President has stated, repeatedly, that if you enjoy your relationship with your doctor, his proposals would not interfere with that relationship. However, if CER becomes a pretext for rationing, government policy would, in effect, destroy the doctor-patient relationship. It would not only devalue a physician's professional judgment in a particular case, it would also amount to a violation of the traditional Hippocratic Oath. The traditional Oath, after all, holds that the doctor is a servant of the patient.

Heritage Foundaton, December 2008 - During the presidential campaign, Obama proposed the creation of an institute that would judge the "comparative effectiveness" of medical treatments, procedures, and therapies, as well as drugs, devices, and technologies. Baucus has also called for the creation of such an institute. More recently, Daschle outlined in much greater detail a similar proposal for a congressionally created Federal Health Board modeled on the Federal Reserve Board, with a governing body of politically appointed experts but "insulated from politics."

In Daschle's version of this new public agency, its "experts" would "oversee the health care industry" and have the knowledge and power to make "complicated medical decisions and the independence to resist political pressures." Additionally, these government experts would "help define evidence-based benefits and lower overall spending by determining which medicines, treatments, and procedures are most effective--and identifying those that do not justify their high price tags." This means denying payment. The health board would also:

- Set the rules for health insurers who would participate in a national health insurance exchange and recommend benefits coverage, including drugs and medical procedures backed by "solid evidence";
- "Rank" therapies and medical services based on their cost effectiveness;

- Suggest priorities for medical research;
- "Align incentives with the provision of quality care," as defined by the health board, through Medicare-style "pay for performance" rules for doctors and other medical professionals who comply with government practice guidelines.

Daschle is frank and forthright about the enormous power of his proposed Federal Health Board. Such a body, he admits, would alter the traditional doctor-patient relationship. "Doctors and patients might resent any encroachment on their ability to choose certain treatments," he says, "even if they are expensive or ineffective compared to the alternatives."

[Jeffrey Lord, American Spectator](#) - So. Who will tell Michael J. Fox he needs to die?

Which health care mouse out there will have the guts to bell the cat who is one of the most famous Parkinson's Disease sufferers in America? Who is going to tell him that the treatments that are associated with Parkinson's -- drugs like Sinemet, Symmetrel, Eldepryl, Parlodel, Permax, Mirapex, Requip, and surgery with the quaint name "deep brain stimulation" -- are just no longer possible for Fox because, well, Mike, your QALY just isn't up to snuff, babe. . .

Elizabeth Taylor. La Liz. Born in 1932, her age alone raises the appropriateness question She's had more health problems than husbands, as one BOD Squad staffer apparently scribbled on a report. Are you kidding? The Secretary of the Department (known internally as the SOD BOD) was furious to see what the American people had been putting up with from this woman: Congestive heart failure, a benign brain tumor, skin cancer, a back five-times broken, both hips replaced, bouts with pneumonia, osteoporosis and scoliosis. In the succinct observation on her leaked file: "Toast." Say hello to Jacko.

David Letterman: A quintuple bypass was given to Dave. That was under the old pre-Obama system and it won't be allowed again. Dave's QALY is nowhere near that of a healthy teenager who might have a case of pneumonia that is cheaper to treat and not likely to recur. . .

Patrick Swayze: As this is written, the National Enquirer is on the stands proclaiming this famous cancer victim has had a heart attack. According to news accounts, Swayze has been undergoing "pioneering Cyberknife radiotherapy at California's Stanford University Medical Centre." Cool. But alas this kind of thing doesn't meet the BOD Squad standards for appropriate or effective treatment. . .

Magic Johnson: Eighteen years ago, the legendary Los Angeles Lakers star had to quit because he contracted the AIDS virus. He is still here, healthy and active at 50. The problem: every day Magic has to swill a "multidrug cocktail" of GlaxoSmithKline's Trizivir and Abbott's Kaletra to keep himself healthy. . .

Larry King: CNN's talk star suffered a heart attack in 1987 and had quintuple bypass surgery. . . Who cares if Larry has a Foundation? Do we really need more heart attack books? Sorry Larry, if the BOD Squad had been here in 1987, you wouldn't be. . .

