FACT M ore than 680 medical centers, hospitals, cancer clinics, and practices across the U.S. are A C C C members. This group treats 40 percent of all new cancer patients seen in the U.S. each year. A C C C members also include more than 450 individual members and 21 state oncology society chapters.

FACT O nly ACCC represents the entire interdisciplinary team caring for oncology patients, including medical, radiation, and surgical oncologists, oncology nurses, cancer program administrators, oncology social workers, pharmacists, radiation therapists, and cancer registrars.

FACT ACCC is committed to federal and state efforts to pass legislation that ensures access to off-label uses of FD A -approved drugs and clinical trials for cancer patients, appropriate reimbursement to physicians for drugs administered to M edicare patients, and other patient advocacy issues.

FACT ACCC provides information about approaches for the effective management, delivery, and financing of comprehensive cancer care through its national meetings, regional symposia, and publication of oncology patient management guidelines, standards for cancer programs, critical pathways, oncology-related drugs, and $O$ ncology I ssues.

FACT M embership in ACCC will help my organization/me better serve patients and will foster my professional development.

Please send membership information: N ame:
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$s<$ R eturn to A C C C , 11600 N ebel St., Suite 201, R ockville M D 208522557/F ax: 301-770-1949.

# A Cry for Help 

by Lee E. Mortenson, D.P.A.

My 17-year-old daughter decided to take 88 pills a couple of nights ago. She was having a bad time, but the night she called, I, for one, was not listening. A ctually, I was listening; I just wasn't budging. She was telling me, in pretty hysterical terms, that life was going downhill. I'd heard it before. A nd as before, I steeled myself, reminding her of the progress she had been making. I told her I loved her and that she needed to just hang in there. A s we talked, she seemed to calm down and said she was going off to study hall.

Forty-five minutes later, I received a call from the school saying my daughter was on her way to the hospital emergency room.

A s you might imagine, her story is complex. For now, there is a positive ending. At the moment she is sitting across the aisle from me as we wing our way to Boston. There, a program might help her cope with those deep emotions we humans tend to have.

A sfor me, I've spent time focusing on what needs to happen next and trying to understand-in every cell of my body - what the universe is telling me.

I'm not sure I understand the most important point yet. Still, one thought that did smash into my consciousness is that our cry for help is about as likely to be received on C apitol Hill as my daughter's was that evening. We've talked with legislators about the potential fallout of such mundane issues as
cutting out the margins on drugs or lowering reimbursement to hospitals below costs for chemotherapy and supportive care. We've talked about not having a place where M edicare patients can receive chemo, about the docs who will retire, about the nurses who will leave and not come back. A nd we've been met with the same kind of placid, calm response a daughter got from her old man.

H ill aides have heard the words before: a catastrophe is up ahead, and something needs to be done to stop it.

Sure, that's what they all say.

Just as with my daughter, the listener may hear, but not feel the underlying truth of the message. In suburban M aryland, six mental health clinics have rolled up their mats and closed over the past six months due to the short sightedness and under funding by M edicare and $M$ edicaid. The same catastrophe has hit skilled nursing facilities and home health care.

C ancer may be next if we don't awaken the sleeper.

I'm still open to the whispers of the universe. A s best I can, I remain determined not to allow cancer care to be vaporized by the numbness of those folks on the H ill. They, like myself, have heard the words but seem not to understand the human consequences of ignoring the message. १II $^{\text {I }}$

