



Mercy Notes

Volume VI Issue 1 Jan. 2009

In this issue:

- March for Life p. 1**
- Radical Abortion Bill p. 1**
- Physician Shortages p. 2**
- Cervical Cancer Vaccine . . . p. 4**
- Medical Student Burnout. p. 5**
- From the Hill p. 5**
- Brief Notes. p. 6**
- State Watch p. 7**

All programs of LCMS World Relief and Human Care are funded by donations from caring people like you. No dollars come from the Missouri Synod's unrestricted budget. Your generous gift to LCMS World Relief and Human Care will make a tremendous difference and help to uphold the message of Christ's mercy to all in body and soul. [Click here to give.](#)



Mercy forever.

LCMS Speaks Out for Unborn Record Crowd Attends March for Life

On Jan. 22, just two days after the presidential inauguration, Lutherans from around the nation came together in Washington, D.C. to speak out for life. They joined LCMS President Gerald Kieschnick, LCMS Life Ministries Director Maggie Karner, and Lutherans for Life Director Dr. James Lamb at the 36th annual March for Life.

The march observes the anniversary of the Jan. 22, 1973, U.S. Supreme Court's "Roe v. Wade" decision legalizing abortion in the United States. The 2009 theme, "REMEMBER – the Life Principles mean 'Equal Care' with No Exceptions," was meant to remind lawmakers that life is sacred and to raise awareness among the public.

By all accounts the event saw a record turnout – as many as 300,000 people marching for those who have no voice. While marchers proclaimed their message on the streets, pro-life representatives raised their voices on the House floor, urging President Obama not to repeal the "Mexico City Policy." President Ronald Reagan introduced the policy in 1984 to prohibit the use of federal taxpayer funds to support abortions overseas. It was repealed by President Clinton and then reinstated by President George Bush his first day in office. Unfortunately, President Obama lifted the ban on Jan. 23, the day after the march.

Find a link to the legislators' speeches in "Pro-Life Congressmen Commemorate Roe v. Wade Anniversary with Speeches in House" at www.lifesitenews.com/ldn/2009/jan/09012203.html.

Read "Contrary to Mainstream Media, Hundreds of Thousands at Giant Washington March for Life" www.lifesitenews.com/ldn/2009/jan/09012312.html.

Visit the LCMS World Relief and Human Care March for Life Web site for news coverage, articles, videos, and photos of the march, www.lcms.org/marchforlife.

Radical Abortion Bill

Advocates on both sides of the abortion battle acknowledge **The Freedom of Choice Act (H.R. 1964)**, introduced by Jerrold Nadler (D-N.Y.), is a powerful bill that would overturn abortion laws nationwide. Before he was elected president, Barack Obama promised abortion supporters that his first action as president would be to sign the FOCA.

Ed Szeto, special projects coordinator for Life Ministries, LCMS World Relief and Human Care, said FOCA "would eliminate all previous pro-life legislation on all levels: federal, state, and local," as evidenced by the bill's text:

Sec. 6. Retroactive Effect.

This act applies to every Federal, State, and local statute, ordinance, regulation, administrative order, decision, policy, practice, or other action enacted, adopted,

or implemented before, on, or after the date of enactment of this act.

States' conscience protection regulations for health care providers, bans on partial-birth abortions, parental involvement rights, and many other laws regulating abortion would be elimi-

nated. This dangerous legislation could even silence peaceful public protest near abortion clinics. Expect this bill, years in the making, to resurface in the 111th Congress. Pro-life advocates say FOCA may not be brought to the floor in one package. Sponsors may, instead, attempt

to pass this legislation by splitting it into amendments and attaching them to unrelated bills to avoid notice.

Read further www.frc.org/papers/focus-on-foca.

Source: Congressional Quarterly, Family Research Council.

Physician Shortages

Better get that annual physical while you still have a doctor.

The medical field is expecting a physician shortage ranging from 44,000 to 100,000 by the year 2025. The reasons are varied and include an aging patient population, more women in the field working fewer hours to balance work and family, fewer male doctors willing to work long hours, decreased job satisfaction, growing salary inequities, and the impending retirement of one-third of all physicians.

