



Are You Sick
and Waiting?

CALL FIRST & Reduce Your Wait

To make an appointment at A. P. Beutel Health Center:

☎ Call our Appointment Line at 845-6111, on Monday-Friday, 7:30 a.m. to 5 p.m.

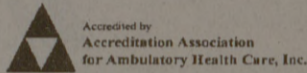
☎ After hours, call Dial-A-Nurse at 845-2822.

SERVICE HIGHLIGHT

PRESCRIPTION REFILL LINE

Call our Refill Line at 862-4511 and pick up your prescription the next day.

Student Health Services
A.P. Beutel Health Center
Division of Student Affairs
Texas A&M University



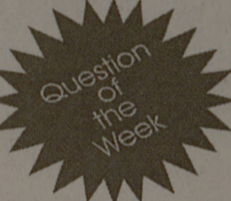
www.tamu.edu/shs

4.0 & GO

Grades need a firmer foundation this semester?

The week of February 8-February 12

Acct	Part I	Part II	Part III	Part IV
Acct 229/209	Mon Feb 9 5pm-7pm or 9pm-11pm	Tue Feb 10 5pm-7pm or 9pm-11pm	Wed Feb 11 5pm-7pm or 9pm-11pm	Thur Feb 12 5pm-7pm or 9pm-11pm
Bana 303 Anthony	Mon Feb 9 9pm-11pm	Tue Feb 10 9pm-11pm		
Bana 303 Haylett	Sun Feb 8 7pm-10pm	Season Passes and tickets go on sale Sunday at 2:00 pm		
Bana 305 Stein	Wed Feb 11 9pm-11pm	Thu Feb 12 9pm-11pm		
Biol 113	Sun Feb 8 5pm-8pm or 8pm-11pm	Mon Feb 9 5pm-8pm or 8pm-11pm	Tue Feb 10 5pm-7pm or 8pm-10pm	
Econ 202	Mon Feb 9 7pm-9pm	Tue Feb 10 7pm-9pm	Wed Feb 11 7pm-9pm	Thur Feb 12 7pm-9pm
Econ 203	Tue Feb 10 9pm-12am	Wed Feb 11 9pm-12am	Next Week Billy's Video Acct 327 Acct 328 Bana 303 Bana 305 Math 142 Math 151 Math 152	
Econ 311	Mon Feb 8 4pm-7pm	Tue Feb 9 4pm-7pm		
Econ 322	Wed Feb 11 6pm-9pm	Thu Feb 12 6pm-9pm		
Finc 341	Sun Feb 8 7pm-10pm	Mon Feb 9 7pm-10pm	Tue Feb 10 7pm-9pm	
Math 141/166	Sun Feb 8 5pm-7pm	Mon Feb 9 5pm-7pm	Tue Feb 10 5pm-7pm	Wed Feb 11 5pm-7pm
Math 151	Mon Feb 9 11pm-1am	Tue Feb 10 11pm-1am	Wed Feb 11 11pm-1am	Thur Feb 12 11pm-1am
Math 152	Mon Feb 9 7pm-9pm	Tue Feb 10 7pm-9pm	Wed Feb 11 7pm-9pm	Thur Feb 12 7pm-9pm

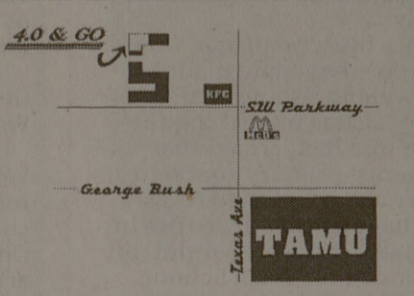


Question:
What was in Abe Lincoln's pocket when he died?

(First 5 to call with answer get free review!)

Answer appears Thursday

846-TUTOR (8886)



Look for our ads in the Batt on Mondays & Thursdays

Search for better, easier AIDS treatment intensifies

CHICAGO (AP) — The AIDS cocktail is being shaken and stirred.

More than 200 reports at an AIDS conference this week describe new combinations of AIDS drugs, all intended to improve on the spectacular success of the three-drug mixes credited with the steep drop in AIDS deaths over the past two years.

The goal is to concoct new formulations that are more powerful, less toxic and easier to take.

Ideally, these new mixes will offer a second chance to those who failed to do well on the original combos. And they will require fewer pills, taken on less rigorous timetables, with fewer side effects.

At the Fifth Conference on Retroviruses and Opportunistic Infections, a meeting this week of the world's top AIDS investigators, U.S. officials announced that AIDS deaths dropped by nearly half during the first six months of 1997. They said the reason was largely the use of the so-called AIDS cocktail, which is actually a combination of pills consisting of a newer medicine called a protease inhibitor and two older ones called nucleoside analogues.

Despite this surprising turnaround in the war on AIDS, there is no suggestion the virus is licked.

