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Organ Donations/Transplants Needed You Have The Power To Give Life

by Ella Timm, Organ Donation Chair

By donating your organs and tissue you can help over 80 people live a better life. Your heart and lungs can help one breathe again; your kidneys can free two people from having to undergo dialysis. Donating your liver can save the life of someone who's been on a waiting list, your corneas can allow two people to see again. Your bones and skin can repair damaged joints and heal those who have been burned severely.

BONE: The long bones of the leg, a portion of the hip bone and upper arm bone can be donated. Banked bone is used in over 500,000 surgical operations each year by orthopedic, neuro, and oral surgeons as an effective alternative to using the patient's own bone. Bone is commonly used for spinal fusions, tumor resections, to hip replacements. One bone donor can help more than 50 people.

FASCIA LATA: The fascia lata is the fibrous membrane encasing the thigh muscles. It is used to treat eyelid abnormalities and to treat head and spinal cord injuries. One fascia donor will help from four to eight people.

HEART FOR VALVES: The entire heart is removed and the valves are dissected in a sterile laboratory. Valves are used to replace defective or diseased heart valves in children and women of childbearing years, so they don't need to be on blood thinning medications. One

heart valve donor can save the lives of two people.

SKIN: Full thickness skin (about the thickness of a credit card) is removed from the back, thighs, and calves in small sections, 4 inches wide and 8 to 12 inches in length. These grafts are used to create bladder slings. One skin donor can help up to ten people.

SAPHENOUS and FEMORAL VEINS: These veins are used for replacing damaged arteries in heart bypass surgery, for peripheral vascular surgery and hemodialysis access grafts. One donor can help four to six people.

TENDONS: Tendons are the treatment of choice for many sports related injuries. These tendons are procured from the legs. One tendon donor can provide up to six tendons.

SPEAK OUT

In the United States, the vast majority of the population is in favor of organ donation, but only a small percentage of people actually end up donating their organs when they die. There aren't anywhere near enough organs to meet the demand, which means an average of 16 potential recipients die every day from a curable condition. This is partly due to human psychology and partly due to

donation consent laws. Under current U.S. law, the final decision to donate a deceased person's organs is left to whoever has power of attorney or to the person's family. Organ donor cards or organ donor indications on a driver's license are important legal documents, but the consent of family members takes precedence.

Naturally, most people don't want to dwell on the thought of their own death, so few take the time to discuss their feelings about organ donation with their families. When it comes time to make the decision, the family members aren't sure what to do. They may be so troubled by the thought of surgeons cutting their loved one's body that they decline to donate organs. The main problem, then, is that donating organs requires at least two people to take decisive action that may be uncomfortable. The donor must take the initiative to talk to his or her family and the family must take the initiative to adhere to the donor's wishes. If these things don't happen, and in the majority of cases they don't, nobody gets to use those organs.

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Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future *Advocate* topics to the editor or your Regional Publications Representative.

The next issue will be published in **Spring, 2005.**

All correspondence should be directed through your Regional Representative or directly to the **Advocate Editor by April 1, 2005.**

You may e-mail articles [in text format to drhilton@cox.net](mailto:drhilton@cox.net)
Please also forward a hard copy.

President's Message

WELCOME TO 2005. THIS PROMISES to be an exciting and challenging year. It is also a year of firsts for NADE and for the disability program.



On January 26, 2005 I attended the Mississippi DDS's IDA and eDib Birthday celebration. As you know, the Atlanta Region was the first SSA Region to roll out eDib. Mississippi is the first state to go folderless. I want to thank Sheila Evertt, Mississippi DDS Director, for inviting both NADE and MADE to be part of the celebration. And what a celebration it was! (A detailed description of that event begins on page 20).

NADE's first ever Quad Regional training conference will be held this April. It promises to be an informative, fun filled event. But NADE training conferences are always fun filled and informative. In this issue you will find information on all of the 2005 Regional training conferences. I hope each of you will have an opportunity to attend at least one.

No other training is so directly related to the Social Security disability program while offering something for everyone, regardless of where you work or your specific job title (or even if you happen to be retired.)

This year also marks NADE's first large scale recertification initiative. In 2001 NADE members voted to strengthen the certification process to require that members who have applied for and received certification be recertified every three years. That initiative was implemented in April 2002, which means that everyone who was certified on or before that date needs to apply for recertification no later than April 2005. (The NADE Website, www.nade.org, has more information on NADE's certification and recertification process.)

The NADE Midyear Board meeting will be held in March this year (March 10-12, 2005) in Washington, DC. This meeting, as are all Board meetings, is open to all NADE members. The Commissioner has indicated that draft regulations for implementing her proposal for a new disability process (the scope of which represents a real first for SSA) will be published in early 2005. I anticipate that this proposal, if published prior to the Board meeting, will be a major topic of discussion, by the Board and with our invited guest speakers.

As I said, this promises to be an exciting and challenging year. But whatever challenges 2005 brings, I am absolutely certain that NADE and NADE members will continue to meet those challenges!

