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for the Conscious Woman

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September/October 2009

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September/October 2009

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From the Publisher



Soaking in the wisdom passed down through the counsel of my elders, I have learned that health is a major source of wealth. Without it, we cannot fully enjoy the glorious rising of the sun along a picturesque horizon, feel the misty morning dew that gently blankets the earth, our life's works or our connectedness with others would be at a loss. Feeling unhealthy, we cannot answer the call to service when life beckons us, or fulfill the role of parents or providers on many levels. Further, sound mental health empowers us to effectively carry out our daily activities. The lack thereof can lead to a myriad of social ills like alienation, joblessness, homelessness,

and abuse. As employers, our health determines how we meet our obligations to the workers and the colleagues who support us. Indeed, health permeates different aspects our lives. For our magazine, good health means having the viability to be a resource and of service to others. To our readers, supporters and advertisers, may your life path be a healthy

one, abundant with good wishes and good tidings that warm the heart.

All the best,
Joslyn Wolfe

“When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless and intelligence cannot be and applied.”

—Herophilus

Focus Women

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MAGAZINE

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An Invite from the Editor

Arguably, the Health Care Reform movement has been a lightning rod for centrists, leftists and rightists alike. From the corridors of Congress to the town halls of blame and shame, Mainstreet America has heard a lengthy symphony of discordant notes punctuated with banter and chatter. In an attempt to present understanding, our editorial board decided to consult Factcheck.org to examine both aisles of the debate. We invite you to join us.

26 Lies About H.R. 3200

By
Brooks Jackson,
Lori Robertson
and Jess Henig,
with D'Angelo
Gore.

Summary

Our inbox has been overrun with messages asking us to weigh in on a mammoth list of claims about the House health care bill. One chain e-mail purports to give “a few highlights” from the first half of the bill, but the list of 48 assertions is filled with falsehoods, exaggerations and misinterpretations. We examined each of the e-mail’s claims, finding 26 of them to be false and 18 to be misleading, only partly true or half true. Only four are accurate.

Analysis

This chain e-mail claims to give a run-down of what’s in the House health care bill, H.R. 3200. Instead, it shows evidence of a reading comprehension problem on the part of the author. Some of our more enterprising readers have even taken it upon themselves to debunk a few of the assertions, sending us their notes and encouraging us to write about it. We applaud your fact-checking skills and your skepticism. And skepticism is warranted.

Chain e-mail: *Subject: A few highlights from the first 500 pages of the Healthcare bill in Congress. Contact your Representatives and let them know how you feel about this. We, as a country, cannot af-*

ford another 1000 page bill to go through Congress without being read. Another 500 pages to go. I have highlighted a few of the items that are down right unconstitutional.

A few readers alerted us to the fact that a state representative in North Carolina, Rep. Curtis Blackwood, published a version of the e-mail in a newsletter to constituents, telling them that while going through e-mail, he came across “some interesting information on the Democrats’ big health care bill, H.R. 3200. While this is federal legislation and not state, the topic is of enough significance that I thought many of you would be interested in reading it.”

We’d refer Rep. Blackwood to our special report on viral messages titled, “That Chain E-mail Your Friend Sent to You Is (Likely) Bogus. Seriously.”

We can trace the origins of this collection of claims to a conservative blogger who issued his instant and mostly mistaken analyses as brief “tweets” sent via Twitter as he was paging through the 1,017-page bill. The claims have been embraced as true and posted on hundreds of Web sites, and forwarded in the form of chain e-mails countless times. But there’s hardly any truth in them. We’ll go through each of the claims in this message:

CLAIM: Page 22: Mandates audits of all employers that self-insure!

False: This section merely requires a study of “the large group insured and self-insured employer health care markets.” There’s no mention of auditing employers, only of studying “markets.” The purpose of the study is to produce “recommendations” to make sure the new law “does not provide incentives for small and mid-size employers to self-insure.”

CLAIM: Page 29: Admission: your health care will be rationed!

False: This section says nothing whatsoever about “rationing” or anything of the sort. Actually, it’s favorable to families and individuals, placing an annual cap on what they could pay out of pocket if covered by a basic, “essential benefits package.” The limits would be \$5,000 for an individual, \$10,000 for a family.

CLAIM: Page 30: A government committee will decide what treatments and benefits you get (and, unlike an insurer, there will be no appeals process)

False: Actually, the section starting on page 30 sets up a “private-public advisory committee” headed by the U.S. Surgeon General and made up of mostly private sector “medical and other experts” selected by the president and the comptroller general. The advisory committee would have only the power “to recommend” what benefits are included in basic, enhanced and premium insurance plans. It would have no power to decide what treatments anybody will get. Its recommendations on benefits might or might not be adopted.

CLAIM: Page 42: The “Health Choices Commissioner” will decide health benefits for you. You will have no choice. None.

False: The new Health Choices Commissioner will oversee a variety of choices to be offered through new insurance exchanges. The bill itself specifies the “minimum services to be covered” in a basic plan, including prescription drugs, mental health services, maternity and well-baby care and certain vaccines and preventive services (pages 27-28). We find nothing in the bill that prevents insurance companies from offering benefits that exceed the minimums. In fact, the legislation allows (page 84) any company that offers an approved basic plan to offer also an “enhanced” plan, a “premi-

um” plan and even a “premium plus” plan that could include vision and dental benefits.

CLAIM: Page 50: All non-US citizens, illegal or not, will be provided with free healthcare services.

False. That’s simply not what the bill says at all. This page includes “SEC. 152. PROHIBITING DISCRIMINATION IN HEALTH CARE,” which says that “[e]xcept as otherwise explicitly permitted by this Act and by subsequent regulations consistent with this Act, all health care and related services (including insurance coverage and public health activities) covered by this Act shall be provided without regard to personal characteristics extraneous to the provision of high quality health care or related services.” However, the bill does explicitly say that illegal immigrants can’t get any government money to pay for health care. Page 143 states: “Nothing in this subtitle shall allow Federal payments for affordability credits on behalf of individuals who are not lawfully present in the United States.” And as we’ve said before, current law prohibits illegal immigrants from participating in government health care programs.

CLAIM: Page 58: Every person will be issued a National ID Healthcard.

False. There is no mention of any “National ID Healthcard” anywhere in the bill. Page 58 says that government standards for electronic medical transactions “may include utilization of a machine-readable health plan beneficiary identification card,” to show eligibility for services. Insurance companies typically issue such cards already, but if such a standard were issued the cards would need to be in a standard form readable by computers. The word “may” is used to permit such a standard, but it does not require one.

CLAIM: Page 59: The federal government will have direct, real-time access to all individual bank accounts for electronic funds transfer.

False. This section aims to simplify electronic payments for health services, the same sort of electronic payments that already are common for such things as utility bills or mortgage payments. The bill calls for the Secretary of Health and Human Services to set standards for electronic administrative transactions that would “enable electronic funds transfers, in order to allow automated reconciliation with the related health care payment and remittance advice.” There is no mention of “individual bank

accounts” nor of any new government authority over them. Also, the section does not say that electronic payments from consumers is required.

CLAIM: Page 65: Taxpayers will subsidize all union retiree and community organizer health plans (read: SEIU, UAW and ACORN)

Misleading. Page 65 is the start of a section (SEC. 164. REINSURANCE PROGRAM FOR RETIREES) that would set up a new federal reinsurance plan to benefit retirees and spouses covered by any employer plan, not just those run by labor unions or nonprofit groups. Specifically, it covers “retirees and. . . spouses, surviving spouses and dependents of such retirees” who are covered by “employment-based plans” that provide health benefits. It’s open to any “group health benefits plan that. . . is maintained by one or more employers, former employers or employee associations,” as well as voluntary employees’ beneficiary associations (page 66). Furthermore, the aim of the fund is to cut premiums, copays and deductibles for the retirees. Payment “shall not be used to reduce the costs of an employer.”

CLAIM: Page 72: All private health-care plans must conform to government rules to participate in a Healthcare Exchange.

True. This page begins a section setting up a new, national Health Insurance Exchange through which individuals and employers may choose from a variety of private insurance plans, much like the system that now covers millions of federal workers. Any private insurance plans offered through this exchange must meet new federal standards. For example, such plans can’t deny coverage for preexisting medical conditions (page 19).

CLAIM: Page 84: All private health-care plans must participate in the Health Care Exchange (i.e., total government control of private plans)

Partly True. Nothing like this appears on page 84. No insurance company is required to sell plans through the exchange if it doesn’t want to. Any employer may choose to buy coverage elsewhere. In fact, the vast majority of employers will still be buying private plans through the normal marketplace, because only employers with 10 or fewer employees are even allowed to buy through the exchange in the first year. The limit rises to 20 employees in the second year. However, new plans sold directly to individuals

will only be sold through the exchange. Individuals who currently buy their own coverage can keep those plans if they wish, and if the insurance company continues to offer them.