One area of concern is primary care, which includes general internal medicine, geriatrics, pediatrics, and family medicine. Debt-strapped medical students are bypassing primary care for less arduous, more lucrative specialty fields. The General Accountability Office (GAO) reported there were 22,146 doctors specializing in primary care in U.S. residency programs in 2006 – down from

23,801 in 1995. International students are filling some of the gap. One in four new physicians is an international medical graduate.

Primary care doctors are vital front-line partners; overseeing patients' general healthcare via long-term relationships. They comprise a third of the physician workforce and handle half of all outpatient office visits.

A 2008 study by the University Of Missouri School of Medicine projected numbers of patients and physicians in coming years. The U.S. population is expected to increase one percent each year. The number of adults will rise 21 percent by 2025, and adults over age 65 will increase by 73 percent. Older adults visit primary care doctors about three times a year. By 2025, the number of office visits is expected to rise 29 percent, but the number of primary care doctors will increase less than five percent.

Universal Health Care

As Congress debates universal health care, they need to ask: do we have enough doctors? In August the National Association of Community Health Centers reported that 56 million Americans – most of them insured – cannot access regular medical care now due to a shortage of physicians. The situation is worse in poor rural communities.

Reasons for the Shortage

Primary care medicine has been labeled a less prestigious field than specialty areas, even by medical school professors. The current compensation system also favors specialists. But there are more factors at play than bigger paychecks and shorter work weeks. Internists are frustrated by low Medicare reimbursements, growing paperwork, payment denials, and increasing treatment restrictions by insurance companies. Cardiologists and other specialists suffer the same frustrations, but their higher salaries may help mitigate the difficulties.

The 2007 Association of American Medical Colleges' Third Annual Physician Workforce Research Conference released the troubling results of two medical field surveys, including:

- One out of three doctors over age 50 would retire today if they could afford it;
- The increasing regulation of medicine is prompting older doctors to retire sooner.

About 35 percent of physicians are age 55 or older and are within five to 10 years of retirement. Many are primary care doctors.

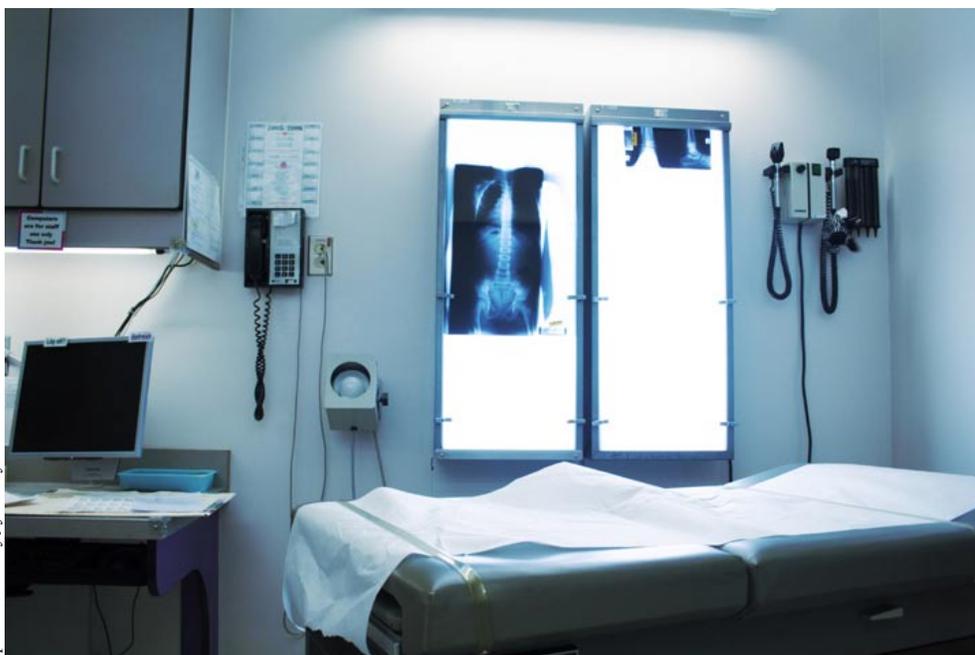


photo courtesy Jyn Meyer

Dr. Richard A. Cooper, professor of medicine and senior fellow at the Leonard David Institute of Health Economics, University of Pennsylvania, Philadelphia, blames the government for the physician shortage. The 1997 Balanced Budget Act halted the Medicare graduate medical education (GME) program. Residency positions were capped at the 1996 level due to a perceived oversupply of physicians.

