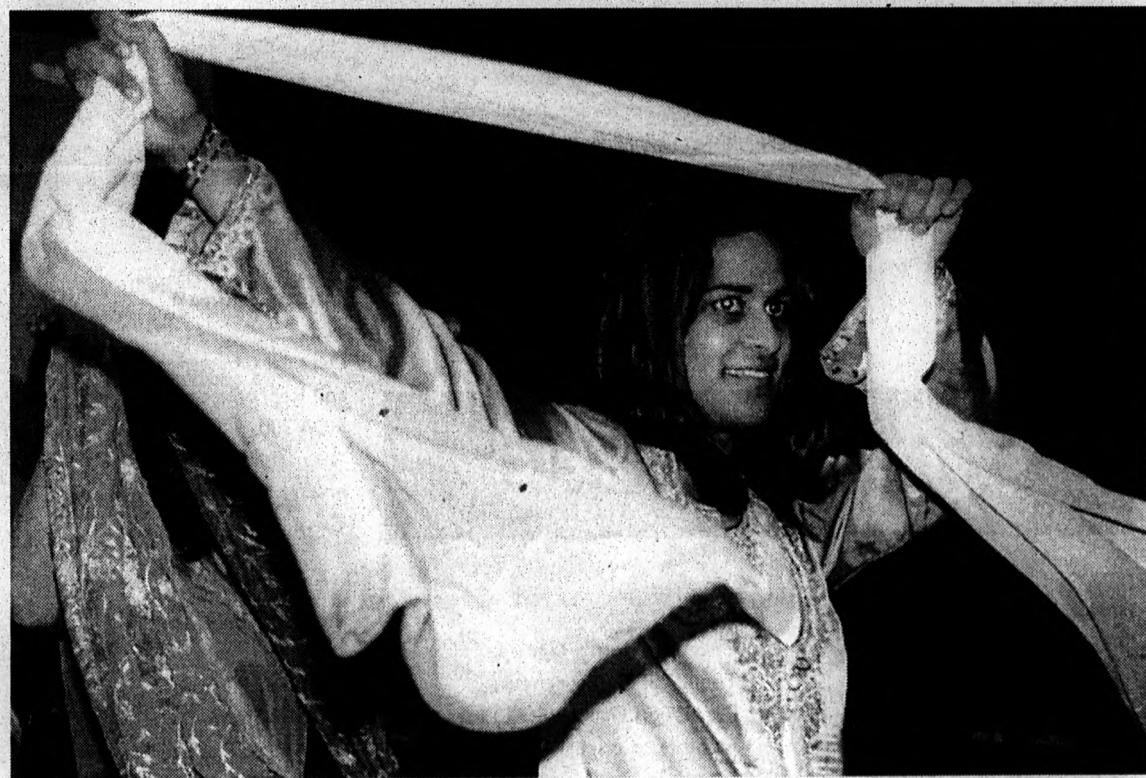


## The Magic of Mela

The South Asian Health Professional Student Association presented the annual Mela show on May 22 in Cole Hall, celebrating the culture of South Asia. Song, dance, fashions and food from the region were all on display, and a fine time was had by all. Photos by Brad Morikawa.



## A Harrowing Life on the Streets Teaches Lessons You Don't Learn in Medical School

by Jerome Booker

### first person

(Editor's note: The following was delivered by the author at the UCSF anti-violence conference)

I want to share with all of you a side of me that is very different from the person who some of you know: my upbringing. Last year, while on Spring break with some of my classmates, the conversation of how I made it out of L.A. came up. There were many points in my life when I had to decide to stay positive, but the fact remains that I grew up in a very different world than the one in which I have decided to live. Over the past few

weeks, I have thought about what I am going to say, digging up memories that I have buried, but always kept close enough to remind me where I am from. It took a lot for me to dig up the past, but this is the level where I feel it will make a difference to remind the future health professionals in this room how the laws you back and how seriously you take diversity training affects those that are not from your social/economic/racial background.

I grew up in what people from South Central L.A. would call

"Shotgun Cripps territory," a.k.a. Gardena, CA., knowing that the sky was blue because the Cripps would always win out over the rival gang, the Bloods. There were always the colors of blue, red, and green depending of what gang the person belonged to, but the brand of shoes worn made just as important a statement. British Knights (BK's), K-Swiss, and Nikes, were interpreted in the language of the gangs as blood killer, Kill Slobs when I say so, and Nigga I'll kill everyone, respectively.

The local gang was not that bad around my neighborhood because early on the leader was arrested for murder. First grade, the only year

continued on page 6

## Nurses, UC Agree On 3-Year Pact To Avert Strike

A threatened one-day strike by 8,000 nurses at UCSF and other University of California hospitals was averted last week when the two sides reached a tentative settlement. The agreement calls for a significant increase in wages and drops UC's long-standing system of merit-based pay for nurses.

The tentative agreement averts a strike by nurses at UCSF and nine other University of California hospitals and health centers. The nurses had voted to walk off the job for a day on May 29.

"We are very pleased that we were able to resolve the few remaining issues and reach an agreement that acknowledges the excellent work of our nurses," said Joseph P. Mullinix, UC's senior vice president for business and finance. "This benefits everyone, especially patients."

According to news reports, registered nurses would see across-

the-board pay increases of up to 38 percent over the life of the agreement. According to the university, the average wage increase would be between 19 and 25 percent over the next three years. The contract still must be ratified by union membership on June 3 and 4.

By the third year of the contract, the most senior registered nurses at UCSF will receive \$47.56 per hour, and nurse practitioners would receive \$62.05 per hour, the union said.

The agreement also addresses one of the union's oldest grievances — that the university has used managers' evaluations, and not seniority on the job, to grant pay raises.

The merit system that would be eliminated under the contract has been in place for 20 years.

continued on page 5

## Medical Decision or Business Decision? A Second Look at the Patients' Bill of Rights

by Katherine Vo

Should protecting patients' rights be a political issue? The one place in America where patients rights is always a political issue is in Washington, D.C. Nearly every doctors' association, nurses' association, and patients' rights group in America agrees that we need a strong and enforceable Patients' Bill of Rights.

Last year, the House and Senate passed differing versions of the legislation, which as usual led to the appointment of a group of senior lawmakers from each chamber to negotiate a compromise. Early last week, there were reports that talks involving the White House and key Senate Democrats seeking a compromise had stalled. The compromise seemed to founder on the issue of lawsuits against HMOs, including the amount of monetary damages that aggrieved patients could receive.