Regis Philbin: Regis had a triple-bypass at 75 years of age, after having an angioplasty fourteen years earlier. Seventy-five? Whoa. There's no QALY statistic in the world that will say these resources were better used on Regis than on some 21-year-old. Regis, buddy. What were you trying to pull? . . .

[Melinda Beck, Wall Street Journal](#) - As lawmakers battle over how to expand coverage for more Americans and how to pay for it, an equally contentious issue is looming: Many experts, doctors and politicians want to revamp the U.S. health-care system to reward the quality of care. That's a big departure from the decades-old practice of paying medical practitioners for the quantity of services they provided. It could mean fundamental changes, philosophically and practically, to a system that has long allowed doctors great leeway to use their own medical judgment and has given many patients the luxury of not having to make treatment decisions

based on cost. . .

The government is making a big push for data that compare which treatments, tests, drugs and procedures work for a wide variety of conditions, known as comparative-effectiveness research. Experts inside government and out have been slowly collecting such information for years, much of it under the auspices of the federal Agency of Healthcare Quality Research, or AHRQ. This spring, Congress allocated \$1.1 billion in stimulus funds for the effort, and the government's influential Institute of Medicine recommended 100 health topics that should get priority attention, from remedies for back pain to preventing falls in elderly.

Many doctors welcome the information as a way to inform their own decision making, assist patients who want to research their own conditions and help counter the power of pharmaceutical marketing to drive medical choices. A coalition of 62 medical associations has endorsed the comparative-effectiveness effort, noting that in some cases, such research could help identify high-quality, low-cost treatments, and in others, it could help persuade payers and providers that expensive new technology is worthwhile.

Some doctors say the government must be wary of drawing broad conclusions for large groups of patients. "If they are going to establish that prostate cancer grows so slowly that few men will die from it and therefore screening is not helpful, that would be a devastating situation for a lot of men," says David Samadi, who performs robotic surgery at New York's Mount Sinai Medical Center. He notes that 27,000 U.S. men die each year from prostate cancers, some of which are aggressive.

Elizabeth Lee Vliet, a women's health physician in Tucson, Ariz., notes that much medical data don't differentiate between women's and men's genetic and hormonal makeup. She points to the conclusions initially drawn from the Women's Health Initiative, which prompted millions of women to stop taking hormone-replacement therapy, even though later analyses found that HRT was a net gain for women who started shortly after menopause. . .

Conservative critics fear that comparative-effectiveness research, also known as evidence-based medicine, will ultimately be used to justify rationing health care-and that the elderly could be most vulnerable. Under the U.K.'s single-payer system, the National Institute for Health and Clinical Effectiveness makes coverage decisions based on "quality-adjusted life years"- taking into account a patient's life expectancy. . .

As it is, Medicare rates are set by Congress and are subject to intensive lobbying every year. New treatments that provide a "net value" are approved without regard to cost. . .

HEALTHCARE CONT'D

[Ralph Nader](#) - At a meeting on July 7 at the White House between drug company executives, Obama's chief of staff, Rahm Emanuel, and Senate Finance Chairman Max Baucus (D-MT), the industry, according to The New York Times, was promised that the final legislative package would not allow the reimportation of cheaper medicines from Canada or other countries even if they meet our drug safety standards.

Since these industry meetings at the White House are private, no one knows how many other concessions were made. What is known is that Barack Obama knows better. A former supporter of single payer health insurance (often described as full Medicare for all with free choice of physician and hospital and the elimination of hundreds of billions of dollars of corporate administrative costs and billing fraud), then-Illinois state senator Barack Obama predicted, in 2003, that it would be enacted once Congress and the White House were controlled by Democrats. Well, that is now the situation, but, as President, he believes single payer is not "practical". . .

Fuzzy proposals, regularly altered and over-complicated due to the hordes of avaricious corporate lobbyists, make politicians like Obama very susceptible to lurid descriptions and lies by his vocal, well-insured

opponents. . .