Geriatrics specialists are also on the decline. In 2000 there were 7,727 certified geriatricians in the United States. That is about one for every 4,500 people older than 65. By 2007, the ratio changed to one for every 4,900 older adults. Those in the field say the worst is yet to come.

Geriatricians depend heavily on Medicare reimbursement. These highly trained specialists are essentially tied to a single-payer nationalized health care system that places them among the lowest earning doctors. Geriatricians earn less than internists and less than half the salaries of orthopedists and neurological surgeons. Consequently, some of America's best medical students decide they cannot afford geriatrics. In 2007, only 91 U.S. medical school graduates entered geriatrics fellowships. The current shortage will be compounded when the first wave of baby boomers qualifies for Medicare.

More Women Doctors

According to an April 2008 story in *BusinessWeek*, half the students at U.S. medical schools are women, compared to only 10 percent in the 1970s. Women are now one-third of the physician workforce.

Dr. Brian McKinstry, at the University of Edinburgh in Scotland, thinks the increase in women doctors has contributed to a physician shortage in the UK. Women are more likely to choose family friendly paths, such as primary care. But McKinstry says the unequal distribution of women among medical specialties means the fields they enter face workforce shortages when they take maternity leave, choose part-time practice, and retire earlier than male doctors. He adds

women doctors spend more time consulting with patients and thus serve fewer overall. Read "Are There Too Many Female Medical Graduates? Yes" www.bmj.com/cgi/content/full/336/7647/748.

Women are not alone in seeking a healthier balance between career and family. Male doctors are also working fewer hours than the previous generation. As they work less, today's doctors are producing less care. A survey by the American Medical Group and Cejka Search (a physician recruitment firm) noted an increase in the percentage of all physicians practicing part time. From 2005 to 2007, the percentage rose from 13 percent (5 percent of men and 8 percent of women) to 19 percent (7 percent of men and 12 percent of women).

On a positive note, part-time practice means doctors will be less likely to suffer burnout and more likely to maintain their careers. Another plus is that many women are choosing the critical lower paying fields men are moving away from, such as primary care, pediatrics, and obstetrics.

What A Shortage Could Mean

The American College of Physicians warns that primary care medicine, "the backbone of the nation's health care system, is at grave risk of collapse." Many in our aging population will develop chronic illnesses. A shortage of primary care doctors means they will have less access to regular care, leading to worsening medical problems and lower quality of life. Someone with congestive heart failure and no primary care doctor will have to depend on emergency room visits and hospital stays rather than routine management. Expensive hospital treatment of acute episodes will raise health care costs for everyone.

Some in the field warn that as primary care disappears, the quality of our health care system will become more fragmented, inefficient, and over-specialized. Health plans will find it increasingly difficult to provide primary care physicians for members. Men unable to find male doctors may be less likely to seek regular medical care from women doctors.

In "The Collapse of Primary Care," Dr. Dean Ornish says studies show a link between fewer primary care doctors and higher infant mortality rates, higher overall death rates, and more deaths from cancer and heart disease. He also explains how specialists came to be paid so much more than family practitioners. Read www.newsweek.com/id/158429.

Solutions

Jack Colwill, professor emeritus at the MU School of Medicine, suggested several potential solutions for the primary care shortage:

- "Medical homes," a new model of primary care. Teams of health care practitioners provide comprehensive primary care services and management of chronic illnesses.
- Renewal of medical schools' commitment to preparing general practitioners.
- Loan forgiveness for students who choose primary care.

There is consensus that more medical schools must be built, and the number of medical school graduates must be increased by at least 30 percent. Some think Congress should intervene by legislating provider payments and other incentives. Rep. Michael Burgess (R-Texas) introduced the **Physician Workforce and Graduate Medical Education Enhancement Act of 2007 (H.R. 2583)**. His bill would establish a loan program for public and non-profit hospital residency training programs that focus on primary care, pediatrics, obstetrics, and gynecology. **H.R. 2583** passed the House and was referred to the Senate.