Since 1996, when President Clinton appointed a commission to develop a patients' bill of rights, patient advocates have fought to pass a strong, enforceable patients' bill of rights that covers all Americans. In 1997, a bipartisan group of members launched a Congressional Task Force on Health Care Quality. In 1999, nearly one-third of the House Republicans joined with almost every House Democrat to pass a strong patients' bill of rights that held HMOs accountable when they harm patients. Today, both Senate and House members have introduced strong, enforceable patient protections that cover all Americans and hold HMOs accountable when they make medical decisions.

On February 7, 2001, Senators McCain, Edwards and Kennedy introduced S. 283, a bipartisan patients' bill of rights, entitled the Bipartisan Patient Protection Act of 2001. In one of their first actions

continued on page 5

## Summer and Synapse

This marks the last issue of *Synapse* for the regular school year. We will produce two issues over the summer, one in late June and the other in early August,

before we resume our normal weekly production in September.

If you're around this summer and would like to contribute articles, photos or whatever to *Synapse*, email us at [synapse@itsa.ucsf.edu](mailto:synapse@itsa.ucsf.edu) or phone Managing Editor Tim Neagle at 476-2211.



## outdoors and recreation

### Outdoors Unlimited

General Info, 476-2078

### Beginner Backpacking to Pt. Reyes

Discover the fun & beauty of backpacking. Perfect for people with little or no experience, this clinic will teach you all the basics while getting you out to beautiful Pt. Reyes for the weekend. Pre-trip June 5, trip June 14-16. Cost: \$66/80/94. For more info call 476-1469 or e-mail [efenster@casmail.ucsf.edu](mailto:efenster@casmail.ucsf.edu).

### Map & Compass Workshop

Do you have a fear of getting lost while playing outside? In this full day workshop and classroom session you will learn the art of reading a map and finding your way in the wild. Experienced OU staff & volunteers will break down these topics into simple and easy lessons. Perfect for everyone who plays outdoors. Classroom (7-10 p.m.) May 30, trip June 1. Cost: \$21/26/30. For more info call 476-1469 or e-mail [efenster@casmail.ucsf.edu](mailto:efenster@casmail.ucsf.edu). Registration required PRIOR to pre-trip

### Father's Day Paddle

Do you have plans for Father's Day? If not, how about taking your Dad kayaking? We'll start at The Ramp restaurant & paddle along the east shore, checking out the Navy ships & sailboats & McCovey Cove & Mission Creek. When we get back, we can celebrate the day at the outdoor restaurant & bar. Perfect for beginners. Pre-trip June 11, trip June 16. Cost: \$49/60/70. For more info call 502-2507 or e-mail [bbarnes@casmail.ucsf.edu](mailto:bbarnes@casmail.ucsf.edu).

### UCSF Family Rafting Trip

This trip is specially designed for UCSF staff & their friends & family. This is an opportunity to have fun with other UCSF families. Children over 12 years old are welcome. Trip June 22. Cost: \$84 adults, \$69 children. For more info call 514-1603 or e-mail [ssiskin@casmail.ucsf.edu](mailto:ssiskin@casmail.ucsf.edu).

### Women's Intro to Kayaking

This two day class will teach first time paddlers all about basic strokes, equipment, tides, currents & get you out paddling to fun locations.

tions. Designed for & taught by women, this is the perfect way to learn the basics of kayaking. Classroom, June 18, On the water June 22-23. Cost: \$129/156/184. For more info call 502-2507 or e-mail [bbarnes@casmail.ucsf.edu](mailto:bbarnes@casmail.ucsf.edu).

Rent your equipment from OU for these clinics and receive 20% off. Outdoors Unlimited—[www.outdoors.ucsf.edu/ou](http://www.outdoors.ucsf.edu/ou) Your access to outdoor adventures and recreation. No membership fees. Open to the public. UCSF students, staff, and members of Millberry Programs and Services receive discounted prices.

### Millberry Recreation & Fitness Center

General Info, 476-1115

### Salsa and Merengue Mini Series

Brush up or learn some new steps for this popular beat. No partner required and all levels welcome. June 4-June 25, 9:00-9:55 PM. Call 476-1115 for more information or to register.

**Register for Summer Classes** Millberry Fitness Center on June 17th. Don't miss out on the summer sizzle. Classes begin during the first week of July. Pick up a registration form at Millberry Fitness Center, or in the back of the catalog.

### Latin Dance Workshop

Have fun for two hours learning new steps or reviewing old ones. Saturday, June 15, 5:00-7:00 p.m. Call 476-1115 for more information or to register.

### Partner Massage Workshop

Discover the wonders of massage with a partner. Sunday, June 16, 3:00-6:00 p.m. Call 476-1115 for more information or to register.

## arts and entertainment

Impact! Presents©  
General Info, 476-2675

### The Chancellor's Concert Series

Spring 2002 Season  
Thursdays, March 28th through June 6th  
Seating: noon to 12:15  
Concert: 12:15 to 12:45  
Cole Hall, 513 Parnassus Avenue  
Admission is FREE.

May 30  
Roberto Cani, violin  
Mack McCray, piano  
Brahms: Violin Sonata No. 1  
Wienawski: Variations on an original theme

June 6 – Season Finale  
Stephen Paulson, bassoon  
TBA

### First Friday Free Art Videos

Roy Lichtenstein  
Friday, June 7, noon  
S163, Parnassus campus  
Admission is FREE.  
Take a break from your busy work day and enjoy an informative and entertaining video screening presented by UCSF's Visual Arts Club. For more information, call Impact! Presents at 476-2675.

### Latin Orbit featuring Cubanacan!

Thursday, June 13, noon to 1  
Mission Center Building  
1855 Folsom Street  
Admission is FREE.

UCSF's own Marcus Lopez leads Cubanacan through a rousing and energetic set of Latin music. Take a break from your busy day to enjoy this free concert. For more information, call 476-2675.

### Poets on Parnassus

Open Poetry Reading in celebration of Summer Solstice  
Monday, June 24, 5 p.m.  
Golden Gate Room, Millberry Conference Center  
500 Parnassus Avenue  
Admission is FREE.  
Celebrate the Summer Solstice by reading your favorite composition in front of this supportive and friendly group. For more information, call Impact! Presents at 476-2675.

### Jake Shimabukuro Live at UCSF!

Wednesday, June 26, noon to 1  
Cole Hall, 513 Parnassus Avenue  
Admission is FREE!  
Don't miss this free noontime concert featuring one of the finest ukulele players of all time. Jake Shimabukuro takes this Hawaiian instrument to new heights, mixing the traditional and contemporary sounds of Hawaii. Jake has won four prestigious Hoku awards while with the contemporary group Pure Heart. Along with his group, Colon, Jake will be performing an entertaining and eclectic set of songs. Call Impact! Presents at 476-2675 for more information.