John Geyman, Physicians for a National Health Plan - Medicare on its 44th birthday is remarkably successful. It's the one solid rock we have in our disjointed healthcare system. It covers 43 million Americans age 65 and older as well as some 2 million disabled people. It is consistently rated more highly than private insurance in terms of reliability and quality of coverage. It provides a comprehensive set of benefits, free choice of providers and hospitals anywhere in the country, and simplified administration with an overhead of only 3 percent -- versus administrative overhead and profit-taking five to nine times larger for private insurers.

Medicare was passed in 1965 after a fierce political debate even more divisive than the one we're having now. Those opposed to reform today are saying that a government program will get between you and your doctor. But traditional unprivatized Medicare shows that to be untrue -- less bureaucracy than that of the private insurance industry, with its more than 1,300 insurers working hard to cherry pick the market for their maximal revenue by denying claims or even canceling coverage.

Despite its successes, Medicare is not a perfect program. It would be even more successful were it not for political compromises along the way allowing it to be privatized. A good example is the Medicare legislation of 2003. The problem was soaring prices of prescription drugs. The result has been a bonanza for the drug and insurance industries. The new drug benefit was handed over to the private sector to manage, prices have continued up unabated, the government was prohibited from negotiating lower prices as the Veterans Administration does, and new subsidies were offered to private insurers for Medicare Advantage, private Medicare plans that seek out healthier Medicare beneficiaries.

The same forces are at work today as healthcare reform proposals make their way through Congress. Under pressure from industry and their lobbyists, the public plan has been watered down to a small and ineffectual option at best, if it ever survives to being enacted. But the strengths of traditional Medicare as a system of social insurance, coupled with a private delivery system, remains a solid foundation upon which to build a better system in this country in terms of access, affordability, quality, efficiency and reliability.

[Timothy P. Carney, Washington Examiner](#) - Democrats so far this cycle have received \$7.3 million in contributions from the health sector, according to the Center for Responsive Politics, which is 72 percent more than the GOP's haul. The top two recipients of cash from health sector political action committees are Senate Majority Leader Harry Reid and Speaker of the House Nancy Pelosi. The top recipient of PAC money from HMOs is Rep. Henry Waxman, D-Calif., lead architect of the House plan. And then there's Baucus, whose coziness with industry lobbyists is legendary. Last election, Obama far outpaced John McCain in contributions from the health sector, HMOs and drugmakers.

But more important than the HMO cash in Democratic coffers may be the underlying dynamic of "must-pass" big-government legislation. Anybody surprised that the industry kidnapped this reform effort needs to learn two rules of lawmaking: First, increasing government always benefits the guy with the best lobbyists. The single largest lobbying entity in Washington is the U.S. Chamber. The most prolific lobbying industry is the drug industry. . .

Second, as Cato Institute fellow Will Wilkinson put it, "the path to corporate welfare is paved with essential legislation." Politically, Obama simply must pass a bill, lest he look like an ineffective president. The HMOs, drugmakers and the Chamber, on the other hand, can walk away from the table - sure, the "reforms" may offer billions in subsidies, but if nothing passes, they'll do fine.

Obama's got less leverage than industry, and the drug makers have made it clear they have at least \$100 million to spend on ads about this bill - whether they are for the bill or against it depends on its final shape. If Obama wins this "battle of Waterloo," the Left's earnest reformers may find it a Pyrrhic victory.

[THINGS WE HADN'T STARTED WORRYING ABOUT YET](#)

The Sun, UK - Smart car owners have been left smarting over a new craze - for chucking their motors into canals. Dutch pranksters in Amsterdam have dumped dozens of the tiny two-seater cars into the city's waterways. And now police fear the bizarre trend will spread to the UK and the rest of Europe.

Eco-friendly Smart cars are small enough to be picked up by just a few people and dumped into the Dutch capital's canals, reports De Telegraaf newspaper.

One Smart sales worker said: "We're not supposed to talk about this because the police don't want the craze to spread but we've had quite a few drowned cars returned to us."

Which brings to mind the time many years ago when your editor was helping three other guys lift a Volkswagon onto a sidewalk near Harvard Square one evening for no good purpose. A Cambridge cop happened along and one of the co-conspirators quickly and politely asked, "Officer, we found this car on the sidewalk and could you help us put it back on the street" He did.