Some people with AIDS cannot take the drugs or do not respond. In others, the virus grows impervious to the medicines after first

seeming to succumb. And experts worry that many more are enjoying a sort of honeymoon, after which the virus will reappear someday with the upper hand.

"We've made progress, but the progress is not complete. Not everyone is helped by the new therapies," Dr. Douglas Richman of the University of California at San Diego said. "Potency, tolerability and ease of

"We've made progress, but the progress is not enough."
Dr. Douglas Richman
University of California at San Diego

use are the real goals." A few new AIDS drugs are nearing the end of human testing and will be submitted soon to the Food and Drug Administration for approval. Many more are in the test tube stage of development, and no one knows if they will pan out.

Taken diligently, the AIDS drugs often reduce levels of virus so low they cannot be detected in the bloodstream. But missing even a few doses allows the virus to devel-

op mutations and come back, impervious to the medicines. Experts say this is the reason treatment failures cannot stick to require downing four or more pills three times a day and to adhere to lifelong

Several twice-a-day medicines were presented, and evidence they work just as well as the three-times-a-day medicines. Attempts at standardizing the then cutting back have not worked. The meeting says the emergence, probably dormant cells when from the drugs' effects.

Eleven AIDS drugs are in the market, and they fall into two categories — the protease inhibitors such as Merck's Agouron Pharmaceutics' zalcitabine and the nucleoside analogues such as AZT and 3TC.

The nucleoside analogues reduce an essential step in the virus's reverse transcriptase

Critics say complaints against HMOs should be public information

HOUSTON (AP) — Consumer advocates are fuming over a Texas attorney general opinion that says complaint details about HMOs should not be made public, the *Texas Journal of The Wall Street Journal* reported Wednesday.

In an opinion issued last fall that has just been made widely known, Assistant Attorney General Vickie Prehoditch wrote that the Texas Department of Insurance cannot grant the public access to most documents detailing grievances against HMOs.

That includes HMOs' responses to specific accusations and even the Insurance Department's own findings as to whether a complaint was justified.

The attorney general's office used a broad interpretation of a confidentiality clause in last year's Health Maintenance Organization Act.

Under the provision, the complaints themselves remain public, but patients' identities — names, addresses and Social Security numbers — must be blacked out.

The law also shields all records submitted to the Insurance Department in connection with an examination of an HMO, to protect any proprietary information. The exact definition of an examination, however, was not spelled out in the law.

The act was one of a number of HMO measures passed last year by the Legislature, which tightened regulatory oversight and made HMOs liable for negligence by their doctors and for administrative decisions that deny or de-

lay necessary care.

But the AG's opinion is contrary to the intent of the new laws, said Karina Kasari, director of the Senate Economic Development Committee and aide to its chairperson, Rep. David Sibley, R-Waco.

Sibley was the lead sponsor of the HMO legislation. "It's in the public interest for the state to know and the public to know how an HMO handles medical decisions," Kasari said.

Consumer advocates had hailed the package of bills as a victory for patients. But advocates now fear that while they won that battle, they are about to lose the war.

The attorney general's opinion, they contend, closes off access to the very type of records that spurred the campaign for managed-care reform.

"We just had no idea this provision in the law would be interpreted this broadly by the attorney general's office," said Kathy Mitchell, an attorney for Consumers Union. "It's remarkable to me that the HMOs don't want to release information they give to the Insurance Department in their own defense."

The ruling has put the Insurance Department in an awkward position as well. Ann Bright, an attorney for the agency, said officials there are "trying to keep this information public," as they do with all records relating to formal grievances against automobile, life and health insurance companies.

"But we can't just completely thumb our nose at the attorney general's office," Bright said.

Hepatitis cases on rise in T

SAN ANTONIO — The number of hepatitis A cases in Bexar County has risen sharply in the last two years.

Bexar County reported 140 cases of hepatitis A last year. "We in 1996 and 140 in 1997," said a report from the Bexar County Health District.

More than one-third of the cases last year were in children and younger, and half were in people 17 and younger.

Hepatitis A, a viral infection, spreads through oral contact with infected fecal material. Bubbles in water and other sources are also common.

Improper hand washing and unprotected sex. Contaminated water and other sources are also common.

Although the statistics for 1997 is incomplete, "This about 4,026 cases of hepatitis, from 3,460 in 1996," the county health officials said.

Medical officials have a long history of looking for a single cause for the increase in hepatitis cases in San Antonio. "One is international travel with many cases limited to Mexico," said Roger Smith, health district epidemiologist.

The formal discussions with health officials have been similar in the past, to see if the rise in hepatitis cases was across the border.

"When they experience an increase, we experience an increase," Sanchez said in *Western Antonio Express-News*.

Unprotected sex with males is another major cause. San Antonio has seen a similar rise in hepatitis cases in the past, Sanchez said. Most of the cases were in people ages 18 and 32, while most of all cases were men.

Called home lately?

1-800-COLLECT