Congressional Action on Medicare Reform and Patients’ Rights Likely To Be Postponed—
News from the ATS Washington Office

The congressional health aides agree that in the wake of the September 11th terrorist attacks, legislative action on comprehensive Medicare reform, as well as patients’ rights legislation is likely to be postponed until the second session of Congress convenes next year.

However, on September 25th, Administration officials announced their “general support” for a more modest Medicare Regulatory and Contracting Reform Act of 2001 (HR 2768). The bill, written by Rep. Nancy Johnson, chairman of the Subcommittee on Health, has been endorsed by every member of the key House panel.

The Johnson legislation, modeled after an earlier Medicare reform proposal (HR 868) introduced by Reps. Toomey (R-PA) and Berkley (D-NV), is supported by the American Thoracic Society and other members of the medical community. The new Johnson bill, introduced August 2, is designed to diminish paperwork and streamline the regulatory process, enhance education and technical assistance for doctors and other health care providers and protect the rights of those providers in the audit and recovery process. For the first time, the Centers for Medicare and Medicaid Services would be able to allow Medicare fee-for-service contractors to be awarded service contracts based on performance - something current law does not allow.

Patients’ rights legislation appears to be

NIH Announces Loan Repayment Programs For Clinical and Pediatric Research

In mid-September, the National Institute for Health (NIH) announced its establishment of a loan repayment program for clinical researchers to “recruit and retain highly qualified health professionals as clinical investigators.” The loan repayment program is designed to assist clinical researchers in the repayment of outstanding educational debt and was approved by Congress last year through the creation of the “Clinical Research Enhancement Act,” legislation strongly supported and monitored by the ATS. In addition, The NIH has also established separately the Loan Repayment Program for Pediatric Research.

The program provides for the payment of a maximum of $35,000 per year toward a clinical researcher’s government or commercial educational loans obtained...
The catastrophe that befell New York City and Washington, D.C. on September 11 rocked the United States and the world, and still dominates our thoughts. We are still trying to cope with it emotionally and to understand what motivated the terrorists who planned and carried out such heinous crimes. The membership, staff and leadership of the ATS have joined the rest of the country and most of the world in condemning terrorism and in mourning its victims. The world has changed, certainly for those of us who live in the United States.

The ATS leadership has expressed its gratitude and admiration to the ATS Executive Director, Carl Booberg, and to all ATS staff for carrying on with their work while experiencing the emotional strain of the disasters so close to our offices in Washington D.C. and Manhattan. Their steadfastness in the immediate crisis is certain assurance that our staff will be there for our Society as we face new challenges in the aftermath of September 11.

What are these challenges? Ensuring the fiscal stability of our newly independent society, which has just started the essential process of building reserves, is the primary concern raised by the events of September 11. First, we expect real estate costs to increase rapidly and markedly in Manhattan, where available office space is grossly insufficient to make up for the enormous losses from the destruction of the World Trade Center. This could limit our own and the ALA's ability to remain at 1740 Broadway where we share National Headquarters.

To meet this challenge, we have reactivated a task force charged with the responsibility of defining criteria for a new ATS office location should a future move become a necessity. Among several factors, which will determine if and where we will relocate the ATS office, the ATS staff's expressed desire to remain in the New York area will have a preeminent role.

The second challenge is maintaining the vigor of our Annual Meeting. Attacks of terror, especially on the scale of those committed on September 11, chill travel and attendance at conferences. Revenues from the International Conference are the foremost source of income for the Society, and ensuring participation at the ATS International Conference in Atlanta is a vitally important goal. To meet this challenge, I am happy to report that the International Conference Committee has put together a superb program. We know this will again be complemented by submission of a large number of abstracts, exceeding the 5,594 presented at the 2001 International Conference in San Francisco. Heightened security has already begun to restore confidence in traveling throughout the United States. This lasting improvement in air travel safety, the International Conference's scientific and educational value, and the attractions of Atlanta as a cosmopolitan convention city, will go a long way to guarantee a great meeting May 17-22, 2002.