[THE FAT-FATALITY MYTH](#)

Patrick Basham and John Luik, Baltimore Sun - Why is a thin, male smoker considered a physical role model as president but a full-figured African-American woman is considered an embarrassment as his nominee for surgeon general?

President Barack Obama's nomination this month of Dr. Regina Benjamin as U.S. surgeon general brought down upon the White House a barrage of criticism from medical "experts" who claim Dr. Benjamin is setting a bad example because of her weight. For example, Dr. Sarah Reed, who religiously keeps her own Body Mass Index in the "underweight" category, was quoted in The Daily Telegraph saying: "Although her credentials speak for themselves, her weight cannot be overlooked. Shame on her!"

Is Dr. Benjamin too fat to handle the nation's health? There are three evidence-based public health reasons why worries about her weight are unwarranted.

First, there is little credible scientific evidence that supports the claims that having an overweight or obese BMI leads to an early death. For example, Katherine Flegal of the Centers for Disease Control and Prevention found that in the U.S. population there were more premature deaths among those with BMIs of less than 25 - the so-called normal weight - than those with BMIs in excess of 25.

In fact, the lowest death rates were in the "overweight" category - that is, those with BMIs from 25 to 29.9. Indeed, in this study, Americans who were overweight were those most likely to live the longest.

In the American Journal of Public Health, Professor Jerome Gronniger looked at weight and mortality for each BMI point, rather than simply comparing, as is usually done, mortality across broad categories, such as underweight, normal, overweight and obese. He found that men in the "normal" weight category exhibited a mortality rate as high as that of men in the moderately obese category (BMIs of 30 to 35); men in the "overweight" category clearly had the lowest mortality risk.

Moreover, a new study published in the American Journal of Clinical Nutrition that looked at alternative measures of obesity, such as percentage of body fat, skin fold thickness, waist circumference, and waist-hip ratio, found even less scientific support for the alleged fat-equals-early-death thesis. The authors report that for the intermediate level of each of the alternative measures of obesity, there was a negative link with mortality. In other words, those with a higher waist circumference or a higher percentage of body fat had lower mortality rates.

A second reason why Dr. Benjamin's weight is a non-issue is because in those studies that have found statistically significant associations between overweight/obesity and premature mortality, the risks are so modest as to be essentially negligible. For example, whereas the reported lung cancer risks for smokers are typically 10 to 20 times higher than for nonsmokers, the death risks for those who are overweight and obese are often closer to only 0.5 above those of normal weight.

Third, contrary to conventional wisdom, the association of overweight and obesity with higher risks for a variety of diseases, such as cancer, diabetes and heart disease is unproven. In part, this is because these diseases have multiple causes.

More strikingly, increases in overweight and obesity have been paralleled by falls in total cardiovascular mortality and mortality from coronary heart disease and stroke, as well as in the prevalence of hypertension and hypercholesterolemia, undermining claims that overweight and obesity lead to higher rates of morbidity.

The last demographic holdout against "fatism" is the African-American female, who on average is disproportionately heavy. And she is disproportionately comfortable with her weight. The fat police view this fact as simply unacceptable.

[IRAQ RUNNING OUT OF WATER](#)

Fred Pearce, New Scientist - This summer, as Turkish dams reduce the Tigris and Euphrates rivers to a trickle, farmers abandon their desiccated fields across Iraq and Syria, and efforts to revive the Mesopotamian marshes appear to be abandoned, climate modellers are warning that the current drought is likely to become permanent. The Mesopotamian cradle of civilization seems to be returning to desert.

Last week, Iraqi ministers called for urgent talks with upstream neighbors Turkey and Syria, after the combination of a second year of drought and dams in those countries cut flow on the Euphrates as it enters Iraq to below 250 cubic meters a second. That is less than a quarter the flow needed to maintain Iraqi agriculture.

Tensions have been growing since May, when the Iraqi parliament refused to approve a new much-needed trade deal with Turkey unless it contained binding clauses on river flows. But Turkey appears in no mood to compromise. In July, it announced the final go-ahead for yet another dam, the Ilisu on the Tigris.

