

left ventricular function, possibly mediated by an influence on the level of plasma catecholamines [substances such as adrenaline].”

This statement says neither aye nor nay about coronary collaterals. What it does say is simply that, after a lot of investigation, there is no documentation as to its [exercise] benefit. There may, however, be some benefit with respect to the pumping mechanism of the heart.

**Grandpa
shouldn't
jog**

If a patient of mine asked me whether or not he should jog, I'd tell him "No" if he were over the age of 55. If he were younger, I'd tell him to avoid concrete and run on soft surfaces, and I'd tell him to do sprints (if he is healthy) and avoid those long jogs.

**Is alcohol
good for
the heart?**

Q

A friend of mine has had his second coronary bypass operation. He had the surgery two months ago (five arteries were involved), and his doctor told him he can drink all the liquor he wants. I just can't understand this—I thought alcohol was bad for the heart. What is your opinion?—G.D.

A

(Answered by David H. Spodick, M.D., of the Cardiology Division of St. Vincent Hospital, Worcester, Massachusetts)

The relationship between alcohol and heart disease is a complex one. Definite "alcoholics", particularly men, may develop alcoholic cardiomyopathy (heart muscle disease), but this is not related to coronary artery disease.

From epidemiologic studies (there are no appropriately designed controlled randomized clinical trials), it appears that a moderate intake of alcohol—e.g. two average drinks per day of hard liquor at the usual proofs—results in a lower coronary death rate than does total abstinence or excessive indulgence.

However, it must be emphasized that we're talking about epidemiologic evidence from population studies, and there may be other personal characteristics of non-drinkers and the various grades of drinker that add important influences, either related to the alcohol consumption level or independent of it. Therefore, at the prevailing state-of-the-art and state-of-the-science, it probably could be said that the only possible "recommendation" would be two "shots" a day of scotch, rye or bourbon or the alcohol equivalent in "softer" beverages such as beer or wine.



David H. Spodick, M.D.

**Homelessness—
growth industry
of the '90s**

In previous issues of The Doctor's People, you have become familiar with the thoughts and opinions of Professor John McKnight of the Center for Urban Affairs and Policy of Northwestern University. In this month's issue, we present his views on homelessness, a national problem which well may develop into the growth industry of the '90s. Enlarging on his philosophy that professionals create needs, Professor McKnight points to new directions in problem-solving which lead away from paid professionals and toward the collective wisdom of the community.



Professor John McKnight

Every few years, a new "national problem" surfaces on the cover of news magazines, on the front pages of newspapers, and on the evening news. News about this situation is accompanied by competing visions of how it ought to be solved.

Recent problems waves have included poverty, child abuse and illiteracy, and homelessness is the latest to thrust itself upon our collective consciousness.

With each of these problems, there has been a debate as to the appropriate response, and those in the appropriate helping professions argue that their systems and administrations are needed. As a matter of fact, it's the professionals who need these crises in order for them to grow in numbers, income and authority. Therefore, whenever we hear about a new need, we must carefully determine *whose* need really is being met.

*The business
of
homelessness*

The latest new need is that of the homeless. Professionals tell us the homeless need shelters, counseling, therapy, and service. The National Institutes of Mental Health recently have solicited proposals to study the homeless, and one can bet that these millions of dollars in government-funded studies will substantiate the need of the homeless for professionally-directed shelters and professionally-directed care. Universities also will use these studies to justify and structure new professional training courses to train those who will become experts in meeting the needs of the homeless.

For the ordinary down-to-earth citizen, the immediate response to homelessness doubtless would be, "Let's provide more homes." Of course, this solution does not provide for the needs of helping professionals because it suggests that a house is the appropriate response.

*Providing
homes for
the homeless*

Already, the competition is underway between the professionals and those who believe the homeless need homes. In Philadelphia, for example, that city is buying unused abandoned houses, rehabilitating them and making them available to people who do not have a home. But this approach may lose out because it dares to believe that a problem can be solved rather than "treated." It recognizes that most social problems result from people being isolated from community life rather than being isolated from human services.

*The rewards
of labeling*

Actually, most people assume that homelessness is something new, but it is not. What *is* new is the naming of a class of people so that they can be treated. However, as with most labels—for example "the elderly" or "women"—the label doesn't tell you anything about the individual and very little about various groups of people within the classification. But, the big label gives a powerful handle to professionals, enabling them to ask for money, programs and policies which will allow them to assert control over the lives of others.

*All homeless
aren't alike*

If we got to know lots of people who get tagged as "homeless," we would see they are no more alike than are all people who get tagged "elderly." Some homeless people are in an economic crisis and cannot afford rent. Other homeless people have been abandoned by those who had provided them a home. Others are people who don't choose to live in a house, just the way gypsies do, and some are folks whose minds don't lead them to seek permanent shelter.

Proceeding from this understanding, there are several reasonable responses to people who are called homeless. The first is to offer them an opportunity to have a home. While we can safely predict that a large number of people would accept this opportunity, some people will not. They may choose to be "on the road." And they force many of us to decide whether we want to give them that freedom.