Sen. Bernie Sanders (I-Vt.) urges doubling funds for the National Health Service Corps to \$250 million in 2009. The corps gives scholarships to students who practice primary care medicine in high need communities.

The American Academy of Family Physicians recommended that in order to meet the need for primary care doctors by 2030, the U.S. must train 3,725 family physicians and 714 osteopathic physicians each year.

Another solution may be ensuring doctors have sufficient time off and more control over their hours. According to a 2007 University of Michigan Health System study, physicians who cannot control their schedules and the number of hours they work each week are more likely to experience burnout and career dissatisfaction. Researchers hope an increase in part-time positions will draw more doctors to primary care.

A doctor writing for the *Wall Street Journal* suggested a national health care stimulus package. The federal government could issue a \$365 tax return to each citizen to be spent on primary health care. The money could be sent directly to each individual's doctor, who would contract for one year's worth of services. Read "A Prescription for Change in Primary Care," at <http://online.wsj.com/article/SB122661507085426083.html>.

One Doctor's Perspective

Dr. Barbara Jost offered to comment on this story. She is a clinical instructor of medicine at Washington University in St. Louis, Mo., and a partner in Internal Medicine Associates. Dr. Jost is an allergist and immunologist who prac-

tices internal medicine.

Jost pointed to the growing field of "hospitalists" as a response to the primary care physician shortage. Hospitalists are doctors whose sole focus is caring for hospitalized patients.

"Most primary care physicians find it too difficult to balance a demanding inpatient load with their outpatient practice. Our group has not adopted this new trend. We feel it is important that we are present and guiding the patient through their toughest time – when they are sick enough to be hospitalized."

The cost of maintaining this level of dedication is felt keenly by today's shrinking pool of overworked primary care doctors. "As a woman physician with busy young children at home, my biggest challenge is finding time to round on my inpatients and taking my calls 24/7."

Health Care for All

Healthcare reform was a campaign promise of President Barack Obama. Four major advocacy groups for business, labor, and older adults are urging Obama to move quickly on the issue. Sens. Edward Kennedy (D-Mass.) and

Max Baucus (D-Mont.) are also urging momentum. Baucus unveiled his plan for universal health care during the 110th Congress, and it is a high priority for the 111th Congress, as well. There is one glaring problem. If everyone suddenly obtains health coverage, there will not be enough doctors to care for each person. Massachusetts recently learned a hard lesson about mandating universal health coverage without an adequate physician workforce. The state inadvertently created an acute demand for primary care doctors that could not be met. Read www.aafp.org/online/en/home/publications/news/news-now/professional-issues/20080130massachusettsreform.html.

Sources: Associated Press, American Academy of Family Physicians, Association of American Medical Colleges, *British Medical Journal*, *BusinessWeek*, Congressional Quarterly, Doctors Lounge, Internal Medicine World Report, KETK-TV, Kaiser Family Foundation, *Los Angeles Times*, *Managed Care Magazine*, *Newsweek*, Reuters, Society of Hospital Medicine, *The Baltimore Sun*, *The Boston Globe*, *The Gazette*, The Hastings Center, *The New England Journal of Medicine*, *The New York Times*, *TIME*, *The Wall Street Journal*, University of Michigan Health System.

Cervical Cancer Vaccine Controversy

The HPV vaccine issue continues to stir controversy and criticism, not only among Christian parents, but also among medical experts. A study published in August in *The New England Journal of Medicine* suggested that giving the cervical cancer vaccine to women through their mid-20s may not be worth the cost. Giving the shots to pre-adolescent girls may be more effective because they are less likely to have been exposed to the virus.

The *New York Times* looked at the vaccine maker's aggressive marketing tactics and ensuing political pressure for a cancer now considered rare in the U.S.