But even doing what we can to plan for possible expenses in relocating our national office and for the success of our annual meeting, the effects of the events of September 11 on the financial health of our Society cannot now be known. We expect them to be transient and manageable, but budgetary planning for next year must be prudent. Conservative fiscal planning seems necessary to the ATS officers. In this spirit, the Planning and Budget Committees will be asked to develop a conservative and balanced budget for 2002, keeping potential revenue shortfalls in mind in considering new projects and programs.

Despite the need for extreme fiscal responsibility to safeguard the future of the ATS, we must not forget our mission as a professional society with important journals, scientific and educational meetings, and other programs, which serve the membership and the public at large. The International Conference is the ideal venue at which you contribute to the Society's mission. I look forward to seeing you in Atlanta.

Congressional Action on Medicare Reform and Patients' Rights Likely To Be Postponed—News from the ATS Washington Office

[CONTINUED FROM PAGE 1]
Plan are well under way for the 2002 International Conference in Atlanta, Georgia, May 17-22. As in years past, the conference promises to be the largest global exchange of the latest in respiratory, pulmonary and critical care medicine, research and education. "I am happy to report that the International Conference Committee has put together a superb program," said Adam Wanner, M.D., president of ATS, "under the chairmanship of Jo Rae Wright, Ph.D." In addition, the program will again be complemented by the large number of abstracts received in October from researchers located throughout the globe. Atlanta, with its Olympic-sized style, rich southern traditions and fast-paced, diverse personality, promises to be the perfect host city. So, mark your calendars now; May 17-22, 2002. For more information, contact ats2002@thoracic.org.
The membership of the Tennessee Thoracic Society (TTS) has been an important partner with the American Lung Association of Tennessee (ALAT) for decades. The Society and the ALA of Tennessee have organized and sponsored statewide professional education meetings and smaller group dinner sessions with speakers of national renown. The TTS has pooled its membership to determine current issues of greatest concern. And, the group has been involved in national and state advocacy efforts toward improved lung health. However, the group’s path has increasingly led it to become an important source for medical expertise and fund-raising assistance to the ALAT.

Current TTS president Kirk Lane, Ph.D., of Vanderbilt University Medical Center in Nashville, said, “We find that we can assist many patients and their families, not only through our medical practices, but also by providing expert counsel.” When calls from the public or media involve questions beyond the expertise of ALAT staff, the TTS membership is readily available to help respond. The ALAT also calls on many TTS members frequently to serve as public and media spokespersons. “In fact,” said Dr. Lane, “the strict membership affiliation between the TTS and the ALAT is often blurred and that is a very positive thing, we believe, as we work together to meet common lung health goals.” The president and president-elect of the TTS are ex-officio members of the state board of directors of the ALA of Tennessee.

One of the other very important roles the TTS membership plays is to help solicit support for three separate research dinners in Nashville, Knoxville and Chattanooga, TN. “As physicians and researchers, we are uniquely positioned to ask for the support of pharmaceutical companies, hospitals and other medically oriented businesses, for the work that ALAT conducts,” said Lane. “The research dinners have raised over $450,000 over the past eight years.” The ALAT Board designates one hundred percent of those dinner proceeds for lung research grant funding.

Members of the TTS also comprise most of the membership of the ALA of Tennessee’s annual research grant review committee. That committee recommends to the Board of Directors which grants should be funded, within available resources. TTS President Lane and ATS Chapter Delegate Robert Miller, M.D., provide updates on ATS and TTS activities at virtually every ALAT Board meeting.

In summary, the ALAT/TTS partnership is one that works to benefit both organizations while also serving the public and the mission of lung health education, prevention and research.

NIH Announces Loan Repayment Programs For Clinical and Pediatric Research

for undergraduate, graduate and health professional school expenses. Although this is considered income, the NIH pays the applicable taxes. The NIH defines approved clinical research as: "patient-oriented clinical research conducted with human subjects or research on the causes and consequences of disease in human populations involving material of human origin for which an investigator or colleague directly interacts with human subjects in an outpatient or inpatient setting to clarify a problem in human physiology, pathophysiology or disease, or epidemiologic or behavioral studies, outcomes research or health services research, or developing new technologies, therapeutic interventions, or clinical trials."

Pediatric research is defined as: "research that is directly related to diseases, disorders and other conditions in children."