In New York, Mayor Ed Koch recently decided the homeless didn't have the right to be on the road and should be forced to have psychiatric evaluations. However, if homeless people are not endangering others, then they should be given choices rather than forced treatment. One choice is to offer treatment if they care to use it. It's probable that most people who reject the offer of a home also will reject the offer of treatment. This should be their right.

*Non-professional
help*

However, there is a third offer, and that is an offer of friendship. We are so awash in a sea of professional services that we often forget that the mainland of America is comprised of friendships. Most of our lives are supported, enriched and dependent upon the friends who surround us. Many people mislabeled as homeless actually are friendless. When we offer them treatment rather than friendship, we offer them MacDonald's rather than Mom's Meatloaf.

A friend could establish trust with a person who has no house, and could begin to understand what that person really wants. A friend could join in making these self-defined desires become a reality. But above all, a friend could care, and that is the real need all of us have.

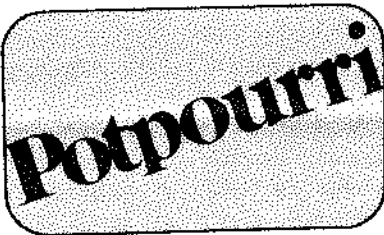
Some professionals actually have given up on "service" because they see how second-rate it is. Instead, they have recognized that they must stop trying to "fix" those they hope to help and must start acting as a friend. Then, they can find a house, invite an isolated person to join their life, and share in the mutual respect and joy of a friendship. "Homeless" people don't *need* shelters or services. They do *want* houses and friends.

Since the time of Abraham, people have offered hospitality to strangers. When in the Old Testament story, Abraham welcomes three strangers to his tent,

it is he who bows down to them. The rules of hospitality did not require that strangers go down on their knees to accept an offer of friendship, but rather that the person who offered friendship begged those who were in need to accept it.

Fear of strangers

In reading Professor John McKnight's comments we realize how far we have come from the Biblical days when every encounter with a stranger was viewed as an opportunity to make a friend—and perhaps a convert. Today, instead, we view encounters with strangers with great fear and trepidation. We do not welcome the stranger into our home with warm hospitality, as Abraham did. In fact, we devise many ways of keeping him out, from the peepholes on our doors to the screening mechanisms on our telephones. I wonder how many of us still have the capacity to view the stranger as a potential friend and to welcome him into our circle, not because we are paid to do so but rather because by enriching his life, our own lives will be enriched. Perhaps we are just too civilized for that.



Does attack on daycare blame the victim?

Q

Just received your latest edition of *The Doctor's People* (Volume 2, Number 2). I read with interest your daycare dialogue with Marian Tompson, Randi Ettner and Niles Newton. I was a bit concerned with the article, not because it is not an important topic, but rather because of the patient/victim battering tone it seemed to have.

While I agree that daycare leaves a lot to be desired, the tone of the piece was that anybody who would put their child in daycare is a coldhearted, uncaring person. Frankly, that's easy to say, but for the majority of the "folks" out there, life ain't that easy. Sure, incomes are higher, but I can tell you that the house I grew up in in Glencoe, which we bought in 1955 for \$35,000 is now going for over \$400,000. Incomes have not gone up that much by ratio.

Poor families and single parent families have little choice but daycare. The issue is not whether staying home is better or not, rather it is if you do use daycare, how can we make it better, more beneficial to the child, safer from a health standpoint and encouraging for child development?

Sure, the good old days were great, but they are not here anymore. Blaming the victim, which is an old medical trick, only makes that situation worse. I hope, in the continuation of the issue, you expand the piece into something that will help people who must use daycare get better care. Making them feel bad about using it doesn't treat the problem.

Please understand that I am not being critical of you or the others. It is simply that too often the user of medical and health services is blamed for the way the system doesn't perform. It happens all the time, and I know you don't want it to be part of a fine newsletter like *The Doctor's People*.—Charles B. Inlander, President, People's Medical Society

A As you are a member of our Advisory Board, I respect and admire you for writing to state your full and frank opinion of our discussion of daycare. By now, you also will have read the third volume in this series which addresses itself to alternatives to institutionalized daycare, and I hope you will comment on those as well.

I regret you felt we were blaming the victim. The question is, who is the victim? In our opinion, the victim is the child. Almost universally, discussions of daycare focus on the needs of the mother; the discussions between Dr. Ettner, Dr. Newton, Marian Tompson and me focused on the needs of the children.

Another Advisory Board member, Betty Mekdeci, also has addressed herself to this subject. Please read her letter which follows.

Why Betty Mekdeci said no to daycare

A In 1971, when I became pregnant with my first child, I had an exciting career in advertising. I just had received a big raise and had acquired an impressive new title—creative co-ordinator. I loved my work, and I had no intention of stopping it either during my pregnancy or after my baby was born.

But, when I was seven months pregnant, I was fired from my job. It seemed