

Treatments

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...tune? This dilemma is also challenging governments, employers and insurers, who all help finance America's longer life spans and innovative technologies.

Already, up to 30 percent of annual payments by federal Medicare insurance go to the 5 percent of members in their last year of life, research shows.

"People still have an underlying belief that there's an infinite amount of resources that can be invested in health care," says Dr. Harlan Krumholz, a Yale University heart specialist who studies quality of care. "But I think we're coming to a realization that we're going to need to confront these issues explicitly."

Maybe so, but any retreat from last-resort care still raises objections from many patients, doctors and medical companies. They denounce "rationing" of care and defend expensive treatments for the dying as a moral imperative.

Within the last decade, an array of expensive new treatments has given some patients their first real fighting chance against common diseases once routinely called "terminal." These treatments include:

■ Cancer drugs manufactured in living cells instead of beakers. These biotech drugs target just diseased tissue, unlike chemotherapy. Thanks to these drugs, some late-stage colon and blood cancers are no longer hopeless.

■ Implants that help the heart pump blood. These devices — the most common is the left-ventricular assist — are their to decades of research in artificial heart technology. They provide an option for some patients with failing hearts.

Some of these therapies, like the biotech drug Gleevec for leukemia or implanted defibrillators for some heart problems, work wonders in many patients. The trouble with many treatments, though, is that average patients gain only several more months of life, studies have found.

"Very few people, when told of a potential life-saving inter-

vention, will not be willing to listen. So the question is now: not whether it will help or not, but who pays?" says Dr. A. Mark Fendrick at the University of Michigan.

Whoever pays, costs are up. This care costs several times more than the older treatments it supplements or replaces. A last-resort cancer drug can cost up to \$50,000 a year — if patients survive that long — with insurance typically picking up at least two-thirds. A mechanical heart pump can cost more than \$200,000, with hospital care.

Reports of these breakthroughs, which often fail to mention the price, may have intensified the distinctly American tendency to view death almost as a personal choice, suggest doctors and ethicists.

"I have two small children, and dying right now is not an option," colon cancer patient Rebecca Dague, of Medina, Ohio, said recently.

Faced with such a disease, more than a third of Americans now would want "everything possible" done to save their lives, up from just over a fifth in 1990, according to a poll by the Pew Research Center for the People and the Press.

While doctors advocate for the interest of dying patients, they may also be subtly swayed by earning their livings partly from providing this care. And many patients don't fret, because they are insulated from huge payouts by insurance.

Robert Graham, 73, of East Brandywine, Pa., chuckled when he heard the high price — up to \$250,000 — of heart pumps like the one implanted in him last November. It was covered by insurance.

"I got to live a long time to be worth that!" he said. Yet the average patient in the best medical test so far lived less than nine more months.

Federal safety regulators do not regulate the price of end-of-life treatments. They evaluate only if drugs or devices work, not how well they work for their prices. Medicare, which insures about 80 percent of dying Americans, makes no acknowledged evaluation of cost in deciding what to cover. It is not allowed to negotiate for lower drug prices. Its coverage umbrella sets a standard



Robert Graham holds one of the two batteries powering his implanted left-ventricular assist device, or LVAD, at his East Brandywine, Pa., home. The controller for the device is on his belt. Today's LVADs are often implanted permanently in patients with end-stage congestive heart failure who have no other option. ASSOCIATED PRESS

for private insurers.

Under such pressures, the \$1.9 trillion spent on U.S. health care in 2004 will balloon [JUMP]to \$4 trillion by 2015, federal forecasters project. In that year, health spending, which claimed 16 percent of the economy in 2004, would consume 20 percent and cost the average American \$12,400.

Some believe the country can afford to spend even more — and that it's worth it. Others fear a crash, with insurance perhaps turning into a luxury item. Nearly everyone, though, agrees there's an upper limit somewhere on the horizon.

"So far, we've given everything to everybody," says economist Lester Thurow of the Massachusetts Institute of Technology. "We haven't made the tough choices yet."

Yet choices are being made every day, case by case. Some insurers refuse to cover a treatment. Doctors send patients home to die, sometimes out of mercy. Some patients say enough is enough.

Dr. David Johnson, at Nashville's Vanderbilt-Ingram Cancer Center in Tennessee, pitched Erbitux to his brother-in-law, a 57-year-old married truck driver with advanced colon cancer. However, the drug has barely been proven to extend average survival at all.

The doctor remembers his brother-in-law refusing and saying: "Are you stupid? I'm not giving up my limited

resources."

Employers and insurers are discreetly controlling costs through premiums, deductibles, co-payments, caps, and even outright exclusions. Despite official denials, the federal Medicare program makes subtle cost evaluations, says Dr. William Maisel, a Boston heart specialist who chairs a federal committee on cardiac devices.

"I think they are concerned about people using the term 'rationing' or 'withholding therapies,'" says Maisel, at Beth Israel Deaconess Medical Center.

One way to control costs, without saying "no," is to keep reimbursements low. For example, Medicare's \$140,000 reimbursement last year for heart pumps is widely acknowledged as below-market.