To be eligible for the loan repayment, individuals must:
- Be citizens, nationals or permanent residents of the United States
- Hold a M.D., Ph.D., Pharm.D. D.O., D.D.S., D.M.D., D.P.M., D.C., N.D. or equivalent doctoral degree
- Have total qualifying educational debt in excess of 20 percent of their annual income or compensation, as applicable, on the expected date of program eligibility

- Be engaged in qualifying clinical research or pediatric research
- Be affiliated with the NIH in one of the following ways: (a) as a recipient of postdoctoral National Research Service Award (NRSA) support on an individual postdoctoral fellowship or an institutional research training grant, (b) as a recipient of support under an individual or institutional research career development award, (c) as a first-time recipient of NIH grant support as the principal investigator of an R01, R03, R21, or U01 or (d) as a first-time director of subprojects on multicomponent center grants or multicomponent cooperative agreements.

An application package may be requested by sending an e-mail to lrp@nih.gov or by accessing http://lrp.info.nih.gov/extramural. However, the loan repayment program applications are under development and subject to approval, and are not predicted to be available until December 1, 2001. After December 1, application forms, deadline dates, and other information about the Loan Repayment Program can be accessed at http://lrp.info.nih.gov.
Ashley Woodcock, B.Sc., M.B.Ch.B., M.D., F.R.C.P., considers himself “dead lucky” to have the clinical and scientific experience, training and success that he enjoys today.

“I’ve always had to work hard for my luck,” he remarked. “But make no mistake I was very lucky.” One fortuitous turn in this British physician’s training was his stint at the Royal Brompton Hospital in London, which Dr. Woodcock describes as “arguably the best pulmonary hospital in the world.”

There, he had the good fortune to work with three renowned clinician/scientists who helped shape his career. Dr. Woodcock credits Dame Margaret Turner-Warwick, D.M., Ph.D., the first female president of the Royal College of Physicians, with teaching him to trust his intuitions.

Meanwhile, Sir John Batten, M.D., who at the time was the queen’s personal physician, taught him the “huge value of the clinical history and taking the time to listen to patients.” And, Professor Duncan M. Geddes, M.D., showed Dr. Woodcock the applicability of the scientific method to clinical problems. The result? Dr. Woodcock has exercised these lessons and experiences in becoming Director of the North West Regional Respiratory Physiology Laboratory and North West Regional Sleep Disorders Laboratory and Ventilatory Support Unit at Wythenshawe Hospital. He also serves as Professor of Respiratory Medicine at the University of Manchester and as a consultant respiratory physician at Wythenshawe.

His research interests have been wide and diverse, but always clinically oriented, covering cancer treatment in childhood, sleep and ventilatory support, lung transplantation, interstitial lung disease, bone density and inhaled steroids, and novel asthma therapies. He has also tackled political issues such as national tobacco policy and global controls on ozone-depleting chlorofluorocarbons (CFCs).

At any given time, he is mentoring four or five younger researchers. “I get stimulated by planning research strategy with younger investigators. I try to infect them with my enthusiasm.” His current research team, five physicians, four nurses, a laboratory director and nine research technicians, has focused on several important clinical questions. “I see a clinical research problem and I just get sucked in.” But, for the last five years or so, Dr. Woodcock has been primarily involved in studying the role of allergens in asthma and the investigation of methods to control house dust mite and pet allergens.

Together with Adrian Custovic M.D., Ph.D., Dr. Woodcock is trying to determine why allergy and asthma have become much more prevalent in the last 30-40 years, and to reduce the levels by correcting environmental abnormalities. In a prospective birth cohort of 1,000 children, Drs. Woodcock and Custovic have reduced allergen exposure to successfully cut infant wheezing by 50 percent. “It’s too early to know whether this will lead to reduction of asthma, but we plan on studying these children at least through puberty.”

Research projects such as these require “unbelievably hard work from a totally dedicated team,” as well as considerable funding, Dr. Woodcock explained. He has been fortunate enough to acquire support from industry, foundations, personal donors, patients and their families. “In the U.K., it is a challenge to find funding for pulmonary research. There is about 30 times more funding for cardiac research.”