Meanwhile, according to Hassan Partow at the UN Environment Program, Iraq's hydrological misery is compounded by Iran, which is also building new dams on tributaries of the Tigris. "Some of these rivers have run completely dry," he told New Scientist. And Iraq itself is set to worsen the problem with its own dam building, he says. This year construction is set to begin on another Tigris tributary at Bekhme Gorge in Iraq's northern province of Kurdistan. At 230 metres it will be one of the world's tallest dams. Paradise lost.

In ancient times, the valleys of the Tigris and Euphrates rivers through Iraq were bountiful - irrigating fields that sustained civilisations like Sumer and cities like Babylon. But the combination of drought, dams and Iraq's own desire to revive its agriculture is placing huge pressure on the last remnant of that bounty, the Mesopotamian marshes, which form where the Tigris and Euphrates meet and flow to the sea.

The marshes were deliberately drained by Saddam Hussein. But after 2003, there was an international effort to revive them.

[LEGAL POT WOULD BE CALIFORNIA'S NUMBER ONE CROP](#)

CNN - Although fiscal year 2009 was grim for states, observers predict that 2010 will be even worse. "The

numbers that states are looking at in terms of their shortfalls is truly staggering. And all of this is happening in an environment where raising taxes is still pretty toxic, and it's pretty explosive," said Sujit Canaga Retna, a senior fiscal analyst for the Council of State Governments.

Instead of raising taxes, states are putting taxes and fees on specific items and services as they try to decrease their budget gaps. . .

One of the more controversial ideas is to legalize the sale of marijuana, as proposed in a bill introduced in California's state legislature by Democratic State Assemblyman Tom Ammiano this year. The bill proposed taxing pot by \$50 per ounce. If legalized, marijuana could become California's No. 1 cash crop, bringing in an estimated \$1 billion a year in state taxes.

The bill was shelved this session, but a revised version will probably be reintroduced.

NEARLY HALF OF AMERICANS THINK OUR BEST DAYS ARE OVER

Nearly one-out-of-two U.S. voters (49%) now say the nation's best days are in the past, a five-point jump from last month and the highest level of pessimism on this question in a year. But a new Rasmussen Reports national telephone survey finds that 38% still say America's best days are in the future, a finding that has held steady since April. .

Fifty-two percent (52%) of Democrats believe the country's best days are still to come, down two points from the previous survey. Sixty-five percent (65%) of Republicans say those days are in the past, up four points from a month ago. Among voters not affiliated with either party, a plurality (48%) believe the best days have come and gone, but that's down four points from late June. Men are more pessimistic than women. Fifty-nine percent (59%) of African-Americans say the best is yet to come, but 51% of whites disagree and say those days are gone.

BRITISH GOVERNMENT STUDY FINDS ORGANIC ITEMS NO BETTER THAN ORDINARY FOOD

[BBC](#) - Organic food is no healthier than ordinary food, a large independent review has concluded. There is little difference in nutritional value and no evidence of any extra health benefits from eating organic produce, UK researchers found. The Food Standards Agency who commissioned the report said the findings would help people make an "informed choice".

But the Soil Association criticized the study and called for better research.

Researchers from the London School of Hygiene and Tropical Medicine looked at all the evidence on nutrition and health benefits from the past 50 years.

Without large-scale, longitudinal research it is difficult to come to far-reaching clear conclusions on this, which was acknowledged by the authors of the FSA review Peter Melchett, Soil Association

Among the 55 of 162 studies that were included in the final analysis, there were a small number of differences in nutrition between organic and conventionally produced food but not large enough to be of any public health relevance, said study leader Dr Alan Dangour.

Overall the report, which is published in the American Journal of Clinical Nutrition, found no differences in most nutrients in organically or conventionally grown crops, including in vitamin C, calcium, and iron.

The same was true for studies looking at meat, dairy and eggs.

Differences that were detected, for example in levels of nitrogen and phosphorus, were most likely to be due

to differences in fertilizer use and ripeness at harvest and are unlikely to provide any health benefit, the report concluded. . .