"We can't say, 'No,' explicitly. We say, 'Yes, but,'" explains Peter Neumann, who runs a Tufts University center on medical cost-effectiveness in Boston.

Yes, but start with a cheaper drug, get prior authorization or make a bigger co-payment.

Or, for the 45 million uninsured: Yes, but go to the emergency room and rely on charity for extended care. The non-profit Patient Advocate Foundation reports that nearly half of its cases or requests for help involved co-payments last year, up from just 5 percent in 2002.

Housing aid offers more than shelter

By KELLY B. GARRETT
Eagle Staff Writer

The Butler County Housing Authority is where you go when you need help finding shelter.

But the program can mean much more to individuals and families in need — it can mean a new life, self-sufficiency and possibly homeownership.

Dhana LeFevre, the authority's Section 8 program coordinator, and Sandra Reges, the authority's operations manager, both said no matter what kind of housing a person or family needs, the authority is a bridge to other services.

"We have very diverse people coming here. We first try to determine what they need and then to read between the lines and ask ourselves, 'What else do they need?'" LeFevre said.

Section 8

The authority has been authorized by the federal Department of Housing and Urban Development to issue 1,391 vouchers to help pay for rent and utilities in apartments or houses that are owned by someone other than the authority.

However, Perry O'Malley, the authority's executive director, said because of reductions in program funding, the authority issued 1,286 vouchers in 2005 to make sure it could cover all of its costs.

Residents of these units must pay up to 30 percent of their family income for rent. The majority of Section 8 residents have jobs or earnings of some sort, including Social Security Insurance for disabilities and Social Security.

O'Malley said many people believe Section 8 housing creates bad housing situations in urban areas.

"But I bet we can ride around the city (Butler) and you could pick out a house that you thought was Section 8 and I bet we'd find that it isn't one of ours," he said.

LeFevre said if a problem is found with an approved property or if a resident complains about a problem, then the authority sends out an inspector. If the problem is not fixed, the authority will allow the residents to move to another Section 8 unit and the deficient property is removed from the program.

If damage or a problem on the property occurs because of the resident and the resident fails to pay the landlord for the repairs, the tenant will be removed from the program, O'Malley said.

"We really push to have landlords screen their tenants, and we strive to have multiple

landlords to keep rents competitive and make sure that we are giving our residents the opportunity to live in any area and with people from different backgrounds and economic levels," he said.

There are more than 600 landlords in the Section 8 program countywide with the majority owning property in the city.

The authority itself screens applicants before they enter the program, including criminal background checks.

"It has to be reasonable," O'Malley said of the rent, pointing to a list of rents the authority will pay based on the number of bedrooms in a unit.

Once a person or family is in a home, the authority begins working on moving them to self-sufficiency.

Self-sufficiency

Self-sufficiency programs, LeFevre said, are to help families set goals that will lead them to "economic independence."

Programs include child care, resume preparation, GED preparation, post-secondary education, job search and skill development, parenting skills, individual and family counseling, support groups, medical and dental health care and credit counseling.

"You can have a job and get housing help. In fact, we encourage it," LeFevre said.

The authority also has a program for savings accounts that are started by residents who attend four financial workshops. The accounts are based on saving small amounts of money, \$10 or \$20 per week for at least two years.

After those two years, the housing authority will match the savings, dollar for dollar.

Often the money is then used to buy homes through the Butler County Homeownership Program, a one-stop shop for first-time home buyers.

Authority staff help move potential homebuyers through the mortgage maze to increase homeownership in the county, O'Malley said.

He pointed out the county has a high homeownership record with more than 80 percent of residents living in a home they own.

"That goes up to 90 percent if you take the city of Butler out of the mix," he said.

The city has more renters than homeowners, about a 3-to-2 ratio, that city leaders would like to change.

"Homeownership gives people pride in their communities and makes for better neighborhoods," O'Malley said.

Housing

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ters mount, the federal administration has been diverting money from domestic programs such as public and subsidized housing.

"They don't want to call it a budget cut, so instead they have been changing the rules that govern our programs, as to who is eligible and how much we spend on the program," he said.

"They are cuts, but the administration doesn't want to call it that, and its happening in all domestic programming," O'Malley said.

The biggest change is that until three years ago, in Section 8 housing in particular, the authority would issue rent and utility vouchers and then be reimbursed by the federal government. In 2004, the authority received \$7.5 million in reimbursements from the government to cover Section 8 vouchers.

"We would reconcile the expense, not budget it," O'Malley said, meaning his staff made sure people had the housing they needed.

"Now we get a certain amount of money and if there isn't enough to cover vouchers and utilities, then we must reduce the number of vouchers issued, and in the end, it means we can't help everyone who needs it," O'Malley said.

Under this new budget system, the housing authority this year has a Section 8 budget of \$5.6 million, which is about 6 percent less than what the authority needs to pay for the number of vouchers authorized by the U.S. Department of Housing and Urban Development.