## events, speakers, etc.

### Brown Bag Lunch

Wednesday, June 5, HSW300, noon-1  
"Advances in the Treatment of Epilepsy"  
A discussion of standard anticonvulsant medications and issues related to the development of new medications, as well as surgical treatments used to treat epilepsy.  
Paul Garcia, MD  
Associate Professor, Clinical Neurology; Director of Clinics, UCSF Epilepsy Center; Neurologist, UCSF Medical Center

### AIDS Seminar

The UCSF-GIVI Center for AIDS Research (CFAR) and UCSF California AIDS Research Center (C-ARC) will present a seminar Monday, June 3rd, 3:30 to 5 p.m. in the Gladstone Library, 5th floor, bldg. 3 at SFGH. "Viral Blips, Drug Resistant Virus, and Immune Responses: Immunological Control or Virologic Failure?" with Drs. Steven Deeks and Doug Nixon. For more information, please contact Jennifer Plumb at 379-5602 ext. 1

### Entrepreneurs Group

The UCSF Entrepreneurs Discussion Group (EDG) meets monthly to discuss the latest innovations in biotech and related fields. Ideas are discussed and refined in a roundtable format, with an eye toward potential commercialization of those ideas. Fledgling entrepreneurs refining their business models and drafting their business plans are particularly welcome. For more information on the next meeting date, contact KT Moortgat, 502-4033, [edg@mika-i.com](mailto:edg@mika-i.com) or Peter Mui, 510-540-8318, [pmui@attbi.com](mailto:pmui@attbi.com).

### UCSF Vehicle Donation Program

Did you know UCSF has a vehicle donation program? For donations, call the Hospitals Auxiliary Vehicle Donation Chair, Mr. Tommy Thompson, at 510-649-1340 or Manager, Teru Hirano, at 353-1366. Proceeds benefit patients and their families at UCSF Parnassus.

### Thursday, May 30

Dept. of Medicine  
N225, noon-1  
"Integrin Receptors in Blood and Vascular Disease"  
Barry Collier, MD  
The Rockefeller University

### Friday, May 31

Children's Center at Langley Porter  
Langley Porter Auditorium, Room 190, 10:30-noon  
"Pseudomaturity and Its Implications in the Treatment of a Latency Age Girl"  
Madeleine Lansky, MD, and Patricia L. Speier, MD

### Monday, June 3

Dept. of Otolaryngology, Head and Neck Surgery  
S214, 8:30-10:30 a.m.  
8:30: "Diver's Ear"  
Robert Sweetlow, PhD  
9:30: "Immunology for Otolaryngologists"  
Aditi Mandpe, MD

First Mary C. Martin, MD, Lecture HSW301, 4-5 p.m.  
"Single Cell Molecular Genomics: Application to Pre-implantation Human Embryo Diagnostics"  
Mark R. Hughes, MD, PhD  
Wayne State University  
Reception to follow in Medical Sciences Lobby

### Tuesday, June 4

Dept. of Obstetrics, Gynecology, and Reproductive Services  
HSW300, 9-10 a.m.  
"Homebirth Update"  
Naomi E. Stotland, MD, and Lisa Giese, MD (Resident)

### Wednesday, June 5

Dept. of Geriatrics  
N729, 8-9 a.m.  
"Discharge Planning for Geriatric Patients, Pearls and Pitfalls"  
Adrienne Green, MD

Dept. of Endocrinology  
Langley Porter Auditorium (LPPI 190), 8:30 a.m.  
"Metabolic Effects of HIV Protease Inhibitors: Drug vs. Class-Specific Effects"  
Tara Senevirante, MD

### Friday, June 7

Dept. of Pediatrics  
N217, 8-9 a.m.  
"Pediatric Advocacy"  
Steve Berman, MD  
University of Colorado, Denver

## Attention Students: In Need of Legal Advice or Assistance?

All registered UCSF students are automatically enrolled in Signature LegalCare, an insurance plan specifically designed to meet most common legal needs of students.

Drop by the Office of Student Relations, MU126 West, or call 476-4318 for more information.

**All phone numbers on Page Two are in the 415 area code unless otherwise noted.**

## PUSO

### Filipino Cultural Celebration!

Thursday, May 30, noon-1  
Millberry Gym  
FREE!  
Dance, Song and Food



## opinion

# Student Health Insurance: Is It Out of Control?

by Jesse B. Biebesheimer

Last week, the *Synapse* stared at me with a daunting headline: "Big Changes Adopted for Student Insurance Plan." This could mean one of two things, I thought: Either all of my gripes about Student Health Insurance have been corrected, or fee hikes of massive proportion have been instituted to cover services of questionable utility. With great trepidation (and low expectations) I read the article, only to discover that the latter situation seems closer to the truth.

I belong to a minority of UCSF students who, upon enrolling here, was disappointed to discover that student health insurance is mandatory, regardless of prior enrollment in other insurance plans. My parents' health insurance will cover me for almost my entire stay at UCSF, thus obviating the need for any additional coverage. But no one is allowed to opt out of the UCSF plan, ostensibly because the school is so small that, if students were allowed to opt out, premiums would increase for those remaining in the plan.

Now, this might be considered fair if dual-insured students, such as myself, were allowed to choose which insurance they would prefer to use for any given medical need (e.g., a UCSF specialty clinic may be more convenient than making a trip across town to Kaiser). But the student health plan is very quick to relegate itself to the back seat – as "secondary coverage" which only kicks in after you've utilized your existing coverage.

This essentially means that students with existing health coverage are required to pay into the UCSF plan (which they don't need), but are severely limited in their ability to make use of it. The economics of this policy are clear: students with existing insurance coverage must stay in the plan in order to subsidize it and keep premiums low for everyone else. This makes financial sense, but is it ethical? Is it fair to place this additional burden on students who have made a choice to obtain their health insurance elsewhere? I believe it is reasonable for the university to look after student welfare by requiring adequate insurance coverage, but individual students should have the freedom to obtain the health plan of their choice (as is common at other UC campuses).

Last week's article discusses changes made to the Student Health Plan that are especially distressing to me for the reasons given above, but should concern all UCSF students – regardless of prior insurance status.