One of the many challenges NADE has successfully faced in the past was the decision to separate from the National Rehabilitation Association. Among those with the courage and foresight to make that move was Bobby Dean, long time NADE member and President from 1977-78. Bobby died January 12, 2005 following a lengthy illness. He will be missed but with your involvement his legacy will continue.

Martha Marshall

Advocate advertising rates are as follows:

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Remembering Bobby Dean, NADE Past President



Bobby was a faithful NADE member through the years.

Robert “Bobby” Dean, past NADE President passed away January 12, 2005. Bobby was NADE President 1977-78.

Bobby began his career at Disability Determination Services in Frankfort, Kentucky in 1970. Bobby’s career started as a Disability Examiner. Before retiring in 2001 Bobby held positions as a Hearings Officer, Branch Manager and he was the first Professional Relations Officer in the Kentucky DDS.

Bobby was involved in NADE at all levels, his local chapter, the Southeast region, and nationally. Bobby served as president of the Kentucky Association of Disability Examiners several times. He also served as Southeast Regional President and Director. Bobby was very involved with the planning of several regional conferences, as well as the 1997 NADE National Training Conference held in Louisville, Kentucky.

Bobby was an active member in his church. He and his wife, Jane, enjoyed traveling around the country visiting family and friends, including many fellow NADE members. Bobby enjoyed RV’ing, cheering on the University of Kentucky football team and fishing in Florida.

The Kentucky Association of Disability Examiners has named a Lifetime Achievement Award in the name of Bobby Dean.

NADE wishes to recognize our general level corporate sponsors:



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West Nile Virus Poses Real Threat

by Margaret Yeats,
South Carolina DDS

Dr. Lana Minnegerode, Chief Medical Consultant for the Missouri DDS, gave an informative presentation during the Fountains of Knowledge national training conference on issues related to West Nile Virus (WNV). The disease was first isolated in 1937 in the West Nile province of Uganda from the blood of a febrile woman, and Egyptian scientists identified the virus in birds and other animals. WNV was first recognized as causing severe meningoencephalitis in 1957 during an outbreak in a nursing home in Israel. The first identified presentation of WNV in the U.S. occurred in August of 1999 as a case of unexplained encephalitis in New York City. This was followed by an outbreak of 8200 serologically confirmed cases within New York City. Approximately 68% of the cases were asymptomatic and less than 1% of cases resulted in severe neurological disease. Documented cases of WNV have been found down the east coast as far as North Carolina, but it is moving westward and has appeared as far west as California.

WNV is a single-stranded RNA virus. The transmission vector for this disease is the *Culex Pipiens* mosquito. The primary reservoir for the virus includes 63 species of birds which serve as amplifier hosts (i.e., they can carry very high titers of the virus and sustain this high-grade viremia without dying). Birds in the U.S. have no immunity to the virus. There have been documented cases of clinical disease in domesticated animals such as cats, dogs and horses. Rare non-vector transmission of WNV has occurred via breast milk, blood transfusions and organ transplantation; however, these occurrences have been very limited. The transmission season for WNV in 1999 was limited to August and September but by 2003 the transmission season had increased to include the months of March, April, May and June.

The incubation period of the virus ranges from 3 to 14 days in length, and clinical presentation can include fever, fatigue, mental status changes, headaches, nausea, vomiting, myalgia, photophobia, neck stiffness and abdominal pain. A small percentage of people present with cerebellar findings and central nervous system involvement and, if present, these neurological deficits can be permanent. Neurological symptoms can also include ataxia, extrapyramidal signs, optic neuritis, cranial nerve palsies, myelitis and seizures. Approximately one out of every 150 cases involves acute flaccid paralysis, with this occurring primarily in the older population. Possible complications of WNV can include aseptic meningitis, encephalitis, hepatitis, pancreatitis and myocarditis.

Laboratory findings in cases of WNV can include a mildly elevated white blood count, mild anemia, hyponatremia, elevated liver enzymes and cerebrospinal fluid abnormalities. Serological confirmation of the virus is achieved by ELISA, PCR or viral isolation in a cell culture.

The treatment for WNV today remains supportive. Trials involving existing anti-viral medications such as Interferon and Ribivirin have not been

shown to help in extreme cases of the disease. Osmotic diuretics and steroids have also been used. The prognosis for those who only experience febrile illness is good, with a complete recovery possible and generally quicker recovery in children. In adults, recovery is less rapid and may result in residual myalgia, with an increased mortality rate in patients over the age of 50. Efforts to develop a vaccine for WNV are ongoing, but attempts at using the Japanese encephalitis vaccine and Dengue Fever vaccine have been unsuccessful.

Prevention is the mainstay to controlling this virus. Remain inside at peak mosquito biting times such as dawn and dusk, apply insect repellent containing DEET, wear long-sleeved shirts and long pants, and use mosquito netting in order to reduce risk. Emptying standing water from containers can help to limit mosquito populations.