Claim: Page 91: Government mandates linguistic infrastructure for services; translation: illegal aliens

Misleading. It's true that page 91 says that insurance companies selling plans through the new exchange "shall provide for culturally and linguistically appropriate communication and health services." The author's "translation," however, assumes that anyone speaking a foreign language or from another culture is an illegal immigrant, which is false.

CLAIM: Page 95: The Government will pay ACORN and Americorps to sign up individuals for Government-run Health Care plan.

False: This page is the start of "SEC. 205. OUT-REACH AND ENROLLMENT OF EXCHANGE-ELIGIBLE INDIVIDUALS AND EMPLOYERS IN EXCHANGE-PARTICIPATING HEALTH BENEFITS PLAN." It says a newly established Health Choices Commissioner "shall conduct outreach activities" to get people covered by private or government health insurance plans. The section says on page 97 that the Commissioner "may work with other appropriate entities to facilitate... provision of information." But there is no authorization anywhere in the entire section for the Commissioner to pay money to any group to engage in outreach.

CLAIM: Page 102: Those eligible for Medicaid will be automatically enrolled: you have no choice in the matter.

Partly True. Page 102 says certain Medicaid-eligible persons will be "automatically enrolled" in Medicaid (which is the state-federal program to provide insurance to low-income workers and families) IF they are not already covered by private insurance. That would happen only if they had "not elected to enroll" in one of the private plans offered through the new insurance exchanges, however. So on paper at least, they would have a choice. Also, it's estimated that one in four persons who lacks health insurance is already eligible for Medicaid or its offshoot, the state Children's Health Insurance Program, but simply haven't signed up or been enrolled by their parents.

CLAIM: Page 124: No company can sue the government for price-fixing.

No "judicial review" is permitted against the government monopoly. Put simply, private insurers will be crushed.

Half True. It's true that page 124 forbids any review by the courts of rates the government would pay to doctors and hospitals under the new "public option" insurance plan. But there's no mention of "price fixing" in the bill; that's the e-mail author's phrase. It also remains to be seen if the "public option" plan would grow to become a "government monopoly," as the author predicts.

CLAIM: Page 127: The AMA sold doctors out: the government will set wages.

Misleading. Nothing in the bill would "set wages" for doctors in general. Page 127 says the government would ask doctors to accept below-market rates set by the government for their patients who are covered by a new "public health insurance option," just as they now are asked to do so for patients covered by Medicare. Physicians would still be free to charge what they wish for other patients, and free not to accept patients covered by the new program just as they are now free to refuse Medicare patients. That's not a choice many doctors make, however, so as a practical matter the government would be setting rates (not "wages") for many patients. On the other hand, the new "public" plan is aimed mainly at covering people who have no insurance now and can afford to pay doctors little if anything.

CLAIM: Page 145: An employer MUST auto-enroll employees into the government-run public plan. No alternatives.

False. It's true that employers would be required to sign up their workers for coverage automatically, but it doesn't have to be the "public plan." It would be the employer-offered plan "with the lowest applicable employee premium" (pages 147- 148). This would only be the "public option" if the employer was eligible to buy coverage through the Health Insurance Exchange (not likely, at least during the first two years when only small businesses would have access), and the "public option" was the cheapest plan (which would be likely). Furthermore, while the employer isn't given an alternative, the workers are. They may reject auto-enrollment under an opt-out provision (page 148).

CLAIM: Page 146: Employers MUST

pay healthcare bills for part-time employees AND their families.

Half True. There's nothing in this section about part-time employees' families, but this provision does call for employers to contribute toward part-time employees' health insurance. The bill says that "for an employee who is not a full-time employee ... the amount of the minimum employer contribution" will be a proportion of the minimum contribution for full-time employees. This proportion will depend on the average weekly hours of part-time employees compared with the minimum weekly hours required to be a full-time employee, as specified by the Health Choices Commissioner. (For a point of reference: The minimum contribution for individual plans of full-time employees is not less than 72.5 percent of the premium of the cheapest plan the employer offers.)

CLAIM: Page 149: Any employer with a payroll of \$400K or more, who does not offer the public option, pays an 8% tax on payroll CLAIM: Page 150: Any employer with a payroll of \$250K-\$400K or more, who does not offer the public option, pays a 2 to 6% tax on payroll.

Both Partly True. The bill requires employers either to offer private health insurance coverage or pay a percentage of their payroll expenses to help finance a public plan. The 8 percent payment would indeed apply to employers with payrolls over \$400,000 in the previous year, and lesser amounts would apply to smaller firms. Those with payrolls of \$250,000 or less would pay nothing. But the penalty isn't incurred if an employer "does not offer the public option," as the e-mail claims. Rather, it's a penalty for not offering health insurance to employees.

CLAIM: Page 167: Any individual who doesn't have acceptable health care (according to the government) will be taxed 2.5% of income.

True. This is the mechanism in the bill to enforce the individual mandate requiring everyone to have insurance. A person who doesn't have insurance that meets minimum benefit standards (or other acceptable coverage, such as a plan that was grandfathered in) would pay a penalty of 2.5 percent of modified adjusted gross income for the year. The total penalty can't exceed a national average premium for individual coverage, or family coverage if applicable.

(Continued on page 19.)

A Public Healthcare Option is Essential

By Bette Rainbow Hoover

It's hard to hear the facts about health care reform for all the hot air around the subject. In heated town hall meetings across the country, fear and misinformation has fueled a fervor that has not been seen in recent years. Conservatives pull out the dreaded "socialized medicine" accusations while liberals are upset that the Obama administration may sell out to the insurance companies. This could become a missed opportunity for a long overdue and much needed health care reform.

If we follow the money trail, we find that insurance companies have been making huge profits on healthcare for too long. While companies benefit, 700,000 people in the U.S. are forced into bankruptcy each year due to medical bills. At least 40 million of us are uninsured and another 45 million under-insured. In France, Britain, Japan, Canada and Germany this would never happen. The United States is the only developed country that lets insurance companies profit from basic health coverage and yet so many lack access to adequate care. In fact, many of these countries have settled on one model for health-care delivery that serves everyone. (Reid 2009)

According to T.R. Reid in a recent Washington Post

Article (Reid 2009), instead of dismissing health care models of democratic countries as "socialist", we could learn from them. Many have found ways to cover everybody—and still spend far less than we do in the U.S. Our own Medicare program is a government run "socialized" medicine that is working. Why not extend it to everyone?

There are many advantages of a single-payer (sometimes called "Medicare for All") health care coverage. High on the list is that everyone is covered and a close second is that there is a greater choice of providers for care. Putting decisions into the hands of the patient and provider instead of Insurance Companies and HMO's would be a dramatic improvement. And instead of being tied to employment, one could maintain a consistent and portable plan of care and coverage. Instead of hundreds of forms (dependent on the company), there could be one standardized form for all.

U.S. health insurance companies have the highest administrative costs in the world—contrary to what many believe. About 20 cents of every dollar goes for nonmedical costs (such as paperwork, reviewing claims and marketing). In contrast, Canada's universal insurance system, run by government

bureaucrats, only spends 6 percent on administrative overhead. France covers everybody and spends about 4 percent and Taiwan (a leaner version of the Canadian model) has administrative costs of 1.5 percent. (www.medicareforall.org) Reduced administrative overhead could mean improved care for all of us.

"There are too many people who understand, including the president himself, that the public option is absolutely linked to reform," said former

Governor Howard Dean on August 17th on the CBS "Early Show." Dean is a physician and the former chair of the Democratic National Committee. (Stolberg 2009)

Let's hope we can do it right this time and reform health care so everyone benefits—not just the insurance companies.

Bette Rainbow Hoover is a Registered Nurse and Massage Therapist who resides in Howard County, Maryland. www.justpeacecircles.org



Lessons from My Blossom Garden

Many things grow in the garden that were never sown there.

~Thomas Fuller, *Gnomologia*, 1732



By Jaana Myllyluoma

I look out of my back door to the vegetable garden that is bursting with autumn bounty with the pride of a mother seeing her child all grown. “Wow, I made that!” I exclaim to myself, still in awe of the power of a simple idea to bear such tangible fruit right in front of my very eyes. Beyond of what I can actually see—the graceful sunflowers, the lusciously-shaped tomatoes, the peppers bowing to the ground, and the flouncy tops of carrots—lies another harvest of intangibles, laid out for me to feast on long after the last beet has been pulled up and pickled.