Further reading:

- A study released Nov. 18 found that half of primary care doctors plan to reduce patient loads or quit medicine. Read "Many Doctors Plan to Quit or Cut Back: Survey" at www.reuters.com/article/newsOne/idUSTRE4AH1CE20081118
- "Crisis of Care on the Front Line of Health" www.nytimes.com/2008/09/30/health/30brod.html?ref=health
- Specialties also face shortages. "Recent Studies and Reports on Physician Shortages in the U.S." www.aamc.org/workforce/recentworkforcestudies2007.pdf
- "Fewer US Med Students Choosing Primary Care" www.abcnews.go.com/Health/wireStory?id=5767299
- "Eyes Bloodshot, Doctors Vent Their Discontent" www.nytimes.com/2008/06/17/health/views/17essa.html
- "U.S. Could Face Shortage of 44,000 Primary Care Physicians" www.doctorslounge.com/primary/news/US_pcp_shortage_printer.shtml
- "What the Primary Care Physician Shortage Means for Health Plans" www.managedcaremag.com/archives/0706/0706.shortage.html

and a rampant killer in developing nations. Some medical experts are urging everyone to slow down until more is understood about the vaccine's safety and efficacy.

In the U.S., cervical cancer accounts for 2.5 percent of all cancers that afflict women. According to the National Cancer Institute, there were 11,070 new cervical cancer cases and 3,870 deaths in 2008.

In contrast, cervical cancer is the leading cause of cancer in South America, Asia, and Africa due to poor health care and no screening. Worldwide, more than 250,000 women die from cervical cancer each year – about 80 percent of them in developing nations. In the meantime, the U.S. Centers for Disease Control and Prevention's director of immunization services plans to vaccinate 90 percent

of American teens. The vaccine manufacturer is studying vaccinating boys and older women, hoping to achieve “herd immunity” of entire populations.

Read:

“Study Questions Cost-Effectiveness of Gardasil Cervical-Cancer Vaccine” http://online.wsj.com/article/SB121928503311259059.html?mod=googlenews_wsj

“Drug Makers’ Push Leads to Cancer Vaccines’ Rise” www.nytimes.com/2008/08/20/health/policy/20vaccine.html

“25% of Teen Girls Vaccinated for Cervical Cancer, U.S. Says” www.latimes.com/news/science/la-sci-gardasil10-2008oct10_0,2114465.story

Sources: *Los Angeles Times, National Vaccine Information Center, Science News, The New York Times, The Wall Street Journal.*

Medical Student Burnout

Physician suicide rates are reportedly higher than the general population. But a recent study indicates a high level of stress experienced before students even graduate from medical school to be a leading cause. “Burnout and Suicidal Ideation among U.S. Medical Students,” published in the Sept. 2 *Annals of Internal Medicine*, reported that half of over 2,200 medical students at seven medical schools nationwide reported burnout. Many also suffered symptoms of depression. The most disturbing finding was that 10 percent of students had active suicidal thoughts, while about one in four had suicidal thoughts at some

point during medical school. Read “Burnout U, Depression and Suicidal Thoughts in Medical Students” www.slate.com/id/2201190/.

A second-year medical student at New Jersey Medical School in Newark is working with the American Medical Student Association (AMSA) in a grassroots effort to offer peer support online and by phone. The AMSA Mastermind Project will launch in coming months. Read www.ama-assn.org/amed-news/2008/10/20/prsb1020.htm.

Sources: American Medical Association, *Slate*.

From the Hill

- On Nov. 12, Senate Finance Committee Chair Max Baucus (D-Mont.) released his universal health care proposal for all Americans. His plan would expand Medicare coverage to people ages 55 to 64 and Medicaid coverage to all individuals below the federal poverty level. All residents would eventu-

ally be mandated to buy insurance. Baucus also proposes taxing workers’ employer-sponsored health benefits. Universal health care is a top priority of the 111th Congress. Learn more and find a link to the 98 page proposal at www.kaisernet.org/daily_reports/rep_index.cfm?DR_ID=55535.

Learn More

Log onto <http://thomas.loc.gov> for the complete text of bills and for further information, including the current status of any bill and the names of sponsoring representatives.

To find out how your representatives voted on recent legislation, log onto www.vote-smart.org.

Contact Your Elected Officials

For the name of your U.S. representative or senator, contact your local elections officer or call the **Federal Citizen Information National Contact Center** at (800) 333-4636.