In conclusion, WNV in the U.S. continues to move westward, and treatment for the disease is essential supportive at this time. In relation to disability determinations, the sequelae of WNV can be evaluated similarly to traumatic brain injury cases. As of September 2004, Dr. Minnegerode has reviewed two cases for the Missouri DDS involving WNV.

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Organ Donation, continued from page 1



MYTHS & FACTS ABOUT ORGAN AND TISSUE DONATION

Don't let myths and rumors keep you from saving lives. Learn the facts.

Myth: Doctors will not try to save my life if they know I want to be a donor.

Fact: The medical staff trying to save lives is completely separate from the transplant team. Donation takes place and transplant surgeons are called in only after all efforts to save a life have been exhausted and death is imminent or has been declared.

Myth: People can recover from brain death.

Fact: People can recover from comas, but not brain death. Coma and brain death are not the same. Brain death is final.

Myth: Minorities should refuse to donate because organ distribution discriminates by race.

Fact: Organs are matched by factors, including blood and tissue typing, which can vary by race. Patients are more likely to find matches among donors of their same race or ethnicity.

Myth: The rich and famous on the U.S. waiting list for organs get preferential treatment.

Fact: The computerized matching system does not select recipients based on fame or wealth. Organs are matched by blood and tissue typing, organ size, medical urgency, waiting time, and geographic location.

Myth: I am too old to donate organs and tissues.

Fact: People of all ages may be organ and tissue donors. Physical condition, not age, is important. Please sign a donor card; physicians will decide whether your organs and tissues can be transplanted.

Myth: My family will be charged for donating my organs.

Fact: Donation costs are not the responsibility of the donor's family or estate.

Myth: Donation will disfigure my body.

Fact: Organs and tissues are removed in procedures similar to surgery, and all incisions are closed at the conclusion of the surgery. An open casket funeral is possible after donation.

Myth: Organs are sold, with enormous profits going to the medical community.

Fact: Federal law prohibits buying and selling organs in the U.S. Violators are punishable by prison sentences and fines.

Myth: Marrow donation is painful.

Fact: Marrow donors do not feel pain when the marrow is removed because anesthesia is used. Soreness and/or stiffness may be felt for a week or so post-donation.

For more information go to:
<http://www.sdleb.org> or
<http://health.howstuffworks.com>



**Letters to the Editor
 can be sent to:
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nade

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December 10, 2004

Patrick Pearse O'Carroll, Jr.
Inspector General
Office of the Inspector General
Social Security Administration
Suite 300 Altmeyer Building
6401 Security Boulevard
Baltimore, MD 21235

Dear Mr. O'Carroll:

On behalf of the officers and members of the National Association of Disability Examiners (NADE) I would like to offer our congratulations on your confirmation as the Social Security Administration's Inspector General. We strongly agree with Commissioner Barnhart's assessment that you are an outstanding choice to lead the Office of Inspector General.

NADE members share your concerns about fraud, waste and abuse in the Social Security and Supplemental Security Income (SSI) disability programs. We believe that those who are entitled to receive benefits should do so as quickly and efficiently as possible. Those who are not, should not. And while we strongly believe the vast majority of those who apply for disability benefits are not out to defraud the program, every disability examiner is aware of some level of fraud or abuse on the part of some claimants and/or advocates. We look forward to continuing to work with you and your office to ensure the integrity of the Social Security and SSI disability programs.

Again, congratulations on your confirmation.

Sincerely,

Martha Marshall

Martha A. Marshall
President

cc: NADE Board

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January 7, 2005

Commissioner of Social Security
PO Box 17703
Baltimore, Maryland 21235-7703

Dear Commissioner:

RE: Proposed rules; Revised Medical Criteria for Evaluating Impairments of the Digestive System; *limited reopening of the comment period.*

On behalf of the National Association of Disability Examiners (NADE) I am writing to offer our comments on the proposed revisions to the medical criteria for evaluating chronic liver disease.

NADE is a professional association whose purpose is to promote the art and science of disability evaluation. Although our membership includes treating sources and consultants, attorneys, claimant advocates and others interested in the Social Security and Supplemental Security Income (SSI) disability programs, the majority of our members work in the state Disability Determination Service (DDS) agencies, on the "front-line" of the disability evaluation process. Our extensive program knowledge and "hands on" experience enables NADE to offer a perspective on disability issues that reflects a pragmatic realism.

NADE strongly supports the goal of the proposed rules, to revise the medical criteria for evaluating impairments of the digestive system to "...ensure that determinations of disability have a sound medical basis, that claimants receive equal treatment though the use of specific criteria and that people who are disabled can be readily identified and awarded benefits if all other factors of entitlement are met." Overall we support these changes to the chronic liver disease listings and believe that they more clearly describe what is considered to be disabling level severity. The extensive and expanded introduction provides considerably more guidance to adjudicators, and valuable information to the general public, their physicians, and other MER providers. The detailed discussions defining chronic liver disease, discussing and explaining relevant clinical and laboratory findings, and describing what information is needed for adjudication should increase both public understanding and decisional consistency.