First, I'm not convinced that UCSF students realize just how expensive the Student Health Plan is. Our premium for this plan is buried deep in our tuition payment, and the only place it's ever explicitly mentioned is in the fine print of the online fee statement. It has also been mentioned in this newspaper, but last week only the quarterly rates were quoted, which diminishes the magnitude of the fee hike. The total cost of next year's insurance policy is \$1,480 per year, up \$544 (a whopping 58 percent) from the current year, and up 85 percent from last year. And don't forget to add in the interest on the student loans that will be paying for all this insurance in the long run. It all adds up to one heck of an expensive TB test.

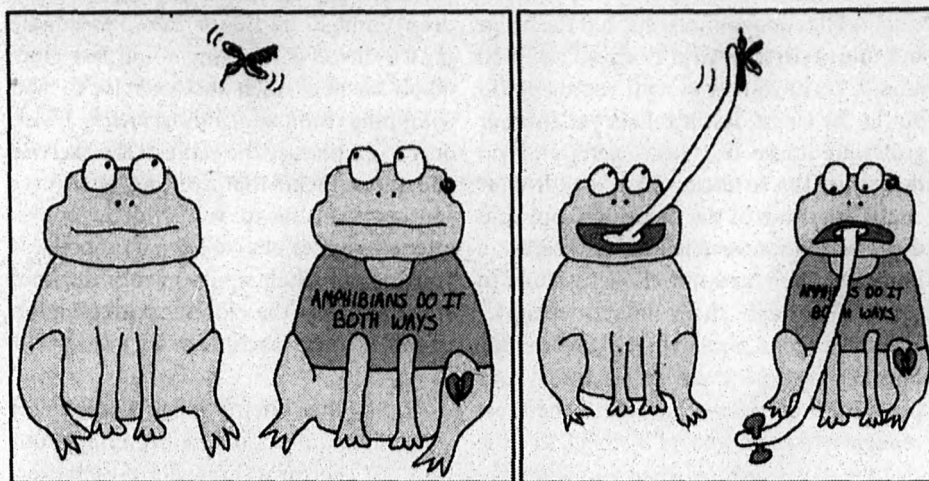
In short, the enormity of these increases astounds me. But it might be justified if the new plan includes significant enhancements in coverage. Last week's article names a few, such as a basic vision plan. But Joyce Tung's article ("GSA Campus Update," same issue) describes the vision plan as "limited" and "with an option to upgrade." Alarming, this doesn't sound too comprehensive to me.

Medical Evacuation/Repatriation sounds promising – except for the vanishingly slim chance of my actually utilizing this service. Perhaps the mandatory Student Health Plan should devote its attention to the basic health needs of all students, and leave options such as this for individual travelers to consider.

And finally, acupuncture is now a covered benefit. Again, I question whether this is a fundamental service that will benefit the majority of the student population. But at least I can rest assured that when my chiropractic coverage at Kaiser is exhausted, I'll have something to turn to.

The recent changes to the Student Health Plan represent a significant concern to all students, who need to evaluate for themselves whether or not the benefits justify the sharply rising costs. Furthermore, the mandatory nature of the insurance plan raises issues of fairness that should be considered and addressed. Please join me in making your views known to your representatives and Student Health officials.

## Quack by Melinda Burnett



Darwin's frog

## Careful Process Oversees Changes In Student Health Insurance Plan

by Dale McNeil, Adjunct  
Professor, Psychiatry and Chair of  
the Student Health Service  
Advisory Committee

Most students are now aware that there will be substantial premium increases associated with the student insurance plan for next year. Underlying the premium increase is a very thoughtful process to arrive at recommendations related to next year's plan on behalf of the Student Health Service Advisory Committee. There are also large amounts of detail that shape how the increase came to be and what contributes most prominently to the increase.

The process for establishing healthcare benefits is unique at UCSF. While many schools have a Student Health Service Advisory Committee (SHSAC) involved in evaluating their insurance plan design, UCSF is the only school, to our knowledge, where the committee is the decision maker in the process.

Students and faculty from each school comprise the membership of The Student Health Advisory Committee. Student Health functions only in a support role and has no vote on the committee. Each year the Advisory Committee spends several hours deliberating possible plan design changes, benefit additions, and the incremental costs associated with both potential changes to the plan and inflation. This year the committee met eight times, seven meetings of which were dedicated to insurance

negotiations. After reviewing detailed utilization data and information brought by committee representatives on the behalf of students, the group weighs the cost of proposed options and recommends an insurance plan configuration for the next school year. Both the ASUC and GSA then approve these recommendations for additional student feedback and validation.

While it is true that the cost for the 2002-03 insurance plan will rise considerably, this is not all bad news. The increase is due to both medical inflation and the addition of benefits to the plan. The medical inflation has been driven by changes in California law and the increase in drug costs. The services now mandated by California law just happen to be services UCSF students highly utilize. For example, UCSF students have enjoyed increased coverage for mental health services and coverage for contraception and diabetic supplies. In addition, students also highly utilized the prescription benefit. Students are paying more, but also receiving more care.

The Student Health Insurance Plan is not alone in experiencing cost increases. 42% of the increase for next year's plan is due to inflation and high utilization while 16% is due to new benefits. High levels of medical inflation are raising insurance premiums throughout CA and the country. Calpers, for example, announced that premiums for its HMO organizations would increase by 25% and that premiums for two preferred

continued on page 5

## Editor's Farewell

As this last issue of the school year makes its way to the stands, it's only fitting that a commemoration of some sort take place. It's been a great ride for all of us here at the *Synapse*. Throughout the year, we tried our best to fill every issue with stories that were informative, thought-provoking, interesting, and fun. Thanks to a lot of talented writers and great editors, we managed to run articles ranging from public policy, science, technology, and local events all the

way to poetry, movie reviews, personal testimonials, comics, and MANY outrageous opinions. I personally loved every minute of it, and as I now pass the torch to fellow medical student and soon to be second year Alex Lee, I know I'll miss being there. But next year carries with it great potential as I'm sure Alex (or as the Costa Ricans like to call him "El Gran Chinito"), will give the job (as I did) his full 70%. To another passing year...