For the most recent information about elected national officials, log on to these Web sites or call the following Capitol switchboard numbers:

Senators

(202) 224-3121
www.senate.gov

Representatives

(202) 225-3121
www.house.gov

To contact the White House

Comments (202) 456-1111
Switchboard (202) 456-1414
Fax (202) 456-2461
TTY/TDD phone numbers for hearing impaired only:
Comments (202) 456-6213
Visitor’s office (202) 456-2121

President Barack Obama
president@whitehouse.gov

Vice President Joe Biden
vice.president@whitehouse.gov

www.whitehouse.gov

- During the 110th Congress, Rep. Trent Franks (R-Ariz.) introduced the **Susan B. Anthony Prenatal Nondiscrimination Act of 2008 (H.R. 7016)**. The bill would prohibit knowingly performing or financing race or sex-selection based abortion. Reports from within the medical community reveal that citizens of other nations enter the U.S. for sex-selection abortions that are illegal in their countries, some of which may be late term. The U.S. is considered a safe haven, because it is legal in this country to abort babies based on their gender. **H.R. 7016** had bipartisan support. Contact your legislators about reintroducing this legislation.
- **The Prenatally and Postnatally Diagnosed Conditions Awareness Act**, cosponsored by Sens. Sam Brownback (R-Kan.) and Edward Kennedy (D-Mass.), was signed into law by President Bush on Oct. 8. Families with babies diagnosed with Down syndrome or certain other conditions will receive support services prenatally and up to the baby's first birthday.
- One legislator wants Congress to eliminate costly federal programs

that do not work. Rep. John Sullivan (R-Okla.) introduced the **Federal Agency Program Realignment and Closure Act** in 2008. The bill had 12 cosponsors (Rep.). Read "Shaking Up the Status Quo in Washington" at <http://blog.thehill.com/2008/09/26/shaking-up-the-status-quo-in-washington-rep-john-sullivan/>.

- On Aug. 29 President Bush signed the **Hubbard Act** into law, in honor of three brothers – Jason, Jared, and Nathan Hubbard. After Jared and Nathan were killed serving in Iraq, Jason was required to leave combat under the Department of Defense's "sole survivor" policy. The policy was created to prevent families from losing all of their children to war. When he later voluntarily left the Army, Jason and his pregnant wife almost lost most of the veterans' benefits given honorably discharged soldiers. Rep. Devin Nunes (R-Calif.) moved the bill through Congress on behalf of the Hubbards and 55 other sole survivors identified since the September 11, 2001, terrorist attacks.
- The 110th Congress promised landmark ethics reforms. But the num-

ber and cost of earmarks requested in 2008 revealed little progress. The 2008 defense bill contained \$8.5 billion in earmarks – 40 percent of which were hidden. *The Seattle Times* found the House violated new earmarking disclosure rules 110 times. Senators did not disclose themselves as earmark sponsors 175 times. Sen. Jim DeMint (R-S.C.) responded, "The whole ethics bill was a sham. It was written to create loopholes, to get around any transparency and our ability to cut out those earmarks." Learn how Congress concealed earmarks in "Despite Reforms, Congress Hides \$3.5B in Defense Earmarks" at http://seattletimes.nwsource.com/html/localnews/2008257178_favorfactory12.html. Read about a \$4.5 million boat the Navy does not want and millions of dollars spent on t-shirts for soldiers in Iraq that melt easily at high temperatures at http://seattletimes.nwsource.com/html/nationworld/2003948586_favorfactory14m.html.

Sources: CitizenLink, Congressional Quarterly, Kaiser Family Foundation, Nunes.House.gov, The Hill, *The Seattle Times*.

Brief Notes

- A new national survey found most Medicare Part D enrollees do not understand the Medicare "doughnut hole." That is the gap in coverage when seniors must pay the entire cost of their medications – \$4,350 out of pocket – before Medicare coverage again picks up. Most seniors have no idea when they will reach the coverage gap. Learn more about the doughnut hole and find ways to avoid or delay reaching it at www.whatsyourgap.com. The Wall Street Journal offers tips on avoiding the coverage gap at <http://blogs.wsj.com/health/2008/11/18/seniors-still-mystified-by-medicare-doughnut-hole/>.