We would support adding as the second sentence in 5.00B1: "For example, evidence of irreversible liver failure and/or complications of portal hypertension that are progressive in nature would not require a six month observation period since the likelihood of substantial improvement with these conditions is negligible and the prognosis is usually one of progressive impairment." Giving specific examples helps clarify for the adjudicator the severity of the conditions that could be allowed sooner than a six month observation period.

We agree with removing "portal, postnecrotic, or biliary cirrhosis, Wilson's disease, and chronic active hepatitis" from listing 5.05. We would suggest changing "...and cirrhosis of any kind" to "...or cirrhosis of any kind." from proposed listings 5.05 and 105.05 as "and" could be interpreted to mean that cirrhosis must be present for adjudication under these listings.

We support the change in proposed listing 5.05A establishing disability for one year, rather than three years, following the last massive hemorrhage. We do not support the requirement of at least five units of blood in 48 hours. Not only would the 48 hour time frame be difficult to document, the requirement of five units disfavors smaller individuals. NADE supports treating any transfusion as "massive blood loss" regardless of the exact number of units received.

Continued on page 8

Correspondance continued from page 7

NADE supports the removal of listings which, due to advances in treatment or for other reasons, are not an accurate measure of listing level severity. However, we do not support the wholesale elimination of reference listings. From a practical standpoint it is easier for an adjudicator to recognize the need to document and evaluate an impairment if it is also in the listing itself. The presence of reference listings also assures the general public – and their treating sources – that a included specific impairment has been considered. For these reasons we urge a conservative approach when eliminating reference listings. Although current reference listing 5.05E (Hepatic encephalopathy) is discussed in the revised and expanded introductory text, and is appropriately evaluated under listing 12.02, we believe that it should be retained in the listing itself.

We are concerned that listing 105.05A, while consistent with listing 5.05A, is actually more restrictive than the proposed 5.02 listing for adults with no corresponding childhood listing. We recognize that a child can be evaluated using the adult listings. However, we believe it would be more appropriate to include in the childhood listings a provision that any child with three GI bleeds requiring transfusion in a six month period due to any disease process would be considered to have a chronic and disabling impairment.

We support the addition of listing 5.09 (Liver transplant) to the adult listings and the detailed discussion of the factors to be considered when evaluating post-transplant function. Post-transplant patients require ongoing medical treatment and massive amounts of medication to maintain anti-rejection of the transplant organ and an appropriate level of function. Although not specifically a listings issue, NADE continues to be concerned that many transplant patients' benefits are ceased due to medical improvement after their 12 month recovery period. If losing on-going medical benefits limits the individual's ability to obtain medication and/or receive appropriate medical treatment his or her condition will invariably worsen and he or she must then reapply for benefits. Not only does this cause additional work for SSA and for the DDSs, it creates significant worry for the individual. We believe that as long as an individual is required to take anti-rejection drugs to maintain his or her transplanted organ(s), he or she should continue to receive, at the very least, medical benefits to maintain the functioning organ(s). We are hopeful that one of the demonstration projects described in the Commissioners new approach to disability evaluation will address situations such as this.

We appreciate the opportunity to comment on these proposed revisions to the chronic liver disease and cirrhosis listings and would be pleased to answer any questions you might have regarding our comments.

Sincerely,
Martha Marshall

Martha Marshall
President

cc: Glenn Sklar, Associate Commissioner, Office of Disability Programs
Lenore Carlson, Associate Commissioner, Office of Disability Determinations
NADE Board

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Regional Conference Updates

Quad Regional Training Conference Focuses on Cyberspace and the Arts

by Jeff Price, Conference Program Coordinator

The Tar Heel Association of Disability Examiners (THADE) will host the first Quad (read that as “4”) Regional Training Conference ever sponsored by NADE. This exciting event, bringing NADE members from over 35 states plus the District of Columbia and Puerto Rico, will be held in Raleigh, North Carolina, April 17-20, 2005.

The Embassy Suites Hotel, located near one of the largest shopping malls in the Southeast, was chosen as the host hotel but conference goers will have much more to do than just shop! A pre-conference event is planned for early arrivals and a post-conference event has been recommended for conference goers looking to extend the excitement and fun of discovery. The conference program has been uniquely designed to focus attention on the continuing development of the electronic disability process while including a generous tribute to medical discovery. The arts have been featured in the program content in a manner that will surely bring delight and surprise at how much the arts impact on each of us as individuals. Hospitality events have been planned to heighten the fun and enjoyment for all conference goers, making it possible for conference goers to sharpen their knowledge and skills so as to enable them to provide more efficient and more effective public service.

Commissioner Jo Anne Barnhart will be the featured speaker during the awards dinner on Tuesday evening, offering conference goers an update on the recent developments with regard to the disability program. Dr. Assad Meymandi, a world renowned physician in the field of neuro-psychiatry, who has gained equal recognition for his very generous support for the performing arts, will deliver the conference keynote address on Monday morning. Dr. Meymandi will draw on his nearly 40 year experience as a CE provider for the North Carolina DDS to challenge conference goers to travel with him on a journey of exploration to determine, “What is right with DDS and how can we make it better?”