I didn’t know in the beginning that with gardening I also signed on to a course in leadership and self-know-

ledge. My garden became my teacher—at times ruthless and demanding, and at other times gently patient and forgiving. The lessons unfolded in no particular order and often I was given a chance to repeat until I learned it well. Despite my best intentions to keep a garden journal, the selected reflections in hindsight offered here are the only notes I took.

Everything starts as an idea. Prior to this year, I was a virtual gardener. I planted many a garden in my head but never had the time or the wherewithal to do anything beyond a hopeful circling in seed catalogues. Then a convergence of circumstances this past winter planted a new seed in my thought. (I’m careful to point out that the idea came to me before

Michele Obama made a public announcement about the White House garden project.) A temporary loss of a major source of income in our family had me thinking of ways to reduce our food bill. I was also becoming more aware of the energy spent in hauling produce from long distances and thought that growing locally could also mean my back yard. Add to that our decision not to take a summer trip that usually has us miss the heat of the Baltimore deep summer, and the garden was an idea whose time had arrived.

Let your vision unfold. A large grassy yard can be an intimidating blank canvas. I knew where to position the garden for optimum sunlight, but the idea of having a box in the middle of the yard did

not appeal to my sense of beauty. So I got this idea of having a round garden with paths that divide it into pie wedges. Sketching on paper, the idea grew and metamorphosed into a blossom-shape with a circular plot in the center for flowers. Thus the soul of the garden was born in my imagination and given a name—The Blossom Garden.

Cultivate stillness. A garden is a magical place where time stands still. As a counterpoint to the physical labor of hoeing, digging, and weeding is the irresistible urge to contemplate the beauty and mystery of life. I learned to let go of the need to be “doing something” and became absorbed watching the dance between two butterflies as they swirled around and into the zinnias. Oh the joyful moment of bliss when the pumpkin offered its glorious trumpet flowers for a brief bath in the shimmering morning light.

Beware of too much of a good thing. I grew most of the plants from seed, started either indoors in flats or sown in the ground. I was amazed at the number of plants that come from one packet of seeds. That was all fine and well until it came time to thin the plants, which felt like killing my children. My naïve mercy to keep them all came at a later cost when the growing beets would bump each other out of the ground, or when I realized that twelve tomato plants could feed an army, not to mention highjack the adjoining plots.

Give of your abundance. And speaking of feeding an army—I was grateful to find

a food pantry that wanted fresh produce to distribute to families in need. Even though my offering was small in contrast to the need, it gave great satisfaction to know that the zucchini, tomatoes and beans that grew in my backyard were filling a hungry belly somewhere else in Baltimore.

When you eat vegetables, you eat less of other things. A strange thing happened about the time the first peas and cucumbers made their way to our dinner table. I lost all interest in eating meat. I don't know if it was the result of a raised consciousness or simply a change of palate because it happened so naturally. I bought a vegetarian cookbook and began experimenting with my daily gathering of vegetables and herbs. A welcomed but an unplanned side effect was that by the end of the summer, my clothes were fitting looser.

My novice foray into gardening certainly had its ups and downs. When a fungus attacked and eventually leveled my pumpkin, squash and cucumber, I refused to go into the garden for a few days. And then, chin up, I pulled out the sad remains and hoed the empty plot. “Don't ever give up,” whispered the garden, and I dug my hands into the musty blend of compost and mulch, made a long indentation, and carefully sprinkled beet seeds for a late autumn harvest. “Thank you, Blossom Garden,” I whispered back and covered each seed as lovingly as a mother tucking in her newborn.

Jaana Myllyluoma, Ph.D., CPCC is a professional coach, consultant and a trainer who enjoys helping others grow and blossom. She is available to speak to groups and to conduct individual and group coaching sessions. You can reach her at jaanamy@comcast.net or 410-292-8788.



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Today's Girls, Tomorrow's Entrepreneurs

By Traci A. Barnett

In the last decade, women's entrepreneurial ventures have increased steadily. Women, like never before, are taking control of their own destinies, charting their own course for success...and it's working! The latest U.S. Census information states that in the five year period between 1997 and 2002, the growth in women-owned businesses (19.8%) far outpaces the overall growth (7%)



of U.S. businesses. It goes on to note that women-owned Maryland firms numbered 137,442 and generated \$17.8 billion in revenues. Furthermore, women now represent 39.2% of those self-employed in the state. Statistics like these are encouraging to women of all ages as they demonstrate that today's women have continually evolving options for shaping their

own destinies and creating their own career pathways.

There are many positive aspects of business ownership—flexibility, opportunity to manage and generate desired income and the ability to work from a place of your choosing – current estimates indicate that 3.5 million women, nationally, have home-based businesses. While the list of benefits vary from individual to individual the National Foundation for Women Business Owners reported that the satisfaction derived from business ownership for women is unique in several respects: building relationships, “giving something back” and being in control of one's destiny are all key rewards of entrepreneurship for women. As a perpetual advocate for girls, these rewards resonate deeply with me. It reflects



why many Maryland women serve as mentors who inspire and encourage girls today to be tomorrow's entrepreneurs. For nearly 30 years local women business owners, CEOs and presidents have mentored teen-age Girl Scouts for a day as part of our Distinguished Women's Award event. These women spend a normal workday with a girl who shadows her as she performs her day-to-day duties. The impact is particularly meaningful as girls observe, first-hand, a woman in a role to which she aspires.

Similarly, the Girl Scout Cookie Program allows girls to experience running their own business through the cookie sale activity. As part of the Girl Scout Cookie Program girls, as early as Daisy Girl Scouts (ages 5-6), develop a "business plan" to achieve troop and individual goals. Many business women today credit their neophyte Girl Scout Cookie experience as their entrée to the business world. Because we know what can be learned and developed through this annual activity, our Council developed a Cookie College, which includes "courses" that focus on the basics of running a business for Girl Scouts of every age-level. Course offerings include: cash flow, goal setting, financial literacy, advertising your own business and developing a business proposal. In addition, older Girl Scouts have access to "CEO tools" that include a marketing plan, Powerpoint presentation, business and thank you cards, and on-line marketing tools to help make their Girl Scout Cookie Program efforts successful

(www.littlebrownie.com/girls/girls_cookie_ent.html).

The Girl Scout Cookie Program encourages these young entrepreneurs to build relationships within their community; give something back through cookie donations to the Council's Gift of Caring community service project and go on trips, attend camp or purchase activity supplies with the proceeds of their Troop sales. These are rewards that

benefit the girls and the communities in which they live and gives them the skills and confidence they will need for future endeavors.

Traci A. Barnett, M.B.A. is Chief Executive Officer for Girl Scouts of Central Maryland (GSCM) which serves 30,000 girls ages 5-17 in Baltimore City, Anne Arundel, Baltimore, Carroll, Harford and Howard counties. For more information about GSCM programs or the Girl Scout Cookie Program activity, visit www.gscm.org or call 410.358.9711.

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Maryland Women In Science and Technology

By Jill Moss Greenberg



Women, in general, have faced discrimination and opposition to gain recognition in the historically male-dominated fields of mathematics, science, technology, and engineering. It was not until the passage of Title IX in 1972, the federal law that outlaws sex discrimination in schools and education programs receiving federal funds, that girls and women were given equal access to mathematics, science and technology programs.

However, in spite of this, many Maryland women have been firsts and founders in the fields of mathematics, science, technology, and engineering, making lasting contributions and setting examples for other women and girls.

The Maryland Women's Heritage Center is committed to telling the stories of these, and other, Maryland women to add "herstory to history to tell ourstory," especially since so many of the accomplishments of these women have brought national and often international attention to the particular feat, but not to the actual women behind the achievements.

Some of the important Maryland women in the fields of mathematics, science, technology, and engineering include:

Clara Barton (1821–1912) is best known for establishing the American Red Cross and becoming its first president in 1882. She is also known as "The Angel of the Battlefield" for her work as a nurse tending



to wounded soldiers during the Civil War. She lived in Glen Echo, Maryland, where the Clara Barton National Historic Site was established by the National Park Service in 1975. This is one of the first National Historic Sites dedicated to the accomplishments of a woman.

Edith Clarke (1883–1959), America's first female engineer, grew up on a small farm in Howard County. Although she was the first woman to earn a master's degree in electrical engineering (from Massachusetts Institute of Technology), she still had trouble finding a job as an engineer. Eventually, at the age of 39, she was

hired as an electrical engineer at General Electric (GE). Upon her retirement from GE in 1945, she became the first woman to teach electrical engineering in the United States at the University of Texas. In 1948, Clarke became the first woman to be elected fellow of the American Institute of Electrical Engineers.