Peter Melchett, policy director at the Soil Association said they were disappointed with the conclusions.

"The review rejected almost all of the existing studies of comparisons between organic and non-organic nutritional differences.

"Although the researchers say that the differences between organic and non-organic food are not 'important', due to the relatively few studies, they report in their analysis that there are higher levels of beneficial nutrients in organic compared to non-organic foods.

"Without large-scale, longitudinal research it is difficult to come to far-reaching clear conclusions on this, which was acknowledged by the authors of the FSA review.

"Also, there is not sufficient research on the long-term effects of pesticides on human health," he added.

Wikipedia - The Food Standards Agency is a non-ministerial government department of the government of the United Kingdom. It is responsible for protecting public health in relation to food throughout the United Kingdom and is led by an appointed board that is intended to act in the public interest. . .

It was created in 2000 based on a report issued after a number of high-profile outbreaks and deaths from foodborne illness. It was felt that it was inappropriate to have one government department, the Ministry for Agriculture, Fisheries and Food, responsible for both the health of the farming and food processing industries and also for food safety.

Uniquely for a UK Government department, the Food Standards Act gave the agency the statutory right to publish the advice it gives to ministers - and as a signal of its independence it declared that it would invariably do so. From its inception the Agency declared that it would take no decisions about food policy except in open board meetings accessible to the public. Since 2003 these meetings have been webcast live, enabling consumers to see the decision-making process in action. Each board meeting concludes with a Q&A session in which web viewers can question the Board or its Executive directly.

On 31 March 2006, it published its "Survey of benzene levels in soft drinks", which tested 150 products and found that four contained benzene levels above the World Health Organization guidelines for drinking water. The Agency asked for these to be removed from sale.

The FSA pushed for stricter rules on TV advertising to children of foods high in salt, sugar and fat and devised a nutritional profiling system to measure the balance of benefit and detriment in individual food products.

[RECOVERED HISTORY: THE GITMO OF ANOTHER TIME](#)

National Geographic - Naked, beheaded, and tangled, the bodies of 51 young men-their heads stacked neatly to the side-have been found in a thousand-year-old pit in southern England, according to carbon-dating results released earlier this month. The mass burial took place at a time when the English were battling Viking invaders, say archaeologists who are now trying to verify the identity of the slain.

The dead are thought to have been war captives, possibly Vikings, whose heads were hacked off with swords or axes, according to excavation leader David Score of Oxford Archaeology, an archaeological-services company. .

Many of the skeletons have deep cut marks to the skull and jaw as well as the neck. "The majority seem to have taken multiple blows," Score said.

The bodies show few signs of other trauma, suggesting the men were alive when beheaded.

One victim appears to have raised an arm in self-defense: "The hand appears to have had its fingers sliced through," Score noted.

The heads were neatly piled to one side of the pit, perhaps as a victory display, the team suggests.

Unusually, no trace of clothing has been found, indicating the men were buried naked.

[TIP TO HENRY LOUIS GATES](#)

Hopkins v. Bonvicino No. 07-15102 (07/16/09) Before Circuit Judges Shroeder, D. Nelson and Reinhardt

Civil Rights / Section 1983 Claim / Qualified Immunity for Police Officers Conducting a Warrantless Arrest

Opinion (Reinhardt): Police officers Bonvicino, Buelow and Nguyen Appeal the district courts denial of their motion for summary judgment based upon qualified immunity. They are being sued by Bruce Hopkins under 42 Sec. U.S.C. 1983 for (1) entering his house without a warrant, (2) arresting him without probable cause and (3) using excessive force. Hopkins' arrest was prompted by a purported traffic accident, where the other motorist involved followed Hopkins to his house, called the police, told them she smelled alcohol on his breath and waited on his lawn for them to arrive. When they arrived at the house, Nguyen stayed outside on the lawn while officers Bonvicino and Buelow let themselves into the house, guns drawn, found Hopkins, handcuffed him and brought him outside where he was placed under citizen's arrest.