Mukesh Sahu

**synapse** Millberry Union 123 W • University of California, San Francisco • (415) 476-2211 • Fax 502-4537 • [synapse@itsa.ucsf.edu](mailto:synapse@itsa.ucsf.edu)

**Editor-in-Chief:** Alex Lee **Copy Editor:** Amy Wong **Arts Editor:** Rita ng **Features Editor:** Rita Mukhtar **Food Editor:** Karen Huang **Technology Editor:** Alan Dang **Sports Editor:** Alan Huang **Photo Editor:** Brad Morikawa **Politics Editor:** Kat Vo **Managing Editor:** Tim Neagle **Advertising Manager:** Lucia DeLeon • *Synapse* is a student-run weekly with offices in Millberry Union 123W. The paper appears on Thursdays during the academic year and monthly during the summer. All UCSF students, faculty, and staff are invited to contribute. • Announcements and letters should be submitted six days before publication. Email submissions to [synapse@itsa.ucsf.edu](mailto:synapse@itsa.ucsf.edu), or mail to Box 0376, UCSF, San Francisco CA 94143. All material submitted is subject to editing. • Subscriptions cost \$20 per year (\$40 outside the U.S.). • *Synapse* seeks to serve as a forum for the campus community. Articles and columns represent the views of the authors, and not necessarily those of the Board of Publications or the University of California. **Ad Policy:** Paid advertisements do not necessarily reflect the views of *Synapse*. *Synapse* and its editorial board reserve the right to decline advertisements promoting false or misleading claims, known health risks, or content deemed by the editors to be antithetical to the interests of UCSF students or the UCSF community. *Synapse* does not accept advertisements from tobacco or alcohol manufacturers, or sexually oriented personal ads. *Synapse* reserves the right to run any ad with a disclaimer.



# Getting Yourself Fit for the Summer — A Guide for the Library Potato

by Jeff Masi

Summer's coming up and you're overweight. The cottage cheese has left the fridge and found parts of your body you wished it hadn't. The mirror in your room begs to put in the closet, lest it reflect yet another grotesque image of a non-exerciser. And that's just the surface. Underneath your chubs are some of the most unhappy and depressed blood vessels ever to disgrace a human body, reluctantly allowing blood to squeeze through their pathetic plaque-infested lumens, hoping to last another day but realizing the end is near. Each day, your physique inches closer to that of the most repugnant farm animal of them all, so close that the day is coming when you will wake up to find yourself on all fours, uttering "oink, oink" as you dip your face into yet another fatty breakfast. Or ... maybe you aren't a total pig, but wouldn't it be nice to look a little better when the clothes come off?

Well the good news is that you, yes you, the one munching on the lard-laden slice of pizza or the artery-clogging orange "heart attack" chicken and rice can improve your body. The bad news is that you'll have to work hard...very hard. Oh well. Get over it.

The following series of steps is a path for you to follow toward getting fit this summer. Easily digestible and efficient is the name of the game. You're busy. You don't have time to mess with fad routines or gimmicky workouts. Your time is too valuable to waste but so is your health. So here goes.

## Preparation

- Get yourself screened to make sure you don't have any medical conditions that will interfere with your training. Good personal trainers are qualified to do this but doctors are much more qualified. Most of you will want to skip this step. Don't.

- Commit to no less than three workouts per week of 1 to 1 1/2 hours each on non-consecutive days (ex: Mon-Wed-Fri). If you want to workout less than this, reread paragraph one.

- Calculate your maximum heart rate (MHR) and target heart rate rate (THR) for cardiovascular workouts. MHR equals  $220 - \text{age}$  for most people. THR is  $.70 \times (220 - \text{age} - \text{resting heart rate}) + \text{resting heart rate}$ . Working out at the THR calculated using this formula puts most at the upper spectrum of their fat burning zone but you should realize that significant variation exists among individuals with respect to MHRs and THR.

- Stop eating all of that fatty crap. Unless you've been in a vacuum for the past twenty years, you know what's healthy and what isn't. Avoid gluttony with a passion.

- Learn the following six exercises. They will comprise your weightlifting routine.

- 1) Squats\* (squat machine or leg press if you have back/knee problems or are coordinationally-compromised)

- 2) Leg curls
- 3) Lat Pulldown (wide grip and narrow grip)

- 4) Back Extensions
- 5) Dumbbell Chest Press

- 6) Dips (machine assisted if you can't lift your body weight)

\* A word on Squats

This is "THE EXERCISE," the Buddha to whom all other exercises must pay homage. The problem is that when executed improperly, there exists a high risk of injury. Subtle variations on form dramatically redistribute the stresses throughout the body and depending on your physique, your ideal form may be slightly different than that of your workout partner's. Additionally, there exists a great deal of confusion on how to properly execute the

movement, even among trainers! Much of this confusion revolves around how deep one should go into the squat — too deep and stress on the knees increases and not deep enough translates into inadequate muscle involvement (including less glute involvement) teach this exercise to you within the confines of a short article, I wish only to emphasize the value of the exercise and recommend that you use what ever sources available to you (videos, books, internet sources, etc.) to learn it properly. If you do not include squats in your workout you should do the closest approximation possible (squat machine or leg press).

Rather than attempting to warm up for about five minutes before beginning your workout. Perform three sets of each exercise on three non-consecutive days per week. Rest about a minute between sets (it is OK to rest two minutes between sets of squats). The entire weightlifting routine, including the warm-up, should take no longer than forty-five minutes. Fill in the remainder of your workout with cardio. If you plan on being in the gym for an hour and fifteen minutes, this means that the last thirty minutes of your workout will be spent doing cardio. For each exercise, start off

with 8-10 repetitions per set. You can move up or down from here but realize that there is much discussion and disagreement on appropriate rep number. There are actually a large number of repetition strategies that work very well. Do your own research and experimentation to find out what works best for you.

## Cardio

Stay within 5 BPM of your THR for the entire duration of your cardiovascular workouts. Initially, you will need to check your pulse every ten minutes or so to make sure you are in your zone but you will soon develop a sense of where your THR is by perceived exertion alone. The last five minutes of your cardio workout should be used to warm-down by gradually decreasing your pace to a brisk walk. Never exceed your MHR. Stretching should be performed only when your muscles are warm (i.e. after your warm-up or at the end of your workout). Workouts in addition to the three that include your weightlifting routine will be very beneficial and should be cardiovascular in nature.

What about abs?

2-3 sets of crunches 3X per week is sufficient. Ab workouts are much more effi-

cient when you increase the resistance so that you don't have to do 5X10^9 repetitions to get a burn. Resistance is easily increased by doing crunches on a decline, by holding weight behind the head (such as a 5lb plate), or by using ab machines. Also, get in the habit of keeping your abs tight and back straight during all exercises.