Helen Brooke Taussig (1898–1986) is known for her work in co-developing the "blue baby" heart surgery in 1944 as a doctor at Johns Hopkins Hospital in Baltimore. She also became the first woman to be made a full professor at Johns Hopkins Medical School in 1959. In 1964, she was the first woman elected president of the American Heart Association. She also received a Medal of Freedom, the highest civilian honor the president of the United States can bestow, in 1964. She was one of the first 20 women in the United States to be inducted into the National Women's Hall of Fame in Seneca Falls, New York, in 1973.

Rachel Carson (1907–1964), from Silver Spring, Maryland, is credited as the founder of the contemporary environmental movement. Her pioneering and controversial book, *Silent Spring*, sparked debate about the use of chemical pesticides,



which helped to raise awareness of the importance of preserving the earth. Public reaction from *Silent Spring* also forced the United States government to undertake a study of pesticides, which resulted in greater restrictions on the use of chemicals and the banning of DDT. In addition, less than a decade after *Silent Spring* was published, the U.S. Environmental Protection Agency was established.

Eugenie Clark (1922–), known as the “Shark Lady,” is a renowned ichthyologist, a biologist that studies fish. An expert on sharks, she has studied the behavior, ecology, and taxonomy of fish for more than 50 years. She is also a pioneer in the field of scuba diving for research



purposes. Dr. Clark is a former professor at the University of Maryland, College Park, where she still holds the title of Senior Research Scientist and Professor Emerita.

Rita R. Colwell (1934–) is a renowned scientist and educator, who was the first woman to serve as Director of the National Science Foundation (NSF). She is also an advocate for women, especially those in science. A pioneer in the emerging field of biotechnology, Colwell is a professor in the Center for Bioinformatics and Computational Biology at the University of Maryland, College Park, and founded the University of Maryland Biotechnology Institute (UMBI) in 1985. Dr. Colwell has been inducted into the Maryland Women’s Hall of Fame and the National Women’s Hall of Fame. She is also a board member of the Maryland Women’s Heritage Center.



Ellen Silbergeld (1945–) is an environmental toxicologist and researcher, whose work has helped to contribute to the removal of lead, a major environmental and health hazard, from gasoline. She has also been an activist in addressing lead contami-

nation in water. Now at the Johns Hopkins Bloomberg School of Public Health, her latest work focuses on the widespread use of antibiotics in farm animals and poultry raised for public consumption, which has been linked to the increase in drug-resistant infections.

It is important that women and girls are encouraged to pursue careers in mathematics, science, technology and engineering, and look to these and other female role models to understand that these fields are not out of reach to them.

Currently, there are many programs and events in Maryland that are helping to lead the way for women and girls in mathematics, science, technology, and engineering, such as:

- The Multinational Development of Women in Technology (MDWIT), an international organization which promotes the advancement of women in technology, was begun in Maryland. Its Chief Executive Officer is Claudia Morrell, formerly the executive director of the Center for Women and Information Technology, an internationally recognized organization she helped to build at the University of Maryland, Baltimore County (UMBC). www.mdwit.org
- Led by the Women in Engineering program at the University of Maryland, College Park, the Mid-Atlantic Girls Collaborative (MAGiC) is committed to increasing the number of girls in Maryland, Virginia, and Washington, D.C., pursuing mathematics, sci-

ence, technology, and engineering (STEM) careers. A kick-off conference is taking place September 26, 2009, in Rockville, with keynote speaker Catherine Didion, Senior Program Officer from the National Academy of Engineering. (More information can be found at www.ngcproject.org/magic/index.cfm.)

- The Women's Giving Circle of Howard County, organized by Diana Bailey, work-force development coordinator for the Maryland State Department of Education and board member of the Maryland Women's Heritage Center, along with The Johns Hopkins University Applied Physics Laboratory hosts an an-

nual expo in March during Women's History Month to encourage girls to consider careers in science, technology, engineering, and mathematics (STEM).

In March 2009, the Maryland Women's Heritage Center held a special event, "Women Taking the Lead to Save Our Planet," at the Rachel Carson House in Silver Spring, Maryland, in honor of Rachel Carson and numerous other Maryland women and girls who have made contributions to protect and preserve the environment, including Ilia J. Fehrer for her preservation of the Assateague Island National Seashore and Girl Scout Caitlin Alexandra Dunbar whose lifelong interest in nature and the outdoors led to the creation of the Caitlin Dunbar Girl Scout Nature Center, which was established following her sudden death from leukemia at age 15.

The Maryland Women's Heritage Center Website at www.mdwomensheritagecenter.org is constantly being updated to include these and other events of interest to women and girls throughout the state. To submit an event for the Website, e-mail mwhcjill@comcast.net.

For more information or to become involved in supporting the creation of the Maryland Women's Heritage Center, visit our Website at www.MDWomensHeritageCenter.org, call 410-767-0675, or e-mail mwhcjill@comcast.net.

Jill Moss Greenberg is the Executive Director of the Maryland Women's Heritage Center.

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- Special recognition of the innumerable "unsung heroines" in our families and communities
- An interactive, state-of-the-art student learning center
- A resource and reference library
- A women's history archive
- Displays of arts and crafts
- Dramatic, musical, and dance performances by Maryland women and girls
- Dialogues and seminars on women's issues
- Space for special events and receptions
- A gift shop with art, literature and unique gifts by Maryland women

Reflections on Fall 2009

By Janice Campbell M.Ac., L.Ac., ADS

Fall is the season of loss and grief, of letting go of that which is no longer useful. It is also the time for keeping what's truly valuable and breathing in the awe and beauty around us. Consequently, the organs that Chinese Medicine as-



Janice Campbell

sociates with this season are the Lung—our source of true inspiration—and the Large Intestine—our physical manifestation of letting go while saving the last of

what is of value. The element for Fall is Metal, symbolizing the precision and distinctiveness that is present this time of year, palpable in the crispness of the air and the clarity of the light.

In Fall, nature begins to pull inward and withdraw from the activity and camaraderie of Summer. The plants let go of their foliage and pull their reserves back down into their roots. The fruit left on the ground begins to transform back into earth ready to nourish new growth come Spring. The

animals shed summer coats and begin storing up things of worth and finding places to rest.

The energetic transition from Fall to Winter takes place at the end of October/beginning of November—around the Day of the Dead—a holiday which in some cultures is celebrated by the telling of stories about those who have died. This mirrors the Fall energetic in both honoring the deceased and preserving the valuable memories.

In Chinese Medicine, it is said that heaven recedes in the Fall, leaving us more alone and contemplative. Perhaps this is why many people have difficulty with the Summer to Fall transition. We are not taught in our culture to slow down. Often the urge to be still and “zone out” is merely our body’s way of encouraging us to balance all of our activity with an equal dose of stillness and quiet.

The more we can do to live in accordance with the seasons, the healthier we’ll be. Fall is a great time for housecleaning and simplifying life. It is a wonderful time to get outdoors for quiet, thoughtful walks and peaceful meditation amidst the beauty of the fall colors. It is a time to clarify our inten-

tions and choose wisely what we will take with us into the dark of Winter.

In Fall, the world pauses to meditate as it transitions from the height of activity and warmth to the depth of stillness and cold. As part of nature, we are in transition too and so are more easily knocked off balance. Hence, it is good to take extra care of ourselves: eating nourishing foods, drinking plenty of water, allowing our bodies to move and stretch, and taking time to be quiet and recharge.

May the meditative quality of the season bring peace and simplicity to your life and allow you to fully appreciate the beauty both in and around you. A healthy Fall will help support us through the stillness of Winter and prepare us for surge of Spring to come.

Janice Campbell M.Ac., L.Ac., ADS is a Licensed Acupuncturist & Qigong Instructor and co-owner of Ancient Arts Wellness in the heart of downtown Baltimore. She can be reached at 410-454-0178 ext.702 or Janice@AncientArtsWellness.com.

H.R. 3200 Lies, *continued from page 8.*

CLAIM: Page 170: Any NON-RESIDENT alien is exempt from individual taxes (Americans will pay for them).

False. “Non-resident aliens” are generally those who have spent less than 31 days in the U.S. during the year. The claim that “Americans will pay for them” assumes that such visitors would somehow be getting federal benefits that would cost taxpayers money. In any case, they are not “exempt from individual taxes” at all. Under current law, the Internal Revenue Service says: “If you are a nonresident alien, you must file Form 1040NR (PDF) or Form 1040NR-EZ (PDF) if you are engaged in a trade or business in the United States, or have any other U.S. source income on which the tax was not fully paid by the amount withheld.” All that page 170 says is that non-resident aliens who don’t obtain health coverage don’t have to pay an additional 2.5 percent federal tax that would apply to U.S. workers who fail to get coverage, or to immigrants who are working here legally under green cards and who fail to obtain coverage. The tax is spelled out in subsection (a) starting on page 167.

CLAIM: Page 195: Officers and employees of Government Health care Bureaucracy will have access to ALL American financial and personal records.