The officers argue that the warrantless entry should fall under the emergency exception to the fourth amendment because, they feared the alcohol smell reportedly on his breath indicated that Hopkins might be slipping into a diabetic coma. The Ninth Circuit rejected this argument, and also held that this fear does not warrant the show of deadly force. Further, it reasons that an unsubstantiated or uninvestigated accusation from a single private citizen is not probable cause to arrest. The Ninth Circuit holds that the district court properly denied of summary judgment for Bonvicino and Buelow, but that Nguyen was entitled to qualified immunity. AFFIRMED IN PART, REVERSED IN PART AND REMANDED

[Summarized by Noel Kersey]

[CIA MAINTAINS UNCLASSIFIED DATA IS STILL CLASSIFIED](#)

Secrecy News - Even though certain information concerning the President's Daily Brief was redacted and declassified for use in the prosecution of former vice presidential aide Scooter Libby in 2006, that same information is nonetheless "currently and properly classified," the Central Intelligence Agency said last week. The Agency denied release of the material under the Freedom of Information Act. . . This is a somewhat puzzling development. It is a pity that the CIA Inspector General does not investigate violations of the law of non-contradiction.

BREVITAS

JUST POLITICS

[NY Daily News](#) - Hillary Clinton says running for office isn't on her "radar," but she still has an eight-person political team and sports two overflowing campaign war chests. Her team transformed the former Democratic White House contender's massive campaign debts into a \$3 million mountain of political cash, according to federal fund-raising records through the end of June. . . The former First Lady paid eight staffers nearly \$100,000 in the second quarter of the year to tend to the remains of her political empire. She officially pulled out of the political arena in January when she became secretary of state. But Clinton's campaign Web site

continues to accept contributions. . . . By comparison, Sen. Chuck Schumer, who is up for reelection next year, had just three people on staff last quarter.

Wonkette phrased the question precisely: What's the point of a 60-vote majority if it votes the same way as the 40-vote minority?

SCIENCE & HEALTH

[Strange maps](#) - The first tv images of World War II are about to hit Aldebaran star system, 65 light years away. If there's anybody out there alive and with eyes to see it, the barrage of actual and dramatized footage of WW2 will keep them shocked and/or entertained for decades to come. Which is just as well, for they'll have to wait quite a few years to catch the first episodes of such seminal series as *The Twilight Zone* and *Bonanza* (both 1959), just about now hitting the (putative) extraterrestrial biological entities of the Mu Arae area. The *Cosby Show*, *Miami Vice* and *Night Court* (all 1984) should be all the rage on Fomalhaut. Meanwhile, the sentient, tv-watching creatures near Alpha Centauri, our closest extra-solar star, are just recovering from the infamous "wardrobe malfunction" during Janet Jackson and Justin Timberlake's halftime show during the 2004 Super Bowl.

FREEDOM & JUSTICE

[Florida police caught on videotape in crash coverup](#)

ECO CLIPS

[Jan Colley, Press Association, UK](#) - A group who blame their disabilities on their mothers' exposure to toxic materials before their birth won a legal action against a council it blames for their condition. The 18 young people claimed their birth defects were due to their mothers being exposed to an "atmospheric soup of toxic materials". Corby Borough Council, which was responsible for the reclamation of a former steelworks, was found liable at London's High Court. The Northamptonshire council had denied that it was negligent during the works at Corby's former British Steel plant between 1985 and 1999, and that there was a link between the removal of waste to a quarry north of the site and deformities affecting hands and feet.

ARTS & CULTURE

[Washington Post](#) - President Obama has nominated David S. Ferriero, chief executive of the research libraries at the New York Public Library, to be the archivist of the United States, a post that includes making sure highly sensitive presidential papers and electronic records are open and available to the public. Before his New York job, Ferriero had been Duke University's librarian and had worked for 31 years before that in Massachusetts Institute of Technology libraries. He succeeds Allen Weinstein, who resigned in December for health reasons. The archivist job has become something of a lightning rod for controversy, particularly as various agencies and administrations press for keeping their records secret for decades despite strong pressures from historians and the public to declassify as much information as soon as possible.

MEDIA

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