Shaping Global CFC Policy

Dr. Woodcock co-chairs the United Nations’ Environmental Protection Aerosols Technical Options Committee, which advises U.N. policy-makers on the regulation of CFCs in metered-dose inhalers. “About 10 years ago the U.N. had proposed banning these inhalers in developed countries by 1996,” Dr. Woodcock explained. “This would have been a problem for patients with asthma and COPD, who had no alternative treatments.”

Dr. Woodcock’s committee advised the U.N. to make an exception for inhalers. And, each year his committee considers requests for CFCs and makes recommendations for reasonable allotments. “We also try to reduce the total amount of CFCs each year by exploring alternatives. Respiratory medicine and industry have put in a huge effort to reduce the CFC requirements, and it is likely that we will eliminate the use of CFCs in inhalers by 2006.”

Smoking and Young People

Dr. Woodcock planned and coordinated the fifth Royal College of Physicians Report on Smoking in 1992, considered a landmark document on the risks for young people. “We concluded that until the tobacco industry stopped advertising to children, we’d have a nation full of addicts,” Dr. Woodcock explained. “The report was not very popular with the Conservative government at the time, but we received tremendous popular and media support. Since then, the current Labour government has at least moved forward slowly on tobacco control.”

ATS Involvement

In spite of geographical challenges, Dr. Woodcock serves on the ATS’s World Lung Health Committee and Planning Committee. He has also served on the ATS Nominating Committee, International Relations Committee, and the Assembly on Clinical Problems Program Committee. “It is sometimes difficult to be involved in the ATS on a continual basis from 3,000 miles away, but I have enthusiasm by the bucket-full and I enjoy bringing an international perspective to ATS business.”

“I am a big supporter of the ATS opening its doors to the world,” said Dr. Woodcock. “I encourage the ATS to continue its trend of internationalization, in particular when identifying speakers for the International Conference.”

Dr. Woodcock is also active in the British Thoracic Society, U.K. Royal College of Physicians, European Union and European Respiratory Society.

On a Personal Note

Dr. Woodcock and his wife of 27 years, Fiona, have a daughter studying medicine at Cambridge University and two teen-aged sons who, Dr. Woodcock admits, can beat him in golf and tennis. He enjoys sports and spending time with his family, and takes advantage of every holiday to swim, sail, water-ski, golf, and snow-ski with his family.
Following the horrific attacks on the World Trade Center and the Pentagon on September 11, ATS President Adam Wanner, M.D., and the officers sent the following letter and contribution on behalf of all members and staff.

September 18, 2001

Kevin Gallagher, President
Uniformed Firefighters Association
204 East 23rd Street
New York, NY 10010

Dear Mr. Gallagher:

The officers, members, and staff of the American Thoracic Society, the world's foremost organization dedicated to pulmonary and critical care medicine, have all been impressed by the dedication and heroism of the members of the New York Fire Department as they responded to the World Trade Center catastrophe. Our hearts are deeply saddened that in responding to this challenge, so many have lost their lives.

For this reason, and at the suggestion of our sister organization, the American Lung Association, we are sending with this letter our check of $5,000 as a contribution to the UFA Widows' and Children's Fund, together with our humble respect and gratitude.

Sincerely,

Adam Wanner, MD
President

ATS members interested in assisting the families of victims of the September 11 attacks, and the organizations helping them, can contact the following:
American Red Cross: www.redcross.org/donate/donate.html
New York Times 9/11 Neediest Fund: 9-11neediest@nytimes.com
Salvation Army: 1-800-SAL-ARMY
United Way International Crisis Relief: www.uwint.org
ATS members looking for contact information for their ATS colleagues across the country, now have a more complete yet simpler means of searching for this information: through the new ATS On-line Membership Roster. This extensive, searchable database of all ATS members is located on the “Members Only” section of the ATS website, www.thoracic.org. In an advantage over the printed membership roster of the past, the Online Roster allows members to conduct searches of fellow members by name, city, state, clinical practice (specialty) or worksetting (hospital, private practice), etc. After a member has been located, all of his/her demographic information is then immediately available on one screen, eliminating the need to look through various sections for a member’s complete information, as was necessary in the printed roster. The electronic database also allows users to conduct multiple searches using more than one criteria. For example, a search could be conducted by clinical practice (specialty) and city. So a member could potentially search for all ATS members who are “pulmonologists” in “Kansas City.” An initial list of all members meeting this criterion is provided, and with a simple “click” on a name, the complete demographic information for each name on the list can be accessed. In addition, drop-down windows make the process user-friendly and simple for members to follow. For more information or ask questions about the On-line Roster contact webmaster@thoracic.org.