False. This section of the bill discusses “Disclosures To Carry Out Health Insurance Exchange Subsidies.” It says that government employees of the health insurance exchange will have access to federal tax information for purposes of determining eligibility for affordability credits available for low- and moderate-income Americans. In other words, in order to qualify for a government subsidy to purchase health insurance, the government needs to confirm your income. And, no surprise, the government already has access to your federal tax information. The bill also says nothing about “ALL... financial and personal records.” Instead it says “Such return information shall be limited to—(i) taxpayer identity information with respect to such taxpayer, (ii) the filing status of such taxpayer, (iii) the modified adjusted gross income of such taxpayer (as defined in section 59B(e)(5)), (iv) the number of dependents of the taxpayer, (v) such other information as is prescribed by the Secretary by regulation as might indicate whether the taxpayer is eligible for such affordability credits (and the amount thereof).” The bill goes on to limit use of this information “only for the purposes

of, and to the extent necessary in, establishing and verifying the appropriate amount of any affordability credit... and providing for the repayment of any such credit which was in excess of such appropriate amount.”

CLAIM: Page 203: “The tax imposed under this section shall not be treated as tax.” Yes, it really says that.

Misleading. What this actually says is: “The tax imposed under this section shall not be treated as tax imposed by this chapter for purposes of determining the amount of any credit under this chapter or for purposes of section 55,” which deals with the Alternative Minimum Tax. It would limit the ripple effects of the new taxes the bill would impose on individuals making over \$350,000 a year.

CLAIM: Page 239: Bill will reduce physician services for Medicaid. Seniors and the poor most affected. CLAIM: Page 241: Doctors: no matter what specialty you have, you’ll all be paid the same (thanks, AMA!)

Both False. Both of these claims pertain to Section 1121, which updates the physician fee schedule for 2010 for Medicare. It doesn’t “reduce physician services for Medicaid” (which wouldn’t pertain to seniors anyway); instead it modifies a section of the Social Security Act that defines physicians’ services. The section also doesn’t say that doctors will be paid the same “no matter what specialty you have.” Instead it sets up two categories of physician services with different growth rates for fees under those categories. As the Kaiser Family Foundation says of this section of the bill: “Allows the revised formula to be updated by the gross domestic product (GDP) plus 2% for evaluation and management services and GDP plus 1% for all other services.” The measure will cost \$228.5 billion over 10 years, according to the Congressional Budget Office and Joint Committee on Taxation.

CLAIM: Page 253: Government sets value of doctors’ time, their professional judgment, etc.

Misleading. It’s true that page 253 refers to “relative value units” to be used when determining payment rates for doctor’s services, and that such RVUs would weigh factors “such as time, mental effort and professional judgment, technical skill and physical effort, and stress due to risk.” But this is nothing new; the government already uses RVUs when setting rates it will pay under Medicare. For example, the

RVUs assigned to a colonoscopy are currently double the RVUs assigned to an intermediate office visit. In fact, page 253 is part of a section (Sec. 1122) that sets up a process for correcting existing but “potentially misvalued” rates.

CLAIM: Page 265: Government mandates and controls productivity for private healthcare industries.

Misleading. This claim doesn’t even make sense. How can anyone “mandate” that somebody else be productive, or “control” how productive they are? The author has simply misunderstood what this controversial item would do. In fact, page 265 is the start of a section (Sec. 1131) that is among several designed to slow future growth of Medicare payments to help offset the cost of the bill. It would require that “productivity improvements” be taken into account when setting annual “market basket” updates to Medicare rates for hospital-based services. The hospital industry has estimated this would translate into a 1.3 percent cut next year and a total of \$150 billion in reduced payments over 10 years, and is opposed to it.

CLAIM: Page 268: Government regulates rental and purchase of power-driven wheelchairs.

Misleading. What page 268 does is to stop Medicare from paying for “mobility scooters,” which have been widely marketed as a Medicare-financed benefit, leading to ballooning costs to the program. They would no longer qualify as a “power-driven wheelchair.” Only a “complex rehabilitative power-driven wheel chair recognized by the Secretary” would be covered. The Congressional Budget Office estimates this will save the government \$800 million over 10 years (see page 2).

CLAIM: Page 272: Cancer patients: welcome to the wonderful world of rationing!

False. This page merely calls for a study of whether a certain class of hospitals incur higher costs than some others for the cancer care they deliver. It also says the secretary of HHS “shall provide for an appropriate adjustment” in payments “to reflect those higher costs.” It’s hardly “rationing” to pay hospitals more to compensate for higher costs.

CLAIM: Page 280: Hospitals will be penalized for what the government deems preventable re-admissions.

True: This does say that “the Secretary shall re-

duce the payments” to hospitals with too many “potentially preventable” readmissions of patients that they previously had discharged.

CLAIM: Page 298: Doctors: if you treat a patient during an initial admission that results in a readmission, you will be penalized by the government.

False. That section is part of a list of potential physician-centered approaches to reducing excess hospital readmissions. The bill states that the secretary of Health and Human Services will conduct a study on the best ways to enforce readmissions policies with physicians. One of the approaches the secretary must consider is the option to reduce payments to physicians whose treatment results in a hospital readmission. Another is the option to increase payments to physicians who check up on recently released patients. Neither of these approaches is mandated in the bill—what’s mandated is that the secretary consider them, among others.

CLAIM: Page 317: Doctors: you are now prohibited for owning and investing in healthcare companies!

False. It’s already illegal, with certain exceptions, for doctors to refer Medicare patients to hospitals, labs, medical imaging facilities or other such medical businesses in which they hold a financial interest. Page 317 would modify an exception to that “self-referral prohibition” for rural providers, and says doctors can’t increase their stake in an exempt hospital after the bill becomes law.

CLAIM: Page 318: Prohibition on hospital expansion. Hospitals cannot expand without government approval.

False. Expansion is forbidden only for rural, doctor-owned hospitals that have been given a waiver from the general prohibition on self-referral. It does not apply to hospitals in general. The bill provides for exceptions to even this limited expansion ban (page 321).

CLAIM: Page 321: Hospital expansion hinges on “community” input: in other words, yet another payoff for ACORN.

False. Page 321 says rural, doctor-owned hospitals that are exempt from the Medicaid self-referral prohibition can ask to be allowed to expand under rules that must allow “input” from “persons or entities in the community.” Under that language, anybody in the commu-

nity could offer their opinion, but nobody—not ACORN or anybody else—would be paid for it.

CLAIM: Page 335: Government mandates establishment of outcome-based measures: i.e., rationing.

Misleading. This section does deal with establishing quality measures for Medicare. It does not make any recommendations for treatment, or empower anyone to make treatment recommendations based on those measures. The only effect of these outcome-based measures established in the bill would be ranking and potential disqualification of underperforming Medicare Advantage plans—that’s disqualification of the plans, not of any medical procedures.

CLAIM: Page 341: Government has authority to disqualify Medicare Advantage Plans, HMOs, etc.

True. The bill allows for the possibility of disqualifying underperforming Medicare Advantage plans, which include Medicare HMOs. Medicare Advantage plans are private health plans that provide Medicare benefits. Under the bill, the secretary of Health and Human Services has the authority to disallow plans that are providing low-quality care under the new quality measures (which include evaluations of patient health, mortality, safety and quality of life). If a plan is disqualified, this will not leave seniors without care. The Kaiser Family Foundation reports that “virtually all” Medicare beneficiaries have access to at least two Medicare Advantage plans, and most have access to three or more. In 2008, 82 percent of beneficiaries had access to six or more private fee-for-service plans, one type of Medicare Advantage plan (along with HMOs, PPOs and medical spending accounts). Beneficiaries are also always free to return to the regular Medicare fee-for-service program.

CLAIM: Page 354: Government will restrict enrollment of SPECIAL NEEDS individuals.

Misleading. Insurance companies already restrict enrollment in so-called “special needs” plans, a special category of Medicare Advantage plans that were created in 2003. Page 354 merely extends the authority to do that beyond the end of next year, when it was set to expire. Furthermore, what’s being restricted isn’t the number of patients, but the type of patients. Plans can be restricted to accepting only those patients who fall into in one or more special categories. These include those who are institutionalized (think, nursing homes), those

who qualify both for Medicare and Medicaid (think, both low-income and over age 65) and those with severe or disabling chronic conditions such as diabetes, emphysema, chronic heart failure or dementia. And of course, this has nothing to do with children with learning problems.

CLAIM: Page 379: More bureaucracy: Telehealth Advisory Committee (healthcare by phone).