"Butler County can give out 1,391 vouchers, but with increases in rent and utility costs, we are only awarding 1,286 so we are sure we can cover client expenses," O'Malley said.

"That's more than 100 families we aren't helping just to make sure we can cover our costs," he said.

Quality of life

Besides having to cut back on the number of families the authority can help, it also is cutting back on programs and services that help switch people from public and subsidized housing to homeownership, O'Malley said.

The authority helps families and individuals learn how to budget and how to save their money; ultimately, helping those who work learn how to buy a home.

"Homeownership gives people pride in their communities and makes for better neighborhoods," O'Malley said.

Tuesday: How agencies help families with temporary housing

Austin

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Great Britain, and Diana Garside of North Carolina in Leek's 1929 Tourer

■ George and Joy Mooney of Bournemouth, Great Britain, in their 1934 Cambridge Special

■ Stan Price and Chris Loughlin of Carlisle, Great Britain, in their 1932 Saloon

■ Veronica Garside of Swindon, Great Britain, and Mary Fernel of Epsom Downs, Great Britain, in a support car.

The participants are members of the 750 Motor Club. The club has about 1,000 Austin owners.

The trip is the brainchild of Diana Garside, who was born and raised in London and now lives in North Carolina.

She said she returned to England last September to visit her parents.

"I asked my Dad what he still wanted to achieve in his life," she said. "I was thinking he may say something like see the Great Wall of China or Ayers Rock, but instead he shrugged his shoulders and said that he would like to drive Route 66."

He owned four Austin Sevens, which all needed restoration. She said she contacted Vince Leek, "and secretly, with my mum's help, got one of the cars, the 1932 Box Saloon, restored."

"Tragically, my dad died," Garside said. At his funeral, she said she approached Leek "and proposed that we still do the drive."

"In my Christmas stocking was a map of Route 66 from Vince, with a request for me to do some research in aid of the trip that was really going to

happen. The rest is history."

Diana Garside will make the trip with Leek in his 1929 Tourer. Her mother, Veronica Garside will drive with a friend in a support car.

Marlies Bishop said the cars were shipped on Sunday. The entourage will fly into Newark Airport on Aug. 23, pick up the cars and head for Butler, arriving on Aug. 28.

They plan to begin the Route 66 trip Sept. 3 from Chicago, where the road begins.

Bishop said her husband bought their first Austin in 1970 for 5 pounds. "Possibly the best buy we ever made although at the time I was none too pleased as it looked like a scrap heap and I thought I had married some nut case."

She said he still uses it daily for his job as a self-employed carpenter.

About five years ago, they bought the 1938 Austin Special which they will drive on the Route 66 trip.

Last year, they drove the car on a trip from Buenos Aires, Argentina, to Santiago, Chile, along with five other club members and their Austins.

The Bishops, Cookes, Mooneys and Leek also went on the South American trip.

Leek said his first car was an Austin Seven, which he bought in 1957.

He said he bought the 1929 Tourer he is bringing about 15 years ago and rebuilt it.

Ken Cooke, a retired TV repairman, also said his first car was an Austin, which he bought in 1952.

George Mooney, 68, is director of a small engineering company. "We purchased our first Austin Seven in 1962 as transport for my wife," he said. "It was for sale on a dealer forecourt at 45 pounds. We still have and use the car."

Officers

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arraigned Battle on two counts of aggravated assault, attempting to disarm a police officer and resisting arrest, as well as several drug-related charges and traffic violations.

He remains in the Butler County Prison in lieu of \$50,000 bond.

Officers had stopped Battle going the wrong way on Washington Street and driving a car without its headlights on. He was also found to be driving with a suspended license.

Police said the defendant was cooperating with officers until a search turned up 5½ grams of suspected crack cocaine. He then ran but was quickly caught, setting the stage for the several minute struggle with officers.

In addition to the charges related to the assault, Battle is charged with possession with intent to deliver a controlled substance, possession of a controlled substance, criminal mischief, driving under suspension, driving the wrong way on a one-way road and driving without required lighting.

Lawn mower apparent cause of shed fire

JACKSON TWP — An overheated riding lawn mower apparently set a shed on fire Sunday afternoon at a Franklin Road home, fire officials said.

No one was injured in the blaze shortly after noon. Flames, however, destroyed the block shed topped with a wood roof. Damage was estimated at \$3,000, said Chief Tim Sapienza of the Harmony Volunteer Fire Company.

Derek Smay said he had cut his lawn and put the riding tractor back in the shed late that morning. He went outside to use his barbeque about 20 to 30 minutes later and found the shed engulfed in flames.

"We believe something probably shorted out on the tractor," Sapienza said.

Gas and wood stored in the shed helped fuel the fire, Sapienza said. Two propane tanks inside apparently

exploded.

About 40 firefighters from Harmony and Evans City were called and quickly extinguished the blaze.

Smay's wood-frame house, about 30 feet from the shed, became warm from the flames but was not damaged.

Along with the shed and lawn tractor, a leaf blower and weed-eater were destroyed. The property is insured.

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