Ron Buffaloe, President of the National Council of Social Security Management Associations, Inc. and the manager of a Social Security Field Office, will discuss the role of the Field Office in disability adjudication and how this role can be enhanced to provide greater assistance to the DDSs. Kevin Dugan, Executive Vice President of the Association of Administrative Law Judges, will discuss the role of the Administrative Law Judge and his perception as to what disability examiners and administrative law judges can learn from one another. Together, these two presentations will offer a “Before” and “After” DDS viewpoint. To highlight the DDS role, conference goers will hear from NADE President Martha Marshall.

Bill Gray, SSA’s Deputy Commissioner for Systems, will update conference goers on the latest developments and progress toward national implementation of the electronic disability claims folder. The conference theme, “Cyberspace – the Future of Disability,” underscores the importance of this topic for all of us in the disability program. Dr. George Albright, Chief Medical Consultant for the Maryland DDS, will discuss preparing DDS medical consultants for eDIB, and Tom Johns, Vocational Policy Analyst for the Social Security Administration, will discuss recent vocational developments in disability.

NADE conferences have long had the reputation for offering the very best in medical training and this conference will surely enhance that reputation even further! Medical speakers scheduled as presenters for this conference include some of the more renowned physicians and medical researchers in the United States. In addition to Dr. Meymandi, Dr. Wayne Smith, Medical Director for one of the area’s largest hospitals, will discuss new treatments for vascular diseases. Dr. Brian Sheitman, Clinical Director at North Carolina’s premier psychiatric hospital, will discuss updates in the treatment of mental illness. Dr. William Snider, Director of Neurosciences at UNC Medical Center, will share his knowledge regarding developments in the treatment of spinal cord injuries. A CE provider and former DDS psychological consultant will discuss his view from the other side and what it really means to be crazy. Two DDS speech pathologists

will discuss the importance of strong case development in the evaluation of childhood communication disorders. Dr. Albright will lead a discussion on the practical use of echocardiograms in evaluating claims involving congestive heart failure. Finally, another DDS Medical Consultant will discuss the need for a more systematic approach to the evaluation of claims involving multiple sclerosis.

Everyone will benefit from a discussion of basic people skills and how adopting a new life philosophy can alter one's perception of a career in public service. Other conference programs will direct attention to the use of the arts in healing, and the arts will play other important roles in this conference. Miss North Carolina, a 2004 graduate of the North Carolina School of the Arts, will be on hand to welcome everyone to the Tar Heel State and conference goers will be delightfully entertained by student musicians from the North Carolina School of the Arts (www.ncarts.edu) during Tuesday evening's Awards Dinner.

One of the most unique aspects of this conference will be the incorporation of two independent film productions that promise to capture the heart, and most certainly, the attention of everyone who views them. "Emma's Gifts" is a film about the challenges and rewards of raising a little girl with Down syndrome. Highlighting the screening of this short film will be a Question & Answer session featuring Emma's mother, Mitzi Corrigan. "Conversations with Nickle" is a gripping documentary film about the life and death of an individual afflicted with Amyotrophic Lateral Sclerosis (ALS), more commonly known as Lou Gehrig's disease. Because of the 70 minute length of this film, which focuses on the human spirit, it is being offered as an extra session which conference goers may choose to attend if they wish.

The conference begins with a Sunday afternoon tour of the Raleigh area on April 17 that will feature a visit to the North Carolina Museum of Art, followed by a "tastefully delightful" visit to Chatham Hill Winery, one of North Carolina's top wineries. Sunday evening will feature a reception hosted by the four Regional Presidents involved in this conference. For conference goers who arrive early, a special event is planned for Saturday evening, April 16, which will include an evening of theatre. In anticipation of both the "cyberspace birth" of the disability claims process and the scheduled May release of the final installment of George Lucas' space epic, "Star Wars," will be the hospitality theme for Monday evening so come prepared to have fun!

The conference registration fee is a very nominal \$75.00 (daily rate is \$30.00). The Saturday evening theatre outing and the Sunday afternoon tour are \$20.00 each. The Awards Dinner, featuring special musical entertainment and the SSA keynote address by Commissioner Barnhart, is \$35.00 per person.

For questions or more information, please direct your inquiry to Steve Salmony, Ph.D., or Jeff Price. Both can be reached by phone at the North Carolina DDS. The toll free number is 1-800-443-9359 (ask for extension 4516 or 4056). Steve and Jeff are also available through e-mail contact at Steven.Salmony@ssa.gov or Jeff.Price@ssa.gov. The 2005 NADE Quad Regional Training Conference will surely be an experience you will want to enjoy, learn from and remember in years to come. Make your plans to attend now! The deadline for advance registration is March 21. See you in Raleigh!