Year of Development Is Focus for the Assembly on Allergy, Immunology and Inflammation

At the end of the ATS International Conference in May 2001, James Fish, M.D. stepped down as Chair of the Assembly on Allergy, Immunology and Inflammation and passed the leadership on to Claire M. Doerschuk, M.D. Many plans have been initiated for the ATS 2002 conference, projects, the Assembly’s website, and efforts to enhance interactions within the Assembly, with other ATS assemblies, and with the European Respiratory Society.

Jeffrey L. Curtis, M.D., Chair, and Monica Kraft, M.D., Chair-elect of the Assembly’s Program Committee, are well under way planning for the 2002 conference. Nine symposia have been selected for presentation at the conference. These symposia cover a wide range of topics, commensurate with the broad interests of the Assembly’s membership, and some are jointly sponsored by other assemblies. “Regulation of T-Cell Function: A Matter of Life or Death” focuses on several aspects of T-cells and the job they do. Several symposia focus on asthma, including “Molecular Immunology of Atopy and Asthma,” “New Approaches to the Genetics of Asthma and Atopy: From Genetic Epidemiology to Functional Genomics,” and “Novel Therapeutic Targets of Airway Inflammation in Asthma.” A symposium about “New Concepts of Immunity, Inflammation and Remodeling in Asthma” is jointly sponsored by the Respiratory Cell and Molecular Biology Assembly, and “Allergens and Air Pollutants: Co-exposures and Airway Responses” will be shared with the Environmental and Occupational Health Assembly. “The Dutch Hypothesis Revisited: Do Asthma and COPD Have a Common Origin?” will examine the links between these disease processes. Those interested in innate immunity and inflammation will also find the symposium about “For Whom the Cells Toll: or What’s German for “Great” in Innate Immunity” provides new insights, as well as a symposium entitled “Molecular Basis of Cell Signaling in Inflammatory Disorders of the Lung.” Postgraduate courses about “Inflammatory Mechanisms in the Lungs and Airways: Cells, Cytokines, and Mediators” and “Bronchial Biopsies in Clinical Research: Application to Studies of Pathogenesis and the Effect of Treatment” will be offered on Friday, May 17. “Biology and Therapeutic Targets of Airway Inflammation” will take place on Sunday, May 19 through shared sponsorship with the Assembly on Respiratory Cell and Molecular Biology, and at least four evening courses are planned for May 19-21. The Program Committee is reviewing abstracts received in October for the planning of mini-symposia, poster/discussion sessions and thematic poster sessions. Again this year, two abstracts will be selected to represent the interests of the Assembly.

The Planning Committee, chaired by David S. Wilkes, M.D., received three project proposals, each of which were felt to be meritorious and within the goals and priorities of the Assembly and the ATS. These proposals are for workshops about exhaled markers of lung disease, remodeling in fibrosis, asthma and chronic bronchitis, and the immunology of organ transplantation. They have been forwarded to the ATS Program Review Committee for their consideration.

Mario Castro, M.D., M.P.H., the Assembly’s webmaster, is working with Dean E. Schraufnagel, M.D., ATS Website Editor, to update the Assembly’s website. Drs. Castro and Schraufnagel are committed to building a user-friendly resource to address the needs of the membership with plans for a journal club and a web review well under way. Any suggestions are welcomed and should be directed to Dr. Castro at castrom@msnotes.wustl.edu.

The Assembly on Asthma, Immunology and Inflammation has a membership with heterogeneous interests in innate and specific immunity, and there are many opportunities to become involved in its activities. Everyone is welcome, as are ideas and suggestions about how the Assembly can fulfill its mission, enlarge its role in lung research, education and patient care and enhance its value to members of the Assembly. Please send your ideas and comments to Claire M. Doerschuk, M.D., cmd22@po.cwru.edu.

ATS NEWS / November 2001
Obituary: Alan K. Pierce, M.D.