Misleading. The advisory committee would not be a “bureaucracy” or have any administrative functions, but instead would bring together experts from the private sector to give advice on how Medicare and Medicaid should treat the practice of medicine via telecommunication, something used in rural hospitals and such places as cruise ships, battlefield settings and even on NASA space missions. Pages 380-381 call for the committee to consist of five “practicing physicians,” two “practicing non-physician health care workers” and two “administrators of telehealth programs.”

CLAIM: Page 425: More bureaucracy: Advance Care Planning Consult: Senior Citizens, assisted suicide, euthanasia?

CLAIM: Page 425: Government will instruct and consult regarding living wills, durable powers of attorney, etc.

Mandatory. Appears to lock in estate taxes ahead of time.

CLAIM: Page 425: Government provides approved list of end-of-life resources, guiding you in death

CLAIM: Page 427: Government mandates program that orders end-of-life treatment; government dictates how your life ends.

CLAIM: Page 429: Advance Care Planning Consult will be used to dictate treatment as patient’s health deteriorates. This can include an ORDER for end-of-life plans. An ORDER from the GOVERNMENT.

CLAIM: Page 430: Government will decide what level of treatments you may have at end-of-life.

All False. These six claims are a twisted interpretation of a provision in the bill that says Medicare will cover voluntary counseling sessions between seniors and their doctors to discuss end-of-life care. Medicare doesn’t pay for such sessions now; it would under the bill. End-of-life care discussions include talking about a living will, hospice care, designating a health care proxy and making decisions on what care you want to receive at the end of your life. Doc-

tors do the consulting, not the “government” or a “bureaucracy.” The e-mail author’s assertion that the bill calls for “an ORDER from the GOVERNMENT” for end-of-life plans rests on language about a patient drawing up such an order stipulating their wishes, and having that order signed by a physician. There’s nothing about “an order from the government.” The bill defines an order for life-sustaining treatment as a document that “is signed and dated by a physician... [and] effectively communicates the individual’s preferences regarding life sustaining treatment.” See our article “False Euthanasia Claims” for more on such assertions.

CLAIM: Page 469: Community-based Home Medical Services: more payoffs for ACORN.

False. This section defines the term “community-based medical home” as a “nonprofit community-based or State-based organization” that “provides beneficiaries with medical home services.” ACORN does not provide medical home services. The section goes on to say such a medical service is one that “employs community health workers, including nurses or other non-physician practitioners, lay health

workers, or other persons as determined appropriate by the Secretary, that assist the primary or principal care physician or nurse practitioner in chronic care management activities.” The only thing ACORN has in common with that description is the word “community.” It’s a community organization that offers services such as free tax preparation help and first-time home buyer counseling for low- and moderate-income people. It also works to register people to vote, and a few of its canvassers have been investigated for registration fraud, a point of concern during the presidential campaign.

CLAIM: Page 472: Payments to Community-based organizations: more payoffs for ACORN.

False. This section is referring to community-based medical homes.

CLAIM: Page 489: Government will cover marriage and family therapy. Government intervenes in your marriage.

Half True. It’s true that pages 489 and 490

make state-licensed “marriage and family therapist” services a covered expense “for the diagnosis and treatment of mental illnesses.” But the therapists wouldn’t be employed by the government, and there’s no requirement for anybody to receive their help. So the claim that this would mean that “government intervenes in your marriage” is false.

CLAIM: Page 494: Government will cover mental health services: defining, creating and rationing those services.

Misleading. The provision amends Section 1861 of the Social Security Act laying out what services Medicare will cover. It expands coverage for mental health services, stipulating that a “mental health counselor” who can perform mental health counseling is someone with a master’s or doctorate degree, a state license, and two years of practice as a counselor. Is this the government “defining” mental health services? Well, it’s certainly the government defining what government programs will cover.

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Casey Cares

By Kathy Pettway

Sometimes our greatest accomplishments can be birthed out of defying the odds. This belief is demonstrated in the life and accomplishments of Casey Baines, mother, entrepreneur and leader. Throughout the years, Casey struggled with many obstacles which have only served to increase her strength and determination. Being told at a young age that school would

be difficult due to her dyslexia; she challenged herself and exceeded everyone's expectations by becoming Towson University's youngest Master's Degree recipient at age 20.

After graduating, Casey briefly worked in her passion, the

non-profit arena, but family loyalty had her run her family trucking and warehousing business. Most of us search to discover our true calling or that job or project that makes getting up everyday exciting. While some people grasp hold of this dream and don't stop until we obtain it, others are sometimes forced into pursuing it due to mis-

fortune... Such was Casey's story as the family business was destroyed in a massive fire. Missing the sense of fulfillment from charity work, Casey uncovered a need and discovered her mission. There was an unmet need for children suffering with life threatening illnesses. Although there were charities that provided money for research, a wish or sporadic opportunity, according to social workers and parents of critically ill children, there was no charity that was accommodating on an everyday basis when families really needed the support. Inspired by those discussions, Casey began the Casey Cares Foundation (CCF). The Casey Cares Foundation is a charity that provides uplifting programs with a special touch for critically ill children and their families. Some of the special touches include furnishing tickets to sporting events, shows, and adventure parks to name a few. As we all know, birthdays are one of our single most important events. Keeping this thought in mind, the CCF offers Birthday Blasts which consist of surprise balloon or cookie deliveries on the children's birthdays. Dealing with a critically ill loved requires a lot of time commitments, schedule and lifestyle adjustments. Recognizing these constraints, Casey Cares also provides the children and their families with weekend getaways. Beth Wiczorek, board member of

the Casey Cares Foundation stated that Casey is passionate about the cause and one of the most committed and positive women she knows.

On June 3, 2007, the charity's headquarters, also the home to her family's 125 year old warehouse and trucking business, was demolished in a massive fire. Despite that tragedy and through Casey's leadership, Casey Cares' staff and volunteers worked from a parking lot and in their homes to continue to fulfill requests made by all families. These actions alone demonstrate that the Casey Cares Foundation was not going to make excuses, but fulfill its mission, like the space shuttle. Wiczorek added, "This tragedy was a rough time for everyone except Casey. She was so positive and upbeat, you would have never known that a fire destroyed everything." Due directly to Casey's perseverance, not only has Casey Cares rebuilt everything it lost, but also added two new programs Kami's Jammies and Caring Connections. Kami's Jammies provides new sleepwear and pajama parties to children on extended hospital stays and Caring Connections hosts themed parties and group activities that encourage families to meet and support each other during these times. The Casey Cares Foundation has provided programs for over 10,000 participants and to them, they are just beginning.



Casey Baines

Casey's great work and commitment has not gone unnoticed. In the past three years, she has received numerous awards. For example, she was named by Kraft to be one of the national "100 Extraordinary Women" of 2008. This extraordinary woman is an inspiration for all of us, her perseverance to follow a dream to help others is interesting enough, but here is one who defied the odds as she struggled with dyslexia, overcame misfortunes and allowed her of deep rooted passion for caring for people to be the compass that directs her path. She is an excellent role model of compassion for today's society through the thousands of people her foundation helps every day.

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October is National Breast Cancer Awareness Month

Chronic or terminal illness can have an extremely pervasive impact on how we live our lives and how we perceive our own identity. The inevitable loss of a loved one affects the part of us that has led us to think in terms of "we" vs. "I." Dr. Owen S. Surman, a general hospital psychiatrist, proposes the following eight survival tips for coping with the loss of a loved one or the burden brought on by a severe illness:

Learn to Live In the Moment—
Find new meaning and beauty in life, and in the power of love.

Strive for Acceptance—
Understand the inevitable and come to terms with the time that remains.

Live Like a Surfer!—
We do not command the tides. We must use every available strategy that is positive; climb back up when we fall off. Adapt.

Enlist the Help of Friends and Family—
Allow those who want to help to participate in a

way that is practical and manageable.

Learn to Communicate Effectively With the Children—
If children are directly affected by this loss, find a support system or program that allows them to share their emotions with others facing the same feelings.

Grief Is Normal—
Denial, anger, sadness, relief, moments of joy, and waves of crying are a tossed salad of emotion.

Seek Professional Help—
Sometimes grief is complicated by insomnia, exces-

sive withdrawal, depression, irritability, alcohol or drug abuse, or suicidal thoughts. Psychologists, psychiatrists, and social workers can be located with your doctor's help, or through professional societies, medical schools and community health care centers.

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Second opinions are acceptable. Medical practice provides no crystal ball. Beyond statistics, we are each unique.

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*By
 Noelle
 Schiffer*

Despite its fabulous reputation, when I first heard that Woodberry Kitchen was a purely organic restaurant, I admittedly had visions of granola bars and alfalfa sprouts, dancing through my mind. As I entered the beautifully decorated, rustic dining room and smelled the aroma of freshly prepared seafood, my previous feelings of apprehension disappeared, as if they never existed. As we were greeted by the maitre'd and shown to our table, I could not help but be taken-in by the vaulted ceilings and exposed brick interior.