## Choosing a personal trainer.

If finances permit, a good personal trainer can significantly enhance your workout progress. Keep in mind the following when choosing one:

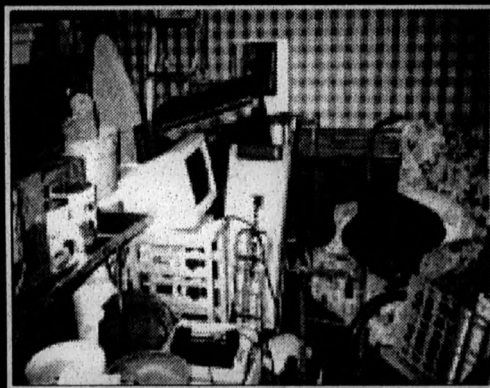
- 1) BEWARE of the fat trainer trying to help you lose weight.

- 2) It is and always will be a buyer's market for trainers. There are simply too many of them. This means that you can and should compare credentials carefully and choose only the very best. Undergraduate degrees in exercise physiology and health related fields are common among trainers but this should not be taken as a guarantee of competence. Request college transcripts from trainers to see how well they performed (if they did "C" average work in

*continued on page 7*

## SPRING STUDENT SPECIAL

# FIRST MONTH FREE! \*



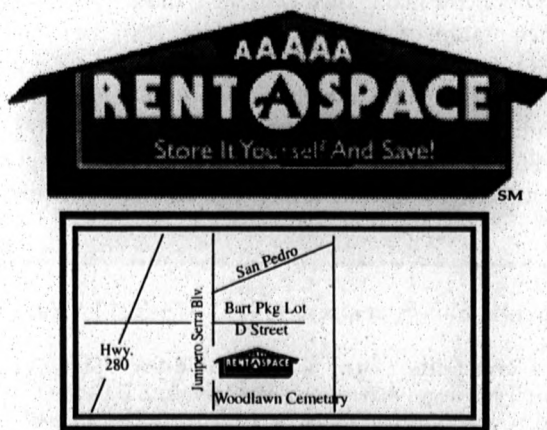
Store the extra stuff and enjoy your place!.....

.....Don't let clutter use up your livable space....



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## Patients

from page 1

after taking control of the U.S. Senate, Senate Democrats put the bipartisan McCain-Edwards-Kennedy bill on the Senate floor. This legislation, with real patient protections as well as strong safeguards for employers, passed the Senate by a strong, bipartisan majority in June 2001.

The Senate-passed Patients' Bill of Rights confers a broad array of rights on patients. It guarantees access to needed health care specialists; requires continuity of care protections so that patients will not have to change doctors in the middle of their treatment; provides access to a fair, unbiased, and timely internal and independent external appeals process to address health plan grievances; assures that doctors and patients can openly discuss treatment options; and includes an enforcement mechanism that ensures these rights are real.

On February 8, 2001, Representatives Ganske and Dingell introduced H.R. 526, the House version of the Bipartisan Patient Protection Act of 2001. With President Bush's support, the House of Representatives has passed its version of the Patients' Bill of Rights that provides special protections for HMOs that ordinary Americans, and all other businesses, don't have. On every difference between the Senate and House HMO reform bills, the McCain-Edwards-Kennedy bill stands with patients and doctors and the House Republicans/Bush bill stands with the insurance companies.

In addition, the White House proposal would cap non-economic damages at \$1.5 million dollars. Economic damages compensate only for quantifiable costs such as medical expenses and lost earnings; whereas non-economic damages compensate victims for losses that are just as real, but not quantifiable, such as chronic pain, loss of function of a body part, blindness, loss of mobility, paralysis, confinement to a wheelchair, disfigurement, and loss of reproductive capacity. While this may be adequate compensation for some patients, it unfairly discriminates against the most vulnerable and most seriously harmed patients. Caps do not vary with the seriousness of the injury or with the length of years the victim must endure it. They affect only those patients who have been injured most severely - those that are sufficiently severe to produce a verdict that exceeds the cap. Limitations on compensation for non-economic loss are

discriminatory against children, the elderly, and low-income workers. These individuals do not receive large economic damages attributable to lost wages. Thus, any cap on non-economic damages has a disproportionately severe impact on these vulnerable groups. This is just more special protection for HMOs.

In short, the House and Senate bills are virtually identical in terms of the patient protections designed to combat HMO horror stories, including coverage for emergency room care, treatment by medical specialists and access to government-sponsored clinical trials. But the issue of lawsuits has bedeviled the negotiators from the start.

In general, Kennedy and the Democrats, backed by their political allies the trial lawyers, favor a more robust ability to sue, with uncapped damages for pain and suffering. They argue that without a strong right to sue, the patient protections found elsewhere in the legislation are of limited value. On the other hand, Republicans, who receive campaign support from the HMOs, generally favor capped damages. They argue that if insurance companies are exposed to frivolous lawsuits and unlimited damages, the cost of coverage will skyrocket.

The Patients' Bill of Rights now move to a House-Senate conference, and supporters of real reform are fighting for a level playing field between doctors, patients and their families and the insurance companies. "I still hope an agreement is possible that would allow us to move forward on a real patients bill of rights," said Sen. Edward M. Kennedy, D-Massachusetts. "But after months of talks with the White House, we've reached the 11th hour with little sign of progress from the administration. We need to find a way to put patient protections before the interests of the HMOs." But White House spokesman Scott McClellan said, "we have made tremendous progress and the president is continuing to reach out" to Democrats on the issue. Bush "wants to pass legislation with strong patient protections this year," the spokesman said.

So, will there be a compromise between Democrats and Republicans? a compromise on political gain for the upcoming election year? Or will the compromise be that of the American people's health?

*Katherine Vo is a second-year dental student and the political editor of Synapse.*

## Nurses

from page 1

"Employers throughout the state have been trying to throw money at new nurses with bonus sign-ons," said Rose Ann DeMora, the CNA's executive director, told the San Francisco Chronicle. "This package reverses that emphasis. It says we are going to invest in our career nurses."

## Insurance

from page 3

provider plans would rise by 18.9% and 22.1%. This is despite the large pool of patients covered by the plan, which theoretically should spread the risk and minimize large jumps in claims experience.

One perceived draw back to the plan relates to students who choose to be or are automatically covered under another insurance plan. Students with another insurance plan must use the benefits provided under that plan first since the student plan is written as a secondary plan. In many cases, students have simply chosen to drop their additional coverage if there is a cost to them for that coverage.

There are many instances where students who have coverage under another plan still use their UCSF coverage. Some examples include students who would like second opinions outside of their primary plan, coverage for benefits not provided for or with limited benefits under the primary plan, and prescription drugs which many not be on formulary with their primary plan. Other times the student's primary plan does not extend coverage to the Bay Area. If a student's primary plan includes any co pays or deductibles, those can also be covered under the UCSF student plan. With so many options for students who have another insurance to still use their student plan, the SHSAC felt it unwise to add the additional premium necessary to make it a primary insurance.