- You probably think what's in your medicine cabinet is private. But the prescription records of millions of Americans are routinely scrutinized by insurance companies. According to a story in *Business Week*, health insurers use prescription data to set higher premiums or deny coverage. Life insurance companies are doing the same. Even worse, there are no privacy laws to stop it. Read "They Know What's in Your Medicine Cabinet" www.businessweek.com/magazine/content/08_31/b4094000643943.htm?chan=top+news_top+news+index_news+%2B+analysis and "Prescription Data Used to

Assess Consumers" www.washingtonpost.com/wp-dyn/content/article/2008/08/03/AR2008080302077.html.

- Would you like to know how your area's hospitals rate in patient care before you check in? A new government Web site provides patient ratings in areas including cleanliness of patients' bathrooms, how well doctors communicate with patients, whether staff respond quickly when needed, and more at www.hospitalcompare.hhs.gov.
- Surgeons in Denver published the results of a controversial new transplant procedure. The hearts of severely brain-damaged newborns

were harvested less than two minutes after life support was ended. Bioethicists say the donors were not dead. Critics say transplant advocates' increasingly aggressive organ retrieval efforts are shaking public confidence in organ donation. Read "Infant Transplant Procedure Ignites Debate" www.washingtonpost.com/wp-dyn/content/article/2008/08/13/AR2008081303362.html?hpid=topnews.

- The February 2002 issue of Pediatrics included a statement by the American Academy of Pediatrics (AAP),

advocating for full legal recognition for same sex parents. The AAP held that children of same-sex parents fare as well as those with heterosexual parents. Other medical and psychiatric groups quickly followed suit. Read a Focus on the Family response to the AAP by Glenn T. Stanton, Director of Family Formation Studies www.citizenlink.org/FOSI/marriage/ssuap/A000008125.cfm.

Sources: *Business Week*, *Los Angeles Times*, *The Associated Press*, *The Boston Globe*, *The New York Times*, *The Washington Post*.

State Watch

- Northern Virginia school district librarians clashed with students when they allowed books promoting homosexuality and rejected Christian books on the subject as "too Christian" and "too one-sided." Read www.citizenlink.org/turnsignal/A000008382.cfm. In another case, an Idaho library was bullied into displaying graphic sex books within reach of children. The ACLU argued restricting the books "violates the constitutional rights of library visitors." Read www.cultureandmediainstitute.org/articles/2008/20080919121452.aspx.
- Researchers in Maryland found a disturbing trend in a study of 26,000 trauma patients. Individuals over age 65 are less likely than younger patients to be taken to trauma centers for medical emergencies. Some Emergency Medical Services (EMS)

responders say trauma officials are reluctant to accept elderly patients. EMS officials believe the same thing is happening in other states. Read "Trauma Care Bias Targeted in Maryland" [www.emsresponder.com/web/online/Top-EMS-News/Trauma-Care-Bias-Targeted-in-Maryland/1\\$8095](http://www.emsresponder.com/web/online/Top-EMS-News/Trauma-Care-Bias-Targeted-in-Maryland/1$8095).

- An Alabama firefighter created a nonprofit group with a singular goal – transporting low-income children to medical appointments. The program has transported over 16,000 kids. Read "Helping Kids Get Well One Car Ride at a Time" www.cnn.com/2008/LIVING/07/01/heroes.jackson/index.html.

Sources: Cable News Network, Culture and Media Institute, Focus on the Family, Medco, *The Baltimore Sun*, *The Wall Street Journal*.

Coming Next Issue

Pandemic Flu

How to Subscribe

To subscribe to *Mercy Notes*, register online at www.lcms.org/enews. Select *Mercy Notes* from among the "Caring for Others" newsletters.

Mercy Notes is published by:
LCMS World Relief
and Human Care
1333 S. Kirkwood Road
St. Louis, MO 63122
(800)248-1930
www.lcms.org/worldrelief

Mercy Notes may be reprinted with acknowledgment given to LCMS World Relief and Human Care

- Executive Director:
Rev. Matthew Harrison
- Managing Editor:
Dolliene Raabe, MSW, LCSW
- Graphic Designer:
Chrissy Thomas
- Copyeditor:
Sarah Schafer
- Director of Communication Services:
Al Dowbnia



Mercy forever.