Carved out of an old foundry space in Clipper Mill, Woodberry Kitchen is a unique and vibrant establishment that specializes in serving up fresh seasonal

specialties, while utilizing locally grown produce and home-made breads. The atmosphere is both warm and up-beat with a friendly and knowledgeable wait staff. The menu is extensive and constantly changing, largely based upon the local growers and organic meat selections.

As we delved into the menu, I was struck by the simplistic yet upscale selections beginning with the Atlantic sea scallops to the trendier Organic Tofu entrées. I opted for the Roseda Farm Tavern Steak served with a cherry tomato salad, new potatoes and griddled onions (\$23.00). The

steak was cooked to perfection, while the accompanying salad was fresh and flavorful. I also sampled the Florida Yellowfin Tuna with a melon-hiso salad, ginger beet, filet beans and chive oil served with fresh string beans (\$27.00).

The Yellowfin was wonderfully seasoned and tasted as

if it was just pulled from the water and the string beans were also cooked perfectly and were incredibly fresh.

Woodberry Kitchens' desserts have a wonderful reputation in the Baltimore area and I couldn't wait to try them out. Based upon the waiter's recommendation, I selected the Market Sundae, which consisted of a delectable basil ice cream, nectarine sorbet, poached plum, berries and a decadent gooseberry sauce (\$9.00).

Food	Top Shelf	****
Price	Very Good	***
Service	Excellent	****
Atmosphere	Excellent	****
Overall	Excellent	****

Needless to say... I now have a new favorite dessert.

Overall, Woodberry's reputation of serving the freshest organic food in Baltimore is well deserved. The atmosphere, service and the food quality and tastes all exceeded my expectations and I can't wait to return for my next visit.

This Is the Season for WEDDING PLANNING

By Natalie West Makel

When couples have the blessing of a long engagement to plan a wedding, the common complaint is often “so much to do in so little time!” Finding the perfect dress, deciding who will be a part of the bridal party, who will be invited to the wedding and reception and trying to juggle it all while performing at work, can be a piece of cake or a recipe for major anxiety. It’s no wonder engaged couples find themselves wondering why they’re stressed out when this should be the most happiest and exciting time of their lives.

According to a *Modern Bride* Survey (January, 2008), 80% of engaged women reported increased stress since their engagement and nearly half (48%) entertained thoughts about canceling the wedding or eloping. Feeling stressed out is more the rule than the exception. Getting married is more than just walking down an aisle; it can be an enormously emotional time during a couple’s life. Think about it; marriage represents both a new beginning and a union of two individuals. It is a time in the bride’s and groom’s lives when they have decided to allow the other to share their space and become one.

Among the most common wedding stressors are financial worries (How can we pay

for all this?); Family pressures, wedding receptions, long distance weddings and where the wedding will take place. Many couples today are paying for their own weddings and when parents offer to “chip in” things get sticky. Suddenly it’s not their wedding, it’s mother’s wedding. Some Brides don’t always know when to step in and assert themselves and when they do, hurt feelings can result or even health issues become a problem in the bride’s life.

The way to prevent stress overload is through daily meditation, careful organizing, exercising, hiring a wedding consultant, delegate task and hire reliable professional wedding vendors. Don’t try to do all by yourself; decide who will be in charge of what and when; schedule some time for relaxation and not worrying about the wedding; learn to negotiate and compromise; keep a wedding book with all the

vendor contracts, notes and accessories; keep a weekly diary of everything that needs to be done in planning the wedding; prepare yourself spiritually and mentally; set aside special time during the wedding planning and work on your loving relationship, not on the wedding itself; eat a healthy diet and get plenty of rest; stick to your budget and remember the three Cs; compromise, communicate and be considerate.

Natalie West Makel is a professional wedding planner for Unforgettable Wedding Services.

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Tynia Canada, *President*

“The Secret” Authored by Rhonda Byrne

Reviewed by Natalia Roldan Hart

Imagine your best life-abundantly happy, prosperous, and overflowing with answered dreams and blessings.



Natalia Roldan Hart

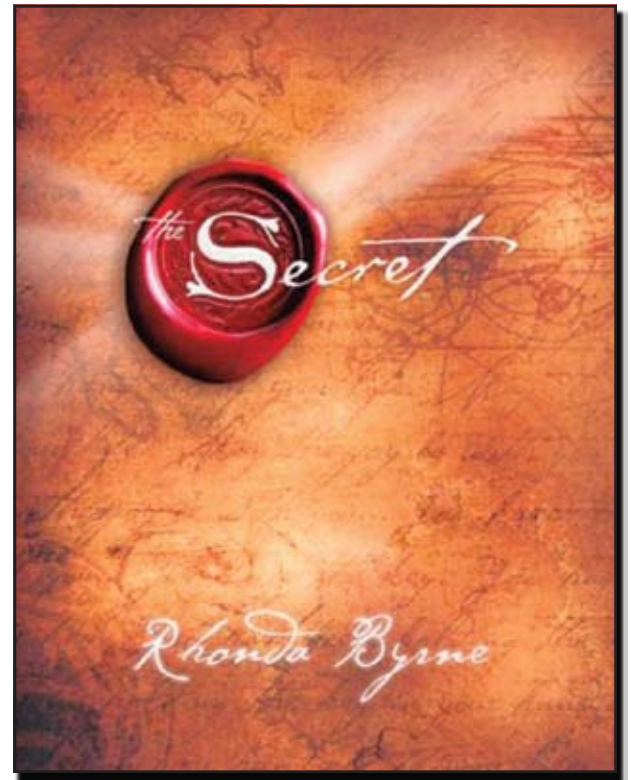
Imagine exuding confidence at work, spending time with sincere, loyal friends and of course, finding and keeping true love. Imagine driving your fantasy car, the wind

rushing across your face reminding you of your freedom, and the road taking you to endless possibilities. \

These and other visualizations are but a glimpse of what the novel, *The Secret*, has to offer. Like unwrapping a coveted gift, *The Secret* unfolds before its readers as a compelling approach to living this ideal life. Broken into different sections regarding wealth, relationships, health, etc, and introduced through the storytelling of several individuals, from varying backgrounds, the book is a quick and captivating read. Each contributor offers their

insight into the world of the *The Secret*: how best to practice it, how to visualize for success, and most importantly how to bring what you want into your life through gratitude of what you already possess. Reminding us to be grateful, although in the context of achieving greater things is a helpful start in living a fulfilled and abundant life.

However, do not confuse this book with a religious text- while metaphysical and spiritual in content; the author never claims religion to be the source of this happiness. Primarily, it expounds upon a way of viewing the world such that positive thought, visualizations, and a universal power, they reference as the law of attraction, interact to bring to you the things you desire. Sound appealing? Through the personal stories and the inspirational quotes, it is easy to get caught up in fanciful dreaming and hopeful thought. For some, this novel may seem



far-fetched, offering artificial hope to life's real problems.

Yet there is something of value that we can take from this book and it is the idea that we have unlimited power in creating who we want to be and what we want to do. After-all, the notion of the self-fulfilling prophesy, or the idea that we become what others expect of us, holds true in research studies. What about coaches who use visualization for athletic success? And when we have a goal in mind, why is it that having a detailed plan of how to get to this goal, seem to help? Why not believe that we can think things into reality? Whether you are a dreamer, or a realist-ultimately you are the artist on the canvas of life and that has to be the biggest secret anyone can learn.

Scoping Out

Calendar of Events

Baltimore Museum of Art

Home of a world renowned collection of works by Matisse, Picasso and Cezanne. Showcases art of the 19th century through today, plus special exhibits and a scenic sculpture garden. Free on the first Thursday of every month.

10 Art Museum Drive
Baltimore, Maryland 21218
443-573-1700
www.artbma.org

B&O Railroad Museum

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410-752-2490 ext. 221
www.borail.org

Baltimore Museum of Industry

Award winning hands on activities. Exciting tours for all ages. Learn about the many everyday items invented in Baltimore.

1415 Key Highway
Baltimore, MD 21230
410-727-4808
www.thebmi.org

Benjamin Banneker Historical Park & Museum

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300 Oella Drive
Oella, MD 21228
410-887-1087
www.benbanneker.com

Sept. 19-20

The Maryland Wine Festival

Take pleasure in Maryland wine with tastings from the wineries, live music, foods from local restaurants, arts and crafts and wine education seminars.

Oct. 3-4

Riverside WineFest at Sotterley

Taste selections from 18 Maryland wineries while enjoying live music and fabulous food. Children's activities, as well as antiques and creations of local artisans make this is a perfect way to spend a fall day.