For those who may want to tour the area after the conference, we invite everyone to consider attending all, or part, of the River Run International Film Festival (www.riverrunfilm.com), located only 1 ½ hours away in Winston-Salem, N.C. This exciting film festival, beginning on April 21 and ending on April 24, features film entries and filmmakers from all over the world. The 2004 Festival featured the "Hollywood" premier of such films as "Two Soldiers," which won the 2004 Oscar for best live action short film, "Fly Away," an animated short film, and "The Notebook."

**NADE THANKS ALL CORPORATE SPONSORS FOR THEIR
SUPPORT OF NADE AND NADE CONFERENCES.**

**“Scanning Together for the Future”
2005 SWADE/PADE Training Conference
Sheraton Oklahoma City Hotel
April 12 - 15, 2005**

The conference is closely approaching and plans are being finalized for what is going to be a coming together of old and new. The old disability process meets the new DMA procedures. We have been working on an agenda that will hopefully provide everyone with new medical expertise, help tackle the issue of quality, take a look at how the EDIB/DMA process is going to revolutionize the way we process cases and we have secured one of the best speakers in the region at helping us to develop ways to let go of stress in a humorous fashion.

We have been lucky enough to secure a premiere sight for the conference in Downtown OKC. The Sheraton at One N. Broadway (Formerly the Westin) is located 1 block from historic Bricktown, www.bricktownokc.com (A river walk with 25 Restaurants and Clubs) and only 5 blocks from the Murray Federal Bombing Memorial. If the downtown area does not offer what you are looking for then the National Cowboy and Western Heritage Museum, www.nationalcowboymuseum.org is located about 15 minutes from the hotel. The government/state rate for the hotel is \$67/night for a single and \$97 for a double. The website for the hotel is www.SheratonOKC.com. Parking for the hotel is \$8/night.



We have a full two and half days of training planned for what many will be talking about for years to come. The board meeting will be held on the 12th in the hospitality suite. The conference will begin on the 13th at 8:00 AM and end at noon on the 15th. We are on the forefront of history with the new DMA/Eview and if you want to be part of history all you need to do is get your reservations made early.

The hotel deadline for the room block is March 15th, 2005. The reservation phone number is 1-800-937-8461 (Block is under Southwest Association of Disability Examiners). The registration fee is \$75 for the 3 day conference including the awards luncheon on Thursday (A Taste of Oklahoma Buffet). 1 Day registration is \$45.

The registration form can be obtained by emailing Charles.Schimmels@ssa.gov or calling 1-800-877-9977 ext 2254 for Chuck or ext 2573 for Malcolm Stoughtenborough. The deadline for registration is March 15, 2005, but no one will be turned away from the learning experience of a lifetime.



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Great Lakes 2005 Regional Training Conference Heads To Springfield IL

The conference dates are May 11 - 13, 2005 to be held at Northfield Inn and Suites in **Springfield, Illinois**.

Springfield is a very historical town in our country's history with **Abraham Lincoln** sites and the new Lincoln Presidential Library & Museum. Website is www.alplm.com <www.alplm.com> The museum will be open in April 2005 just before our conference so attendees could be some of the first people in the nation to experience this wonderful new state of the art concept in a Presidential Museum.

The board meeting will be on the 10th in the hospitality suite. The conference will be 2 1/2 days beginning at 8:00am on the 11th with the awards luncheon on the 12th. We expect to have presentations on the new neoplasm listings as well as a DDS Director's Panel discussing up to date issues affecting DDS's.



The Conference Hotel (Northfield Inn and Suites) is located at 3280 Northfield Drive, Springfield, Illinois.

Website for the hotel is: www.northfieldinn.com and their phone number for reservations is 866-577-7900.

Room rates are very reasonable at \$69 for 1 to 4 people in a room.

Parking is free. There are numerous restaurants, shopping, and a miniature golf course within walking distance of the hotel.

For more details on the town please visit our site at www.visitspringfieldillinois.com for all of the visitor sites and restaurants in Springfield, IL. If anyone would like a visitor guide book please let us know.

If you need additional information please contact either Rodney Roth or Ellen Cook at 800-225-3607 x 4-2054 or 2-8296



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Medical Consultant Session Leads to Alliance of MCs within NADE

by Dr. Karen Speier, psychologist at Baton Rouge, Louisiana DDS

A NADE national conference break-out session on the "Role of the Medical Consultant in the New Approach" was led by Dr. Paul Berry, a psychologist from the Minnesota DDS. He began with a discussion of the new approach as it was initially delivered to us by the Commissioner of the Office of Social Security in September, 2003, including its proposal to eliminate Medical Consultants (MCs) from the state agencies in favor of regional panels. This allowed Medical Consultants opportunity to discuss the fears of many that we might become an "endangered species" in DDS in state area offices, eventually only existing in "special preserves" at the regional level.

Dr. Berry noted that there was a long period of relative silence on the subject of these new proposals, except for the electronic file. Apparently, there was an almost unanimous protest against removing MCs from local DDS offices from all level of stakeholders across the country and NADE produced a Medical Consultant Position Paper delineating the role of and need for MCs at the local level. During that silent period Dr. Berry also initiated actions, through the American Psychological Association, to clarify and challenge the proposals as they applied to psychological consultants.