The benefit that will be added for the coming year that translates into the largest cost increase is the new dental coverage. The good thing about this benefit is that all students can use the coverage. Not all students during the course of the year need to be hospitalized or seen by a specialist, but all students should be receiving preventive dental care. Also, not all students with other health-care coverage have dental coverage as part of their plan.

The other benefits added for the 2002-2003 plan year account for only 3% of the

The agreement would preserve the university's ability to reward performance through lump-sum awards, a UC spokesman told the Chronicle.

The agreement also resolves a dispute over staffing levels. A joint UC-CNA committees at all of the medical centers will be established to advise management about how to implement nurse staffing ratios next year.


premium. Yet, there have been instances in the recent past where students would have benefited significantly had the items been included in the plan.

Since UCSF is a small school (just under 2,500 students), the insurance companies bidding the Student Health Insurance Plan over the past several years have been very reluctant to allow waivers (or the option for students to opt out of the plan) without a significant increase in premiums. Not only would premiums increase immediately simply to allow the option for students to waive the plan, data suggests premiums would continue to rise as the population shrinks and risk is spread over a smaller pool of enrollees.


The decision to avoid the very expensive waiver option was made a number of years ago by SHSAC and has been reviewed each year for the past several years. The committee membership changes somewhat each year, but one thing that has remained constant is the committee's belief in placing the needs of the overall student body as the guiding priority.

*As chair of the Student Health Advisory Committee, I have had the privilege of working with dedicated students and faculty who spend many hours deliberating a well-thought-out decision around insurance coverage for UCSF students.*

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Think 1992  
By Jerome Davis Booker, Jr.

Hearing the cries,  
Seeing the tears,  
(Fall from all of their eyes)  
Remembering all the fights  
When you strike your wife or kid  
They'll remember it for the rest of their lives  
If you were abused as a child  
Don't take it out on their hides  
Before you lose control.....

Think about what you're doing to them,  
Think about what you're doing to them,  
I'm begging  
I'm pleading  
Think about what you're doing to them,  
I'm down on my knees  
You've destroyed my dreams  
Think, about what you're doing to them

Seeing lives destroyed  
By a flick of a belt and a flash of a tongue  
America, bad as it is  
It doesn't need another kid  
To grow up with hatred in their hearts  
Is a real bad way to start.....

Think about what you're doing to them,  
Think about what you're doing to them,  
I'm begging  
I'm pleading  
Think about what you're doing to them,  
I'm down on my knees  
You've destroyed my dreams  
Think, about what you're doing to them

How are they supposed to go for their dreams  
If every time they make a mistake  
You scream  
And crush their hopes  
What you're really doing is hanging them by a rope  
But it doesn't end there  
No, No, No, Not for many, many years  
You also give them a rope to hang their own.....

Think about what you're doing to them,  
It's not too late to change  
Think about what you're doing to them,  
I'm begging  
I'm pleading  
Think about what you're doing to them,  
I'm down on my knees  
You've destroyed my dreams  
Think, about what you're doing to them

## Violence

from page 1

I went to my local public schools was where I was recruited to join the Shotgun Cripps. I remember the role playing they had us do, and the constant question was, "What set are you from?"

From second grade on, I went to a magnet school, where the gang culture only periodically raised its head. At my magnet junior high in the San Pedro part of the Palos Verdes hills, I remember an example why you don't mix kids from Wilmington (Bloods) and Carson (Cripps). The climax of a week of gang fights came when a call was placed for more gang backup from Carson. About midday, a string of old Cadillacs and Buicks surrounded the school, with shotguns hanging out the window, threatening to shoot anyone wearing red. Well, PE was officially canceled that day because our school colors were red and white. I could go on about summer school experiences at the local junior high, or Washington High School (which still periodically makes the news today), but I want to cover two more topics, family violence and gun violence.

Many are surprised when they learn that I would rather spend major holidays with my college family than go home to L.A. Let's see, should I visit my father who was responsible for beating my mother, molesting both my sisters, and physically and/or emotionally abusing all of us? The man who constantly reminded me growing up that when I was 5 years old, after watching the police escort my bloodied mother from the house (this was well before the domestic violence laws), that I tried to stab him with a screwdriver while he was sleeping. The same man who, instead of raising us with love or respect, raised us in fear, threatening to kill my mother with his .357 Magnum if she didn't sign over my half-brother's and sister's Social Security benefits from their father, or loans to keep his business going. The man who gave me a reason to start working out in junior high, and who caused me to sleep with a golf club at night, while he slept with a knife under his pillow.

Or maybe I should visit my mother, who lives in Inglewood, a Blood territory, when I grew up in a Cripp neighborhood. Where my

brother dropped out of Morning Side High School because they were threatening to throw him off the third floor if he returned to school. My mother, who stopped giving me emotional support after my parents divorced and became the most negative person I have ever experienced. The person who constantly compared me to my older siblings, one of whom is currently serving a forty-year sentence for multiple felonies, and the other who had to hop from one relative's house to another. Who constantly told me how selfish and self-centered I was, and took away the remainder of my self-esteem growing up. Many of the issues in my family could be traced back to my parents' families, where on my father's side a few of my 16 aunts and uncles should be my cousins, and on my mother's side, where just about all of my extended family has been in trouble with the law.

Now on to gun/street violence. A couple of examples I have already talked about, the junior high incident and my father's .357 Magnum, but there are a few more things I want to share. Most of my experiences with gun/street violence happened in Inglewood, where my mom lived off and on, and where my father's office was. Growing up knowing that when at a bus stop, you always stand behind the bench in case of a drive-by shooting, does have an effect on one's sense of safety. I remember actually being caught in the middle of a shootout at my apartment building in Inglewood. I was walking home from the store and had just reached the top of the staircase, when someone hopped the front fence and ran through the courtyard. The next thing, I hear shots, police shouting orders, and I dived for the nearest corner, got into a fetal position and prayed that none of the stray bullets would find me.

I remember going to sleep at night to the sound of helicopters searching for people and random gunfire. Even though I did not carry a gun growing up, I fully understood that I was vulnerable, and I realized that if I was going to be constantly in that environment, I would have to get a gun.

As far as street violence, street knowledge is a required skill. Not making eye contact, watching what you say, the way you dress, where you are walking, knowing that a certain crack in the sidewalk divided the terri-

tories of gangs such as Nine Duce and Nine Tre from other territories belonging to the Playboy Cripps, the Hoover, the Head Hunter, Rolling 60's ... all that was important if you wanted to stay alive. Playing up the nerd role and not speaking slang became valuable tools to prevent getting harassed. Watching why the L.A. bus system, the RTD, was called the Rough, Tough, and Dangerous from my father's office: One minute, you see a bus making a normal stop, the next you see people jumping out of the windows to avoid getting involved in the growing and bloody fight.