Oct. 10

Eastern's Bayside Blues and Wine Fest

Spend a day at Eastern Yacht Club, enjoying the best in blues and wine that Maryland has to offer. Sample Maryland's exquisite wines, all while enjoying the soothing sound of the blues.

Oct. 17-18

Autumn Wine Festival

Pemberton Historical Park in Salisbury, MD will host their seventh annual Autumn Wine Festival—a perfect day of wine tasting and fun that boasts 19 of Maryland's finest wineries as well as live music, crafts, and food.

An die Musik Live!

409 N. Charles Street
Baltimore, MD 21201
(410) 385-2638
www.andiemusiklive.com

Sept. 18, 8 & 9:30 pm Michael Thomas Quintet

Celebrating the release of *Live at Twins Jazz Vol. I & II* (JazHead Entertainment), the Michael Thomas Quintet shows why they are vital to today's jazz scene.
\$13/\$10 students

Sept. 19, 8 & 9:30 pm John Coltrane Tribute Concert featuring Carl Grubbs Quintet w/guest Odean Pope

5:30 pm—Pre-concert talk with Francis Davis (a 2009 Grammy Award recipient.) Grubbs received early training from Coltrane and was close to many history-making jazz musicians of the 50's and 60's.
\$20/\$18 seniors & students

Sept. 20, 5 pm

Baltimore New Jazz Works, Part I

Original compositions by nine composers in the Baltimore Jazz Real Book.
\$15/\$10 students & seniors

Sept. 25, 8 & 9:30 pm Frank Vignola & Gypsy Jazz Trio

One of the most accomplished, multi-dimensional guitarists today. Frank plays proficiently in every genre, from jazz to bluegrass.
\$25/\$20 students & seniors

Sept. 25, 8 pm @ University of Baltimore Poulenc Trio with Soprano Hyunah Yu

Yu made her operatic debut in the title role of Peter Sellars' *Zaide* at Lincoln Center. With the trio, she will perform rarely-heard art songs and modern fare.
\$20/\$15 seniors/\$10 students

Sept. 26, 8 & 9:30 pm Miles Griffith w/Tony Pancellia Trio

Promoting their CD release, *The Struggle Never Dies*. \$15 all seats

Sept. 27, 3 pm Monument Piano Trio Sunday Concert Series

The balance of their series concert dates are Nov. 22, Dec. 13, Feb. 28 and May 2. All concerts begin at 3 p.m.

This is also part of our **Fall Jazz Piano Concert Series**. Other concerts in that series include:

Oct. 16, 8 pm—

Kenny Werner @ U. of Baltimore

Nov. 13, 8 pm—

James Weidman @ U. of Baltimore

Dec. 5, 8 & 9:30 pm—

Dave Burrell @ An die Musik Live

Per concert: \$20/\$10 students;
Subscription: \$68/\$34 students.

Places to Find Focus on Women Magazine

Belvedere Square

Breathe Books

Charles & Mulberry St.

City Cafe

Columbia Libraries (East & West)

David's Natural Market

Dorsey Search Village Center

Dukem Ethiopian Restaurant

Eve's Salon

Giant Super Markets

Glazed to Perfection

Goodlife Wellness...

Haraar Ethiopian Restaurant

Howard Community College Student Center

Little Patuxent & Vantage Point Rd..

Lynn's Day Spa

Mad City Coffee

Roots Organic Market

Sprout Organic Spa

Taharka Brothers

University of Baltimore Student Lounge

University of Maryland College Park Student Union

Women's Clinic at University of Maryland at Baltimore

Whole Foods Inner Harbor East

Women's Industrial Exchange Restaurant

Women's Resource Center at Mercy

Women's Spa at Mercy



Darwin & Gender Project Launched by Cambridge University

Research into Darwin's correspondence to shed light on the role of women in his work and domestic life.

A groundbreaking new study, supported by The Bonita Trust, that will look at Charles Darwin's impact on attitudes to gender and sexuality, has been announced by Cambridge University.

The Darwin and Gender project—funded by a £480,000 donation from The Bonita Trust—will make available for the first time in a single resource Darwin's private and largely unpublished writings relevant to all aspects of gender; in particular, a large body of the great naturalist's own letters.

The research for the three-year project will be overseen by the Darwin Correspondence Project at Cambridge University Library.

It is anticipated that the project will illuminate such private relationships as that of Darwin with his elder surviving daughter, Henrietta. Too young to be much involved in the writing of *On the Origin of Species*, she is likely to emerge as of hitherto unsuspected importance in the writing of *The Descent of Man*, Darwin's first public statement on human evolution.

Darwin had a surprisingly large number of other female correspondents throughout his life (some 148). Many of them, such as Mary Boole (pictured), were practising scientists in their own right.

Behind the scenes he was unexpectedly encouraging of their work. Boole, a teacher, was the widow of George Boole who gave his name to Boolean logic, but was also a gifted mathematician in her own right. Another correspondent, Lydia Becker, was a leading campaigner for women's right to vote. Dar-

win encouraged her botanical observations and sent her a copy of one of his papers to read at a ladies' "literary"—in reality scientific—society meeting.

A letter from T.H. Farrer in October 1870, recently researched by the Correspondence Project, is revealing about attitudes to the contribution of women to intellectual life at the time: "One grudges the infinite number of small things to be done, and feels sympathy with women's lot in life. Surely the fact they have all the little daily things to do is enough to account for their not succeeding in work requiring devotion and abstraction."

Farrer, who was recently widowed and caring for a family of small children, wrote to Darwin sharing botanical information.

Among the specific areas that Darwin and Gender will address are Darwin's domestic life, gender in a scientific context and gender and society.

Researchers funded over three years by The Bonita Trust will provide accurate transcripts of the letters and research and write contextual material to make them accessible to both scholars and the general public.

Project director Professor Jim Secord said, "These are extraordinary letters that deserve a wide audience. Differences between the sexes played a key role in Darwin's thinking, which in turn had a major impact on Victorian society."

Ruth Parasol DeLeon, founding member of The Bonita Trust International Advisory Board said, "Many of the issues raised by Darwin in his correspondence have great relevance to modern society. The Darwin and Gender project will allow a wider audi-

ence an insight into how his views on gender shaped Victorian society. The encouragement of women in the fields of science and technology is one of Bonita's core activities around the world, and Bonita is delighted to support the important research to be undertaken by Cambridge University."

Darwin, although he believed that women were best suited to domestic life and the care of children, went out of his way to encourage the scientific interests of women who wrote to him.

An example of Darwin's support for early women scientists can be found in a letter to Mary Treat, an American botanist and entomologist. She had been chastised by her mentor, Charles Riley, for jumping to conclusions on larval nutrition and sex determination in adult butterflies. However, Darwin writing in a positive tone, complimented Treat and encouraged her work.

He said: "Your observations and experiments on the sexes of butterflies are by far the best, as far as known to me, which have ever been made. They seem to me so important, that I earnestly hope you will repeat

them and record the exact number of the larvae which you tempt to continue feeding and deprive of food, and record the sexes of the mature insects. Assuredly you ought then to publish the result in some well-known scientific journal." [letter to Mary Treat, 5 January 1872].

Treat followed Darwin's advice and repeated her experiments and published in the *American Naturalist*.

The Darwin and Gender project also includes an educational element to its work. Funding from The Bonita Trust will provide for an education officer to work in partnership with schools to bring the material to as wide an audience as possible.

The Darwin Correspondence Project was founded in 1974. It originally set out to locate, research, and publish summaries of, all letters written by Charles Darwin, extending the Project to include letters written to him. To date, the project has located, both in libraries and in private collections, a total of around 14,500 letters exchanged by Darwin and nearly 2000 correspondents around the world between 1821 and his death in 1882. New letters continue to be discovered, and the Project is now engaged in an active hunt for others so that the corpus will be as comprehensive as possible. For more information: sjr81@admin.cam.ac.uk.

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Approved 09/08/08

Cultural Arts Showcase 2010!

The Howard County Arts Council is now accepting artist applications for its annual Cultural Arts Showcase presented in partnership with the Recreation & Leisure Service Branch (RALS) of the Maryland Recreation & Parks Association (MRPA). The event will be held at Howard County Center for the Arts at 8510 High Ridge Road in Ellicott City on March 4 & 5, 2010.

Showcase is a program to assist school and civic organizations in identifying performing, visual and literary artists for workshops, performances, demonstrations, and in-school residencies.

Attendees of Showcase include cultural arts representatives, PTA Representatives, festival and special event coordinators from Recreation and Parks and other members of the community. The deadline to apply is November 5, 2009. For artist application information, please contact the Howard County Arts Council at 410.313.2787/MD RELAY 711 or visit us on the web at www.hocoarts.org.



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