Consequently, there was a meeting in May 2004 between representatives from APA, Dr. Ray Conroe from the Minnesota DDS, and Deputy Commissioner Gerry and others from SSA on the role of the psychological consultant in the new approach. The surprising information from Deputy Commissioner Gerry was that "SSA had no plans to remove psychological consultants from the state agencies." He did caution, however, that all final regulations would be up to the Commissioner of Social Security.

A few weeks prior to the NADE convention, while in Indiana, the Commissioner apparently indicated that she was leaning away from removing MCs from the state agencies. Instead, she is thinking of creating expert medical "virtual panels" out of the medical specialists already within the local DDS offices which would serve other DDSs without that particular specialty.

A general dialogue ensued regarding how decentralized and vulnerable DDS consultants are to such threats to their jobs and that we lack any collective voice to react to similar crises in the future. Also, there was discussion about DDS as a medical specialty in and of itself, requiring extensive training and experience to achieve the necessary skills in the area, but that we had no professional organization for Medical Consultants. Such a professional group could not only serve the purpose of reacting to issues that might threaten our jobs but to issues of training, networking, credentialing, strategizing, and improving our job performance.

It was overwhelmingly agreed upon that we need some kind of collective voice to address, and, if need be, champion our interests. It seemed the time had come to organize and the general consensus was that we should form a professional "subgroup" for MCs (physical and mental) through NADE, much as the Hearings Officers have done.

NADE's new Board in Kansas City approved creation of an Ad Hoc DDS Medical Consultant committee similar to the Hearings Officers committee. Dr. C. Richard Dann, a physician in the California DDS, has been appointed to chair the committee. Dr. Berry will serve as the Great Lakes Region's Representative to this committee and Dr. Karen Speier, who is a psychologist from the Baton Rouge DD, has agreed to be the Southwest Region's Representative.

**Joel Schwartz retired in December 2004 from
the New York DDS.**

Donna Craig retires from North Carolina DDS on March 1, 2005.

Best wishes from NADE!

A History of the Medical Listings

by Mark Bernskoetter, Missouri DDS

Did you know?

1935 – the first efforts were made to create a disability program. It was defeated in Congress 52 to 204.

1943-1945 the Civilian War Benefits Program was instituted for civilian casualties of World War II. About 1000 claims were worked to assess eligibility for a short list of disabling conditions: loss of both feet or hands, permanent loss of vision, permanently bedridden, psychosis for 3 months following hospitalization.

1951 – another disability plan was proposed that had a different list of impairments: TB with toxemia, CHF with poor response to therapy, aneurysm of the aorta, MI with chest pain on light exertion, chronic severe nephritis, cardiac class IV, CVA with severe residuals, and inoperable malignancies.

1955 – Disability State Manual was a total of 300 pages long divided into 7 sections. There were no cash benefits, and if an impairment did not meet or equal the listings, age, education and work experience were considered.

1956 – cash benefits were instituted, special considerations were given to those age 50-64, and childhood disability was instituted.

1968 – the first time that the listings were published for public information due to the Freedom of Information Act. Prior to this time, the listings were “secret”.

1975 – First Title XVI listings.

1977 – First Listings for Children.

1979 - 2004 Various other revisions to particular listings and body systems such as obesity, respiratory, mental, cardiac, downs syndrome, musculoskeletal, skin, ALS, etc.

This information was presented by Dr Alan Cowles, MD, PhD. He conducted extensive research and found that there was very little information prior to 1968 when the Freedom of Information Act made the information a matter of public domain.

For more information on SSA history, visit <http://www.ssa.gov/history>.



Dr. Alan Cowles

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MEMBERSHIP – THE KEY TO NADE’S SUCCESS!!!

by Debi Gardiner, Membership Director



It is hard to believe that 2005 is here!

NADE’s future hinges on an increased membership to provide the needed resources for our continued involvement in various programs, projects and activities that expand our professional growth.

NADE’s success lies with you – the member. Our professional organization is asking each member to become actively involved in recruiting new members for the organization. Our strength is our membership. Increased membership means a stronger presence, a louder voice and ultimately enhanced effectiveness.

Remember, NADE members come from all different backgrounds and professions. Our organization proudly boasts members not only in the Disability Determinations Offices, but the SSA field offices, SSA Headquarters, OHA and others. As the disability program continues to change, more and more people are becoming involved. Now is the time to reach out and introduce them to NADE – their professional disability association. It is this diversity that helps us to view problems in the Social Security and SSI disability programs from a broad perspective and to offer solutions which reflect a pragmatic realism. I urge you to reach out to **ALL** who are involved in the disability program and encourage them to join NADE.

Remember – all new memberships received from January through June 2005 will receive an expiration date of June 30, 2006. (A new member is anyone who has not been a member in three years.) Therefore, January begins NADE’s annual membership drive.