I want to close this introduction by telling you how these things still affect me and why I am singing the song about my childhood here today. I was never allowed to express my feelings at home growing up, and therefore developed the skill to turn off my emotions. This allowed me to emotionally cut off my family and a lot of the negative aspects of my ethnic community. The result is that I have turned out to be successful and positive in many areas, except interacting with my own race on certain levels, and in interacting with the opposite sex. I discarded the definition of love and family values I was raised with and have been going through life defining those two subjects by positive couples and families that I have interacted with along the way, but the void in both areas are great. I have opened myself up to all of you at this conference because there are two important points that I want you to see. First, that nobody should have to go through my childhood to turn out positive and successful in society. Second, to remind all of you of the point of our diversity training. You all need to think outside of where you came from to the entire social-economic spectrum when you propose laws that combat the types of violence covered today, and finally that the first real role model I had growing up was my pediatrician.

Thank you, and now I will sing a song I wrote in high school about my childhood experiences. (Song appears at left.)

Jerome Booker is a 1st-year medical student.

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# At Last, Some Drama in the NBA Playoffs

by Alan Huang

Mired in BMB activities, prior to this weekend, I've only had a couple opportunities to check out the NBA playoff action. My general impression was that these series were rather boring compared to previous years. The San Antonio Spurs were up to their old disappearing act, the Kings-Mavericks match-up was altogether disappointing, and the Eastern Conference was, well, the Eastern Conference. I yearned for the days of Isaiah, Magic, Bird, Olajuwon, and of course Michael. Those were days of storied rivalries because great players played for the same team throughout their careers. The playoffs were the final battles in a season-long war. The raw emotion poured through my TV set and filled me with excitement. These past couple years have been different. Perhaps it's because there just hasn't been a team I've fallen in love with since I moved here from Chicago or maybe it's just that the NBA has really become more boring. Anyways, I digress.

These past few days, I caught a little glimpse of that old fire while watching the

three games this Memorial weekend. On Saturday, the most amazing comeback in playoff history was accomplished by the Boston Celtics. Trailing by 21 points with only the 4th quarter remaining, the mighty LeRochaun showered favor upon the home team. I must admit I didn't believe they had a chance in the world, and was dozing in my recliner as the 3rd quarter ended. But then it seemed as if a new team had appeared on the court, perhaps spurred on by the angry speech Antoine Walker made during the timeout between quarters. Whatever it was, it worked. Paul Pierce, one of the Celtics' superstars, showed that he could be the leader of a FUTURE championship squad by singlehandedly outscoring the Nets, 19-16 in the final quarter to lead his team to victory, 94-90.

How could the Nets possibly come back from this devastating blow? We first year meds are all eager to diagnose this team with stress-induced depression, anxiety, and maybe panic disorder. It would certainly take a strong team to come back from this defeat. Well, on Memorial Day Monday, Jason Kidd & Company, especially Kerry Kittles and Keith Van Horn showed their

mental toughness and evened up the series 2-2 with a 94-92 victory at the Fleet Center in Boston.

The Western Conference Finals has been a tough battle, and game 4 played on Sunday was again one of the most exciting games I've seen in my relatively brief existence. The Sacramento Kings jumped out to a quick start, leading 40-20 at the end of the first half. The Lakers closed the gap a little in the 2nd quarter, but the Kings were still clearly in control going into halftime with a 14-point. What happened in the second half was deceptive to my eyes. It didn't seem as if the Lakers were playing all that well, and the Kings were certainly not playing as good as in the first half, but somehow the lead just slowly disintegrated. The Lakers certainly tightened up their defense, but one thing for sure is that Sacramento did not choke, unlike the Nets in game 3 of their series. Testament to this was Turkoglu and Divac hitting two big shots with under 2 minutes to play, which gave Sacramento a 2-pt edge with just seconds remaining. What happened next was one of the luckiest, most painful, ugliest, most beautiful plays of all time. Let me give you my commentary:

Kobe fakes, drives right towards the baseline, elevates, has a chance to pass to Shaq for an easy dunk to tie the game, but being the arrogant, selfish, Michael wannabe that he is, he flips up a bad shot that clanks off the rim. (Un)luckily, the ball lands right in Shaq's lap, and he has an easy putback which he blows by barely even getting the ball over the rim. Divac makes a smart/stupid play by slapping the ball away from the paint, right to, OH NO... Robert Horry, who ranks #1 on my list of all-time clutch players and drains an ENORMOUS 3-pointer at the buzzer to sink the Kings' hopes of taking a commanding 3-1 lead.

OK, WHO's gonna win the championship? Well, my claim was that the Kings would win the series against the Lakers if they won game 3. They did, so I'm gonna stick with my prediction of Kings in 7. They really do look like the better team. Hmm.. what if they had All-Star Peja draining shots? As for the Eastern Conference, I believe the Nets are the better team and will prevail in 7 as well. As for the finals, I give the Nets a small chance against the Kings, but the Kings will win in 6.

## Exercise

from page 4

their classes, chances are that they'll do "C" average work for you too).

3) Experience, experience, experience WITHOUT burnout, burnout, burnout.

4) Evaluate "free training sessions" offered at gyms with care. They are used by boot trainers to gain experience (that means practice on you), to actually help you get started (best scenario), but most importantly for many gyms, to generate revenue through the sale of additional sessions. Unfortunately, this approach often circumvents your shopping process should you be in need of a trainer since trainers are often assigned to you arbitrarily.

5) Technical competence is an absolute necessity but so is the ability to motivate and inspire.

6) You get what you pay for...usually.

7) Determine how much time and money you want to spend and what your expectations are. Communicate this clearly to your potential trainer. Consider collecting several people with several goals for group sessions to reduce the cost.

8) One hour with a good trainer is better than spending ten hours with a mediocre one.

9) There are exceptions to every rule. The "boot trainer" at the corporate gym with no experience may be just what you need. Possible but unlikely.

10) Always, always BEWARE of the fat trainer trying to help you loose weight.

Jeff Masi did fitness training as a Sergeant in the U.S. Marine Corps, has worked as a personal trainer for several gyms as well as independently, carries an advanced level certification, and currently maintains a limited client base. He can be contacted by emailing [jmasi@itsa.ucsf.edu](mailto:jmasi@itsa.ucsf.edu).

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