ATS mourns the loss of ATS Past President and former American Lung Association Board Member, Alan K. Pierce, M.D. Dr. Pierce died on Tuesday, August 28 in Santa Rosa, California after a long battle with Alzheimer’s Disease. He was 69.

During his career on the faculty at the University of Texas Health Science Center (UTHSC), he became a full professor in 1969 and served as Chief of Pulmonary Disease, Vice-Chairman of the Department of Medicine, Director of the Pulmonary Functions Laboratory, Medical Director of the Aston Ambulatory Care Center, Associate Dean for Clinical Affairs and Medical Director of Parkland Memorial Hospital in Dallas. As part of the consulting staff in Pulmonary Physiology and Chest Diseases, he was affiliated with the Veterans Administration Hospital of Dallas, John Peter Smith Hospital of Ft. Worth, Wilford Hall US Air Force Hospital, Lackland Air Force Base and Brooke Army Hospital of Texas.

Dr. Pierce’s career with the ATS and ALA spanned almost 30 years. He was elected President of the Texas Thoracic Society in 1969 and became the youngest President of the American Thoracic Society in 1972 at age 41. In 1997 Dr. Pierce received the “Distinguished Achievement Award” from ATS at the 1997 International Conference in San Francisco. This award is given to “individuals who have made outstanding contributions to the mission of ATS.” He initially joined the ALA Board in 1971 and was re-elected to the Board in 1985. In addition, he chaired several major committees for the ALA from 1976 to 1989 and served on the ALA Executive Committee from 1986 to 1989.

Dr. Pierce will be long remembered for his commitment to the ATS and ALA. Messages of condolence may be sent to this wife, Dorothy Pierce, 438 Hillsdale, Santa Rosa, California 95409.

MEETINGS, CONFERENCES, AND COURSES

Activities sponsored or endorsed by the ATS and its chapters are listed in bold.

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<th>Date and Place</th>
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| November 14   | 12th Annual North Coast Pulmonary Disease Seminar | Gloria Ayres  
Phone: (619) 663-5864  
E-mail: gayres@acncorwalk.com |
| Sandusky, Ohio|             |         |
| November 22-23| Symposium on Eicosanoids, Aspirin C.Picado and Asthma organized by European Network on Aspirin-induced Asthma (AENAS) | Phone: (34) 932-189734  
Fax: (34) 932-424147  
www.bcmmed.com |
| Barcelona, Spain|             |         |
| January 25-26,| 2002 New York State Thoracic Society Annual Scientific Assembly | Terri Bain  
Phone: (518) 453-0172  
Fax: (518) 489-5864  
E-mail: thoracic@alany.org |
| West Point, NY |             |         |
| February 8-10,| ICBRD 2002: International Conference on Bronchology and Respiratory Diseases | Dr. Ajit Vigg  
E-mail: info@icbrd.com  
www.icbrd.com |
| Hyderabad, India|             |         |
| February 14-17,| International Critical Care Congress 2002 and the 8th Annual Conference of the Indian Society of Critical Care Medicine | Dr. Rajesh Chawla  
Email: drchawla@vsnl.net |
| New Delhi, India|             |         |
| February 28-March 3,| The ATS 7th Clinical State-of-the-Art course in Pulmonary and Critical Care Medicine | Annie Internicola  
Phone: (212) 315-8644  
Fax: (212) 315-6498  
E-mail: Internicola@thoracic.org  
Website: www.thoracic.org |
| San Diego, California|             |         |
| March 1-6,| 58th Annual Meeting of the American Academy of Allergy, Asthma and Immunology | Phone: (414) 272-6071  
Fax: (414) 272-6070  
E-mail: am2002@aaaai.org  
Website: www.aaaai.org |
| New York, NY|             |         |
| March 22-24,| Lymphangioleiomyomatosis (LAM) Research Conference, sponsored by the LAM Foundation | Sue ByrnesFax: (414) 272-6070  
Phone: (513) 777-6889  
Fax: (513) 777-4109  
E-mail: lam@one.net |
| Cincinnati, Ohio|             |         |
| May 17-22,| ATS 2002 The 98th International Conference | Saidah Henderson  
Phone: (212) 315-8780  
E-mail: shenderson@thoracic.org  
Website: www.thoracic.org |
| Atlanta, Georgia|             |         |