I challenge each of you to recruit one new member into NADE this year. *Not only would this increase our membership but it would strengthen our ability to further the development of our professionalism.*

To assist our chapters achieve this goal, NADE is offering membership grants of \$50.00 to be used for membership recruitment and/or retention activities. Chapters wishing to apply for a grant should submit a membership grant request form which outlines how the money is to be used and the estimated costs. Debi Chowdhury, CCP President will distribute these forms to each chapter. Once the activity has been carried out, the Chapter will supply receipts (or other appropriate verification) to the Membership Director. Be creative and let your imagination run wild! HAVE FUN and apply early for your grant!

NADE will also sponsor a membership contest. For contest purposes, chapters will be divided into three sizes – Small (20 or fewer), Medium (21-40) and Large (40 or more). The contest will run from September 2004 through August 2005 and winners will be determined with the 08/05 printout. Cash awards of \$50 and \$25 will be given to the two chapters in each category showing the largest numerical increase over the life of the contest. A certificate will also be presented. All chapters meeting the annual membership growth of 10% will also be recognized. As of the October 2004 membership list, we have 1647 members. Imagine have 3000 members! It can be done – go for the Gold!

I am working with the membership committee members and the CCP to compile a membership recruitment/retention package. This package will be shared with the NADE Board and the CCP Chair for distribution. I encourage each of you to share ideas or suggestions with your Committee Member, Debi Chowdhury (CCP), your Regional Director – or me...I would love to hear from you!

I encourage each of you to make an effort and recruit at least one new member this year. I know you can do it – this group is simply the best there is!

A special thanks to Dave Smelser of Envision for his excellent handling of our membership processing. He is great to work with. Please send any corrections or changes directly to me at:

4213 Wynfield Drive
Owings Mills, MD 21117

- or email me at brdebi@comcast.net or debi.gardiner@ssa.gov

continued on next page

Your Committee Members are as follows:

- Susan Heckendorn – Great Lakes
- Reginald Stepney – Mid-Atlantic
- Gwen Bailey – Pacific
- Alden Peterson – Great Plains
- Diane Danforth – Northeast
- Bethany Dial – Southeast
- Malcolm Stoughtenborough – Southwest

Please feel free to contact any of these folks – they are a great group who is just waiting to assist you in your membership recruitment/retention activities – or me, if you have any ideas/suggestions/concerns/questions.

I look forward to hearing from you!



eDIB Birthday continued from page203



John Rogers, a Mississippi NADE member shown above, provided the birthday cakes that highlighted the eDIB celebration.

The program began with recognition of the many people who contributed to the success of Mississippi's eDib initiative. This was followed by a slide show highlighting the people and events of the past year. Ms. Everett then described what she feels are some of the many benefits of moving to a folderless, fully electronic case process, including eliminating the time and cost of mailing, maintaining and storing paper folders; improving service through faster receipt of medical records; allowing medical staff, examiners and supervisors to review a case simultaneously and eliminating the problem of lost folders.

No birthday celebration would be complete without a cake and the Mississippi NADE Chapter provided two, both baked by long time NADE/MADE member, John Rogers. Mississippi's accomplishments during this past year are impressive and the IDA and eDib Birthday celebration was a worthy tribute to those accomplishments.



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NADE Membership Application

(Please print name, title & designation as desired on your Membership Certificate)

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Prefix First Middle Last Suffix

Professional Designation _____

Address _____

City _____ State _____ Zip _____

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NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

Exception: All new memberships received between January through June will receive an expiration date of June 30th of the following year. NADE does not prorate dues.

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Mississippi Celebrates eDIB Birthday

by Marty Marshall, NADE President

Birthday cake, confetti, candles on the lunch tables and a lot of really good food –the Mississippi DDS’s IDA (Independence Day Assessment) and eDib Birthday celebration was quite an event!

On January 26, 2003 Mississippi became the first DDS to begin the eDib rollout. One year later they became the first DDS to transition to a fully electronic (folderless) process. An accomplishment of this magnitude cannot be achieved without a lot of work on the part of a lot of people and Sheila Everett, Mississippi DDS Director, planned this celebration to recognize those people. Among the invited guests were all of the Mississippi Field Office managers; Paul Barnes, Atlanta Regional Commissioner; Central Office staff including Mary Glenn-Croft, Assistant Deputy Commissioner for Operations; Dorothy Nettles, Deputy Associate Commissioner Office of Disability Determinations; Glenn Sklar, Associate Commissioner, Office of Disability Programs; Dale Sopper, Deputy Commissioner for Finance, Assessment and Management; and Bill Gray, Deputy Commissioner for Systems; ALJs and OHA staff; Congressional staff members; Regional Office Quality Assurance staff; Andy Marion, NCDDD President and me, as NADE President.



Marking the birthday of eDIB were: Connie Surber, Sheila Everett, Mary Glenn-Croft, Bill Gray, Paul Barnes, Marty Marshall, Leola Meyer, Lena Guyton, Sue Heflin, Delores Navarrete, Laquita Brown, and John Rogers



Past President Sue Heflin was the Unit Supervisor for the first unit to roll out the Mississippi eDIB project.

Continued on page 17

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