In this issue

THE COMING STORM

The Winning Spirit

Spring 2005

Volume 12

Number 2

How Insurers Are Changing The Hemophilia World As We Know It

Please read the February 2005 issue of PEN (Parent Empowerment Newsletter) that we are enclosing with this edition of "The Winning Spirit." You read the first part of this terrific article that we sent with our winter newsletter and we appreciate that Laurie Kelley is sharing this current issue with us.

If you have thoughts about the serious issues outlined in this publication, you can e-mail your ideas to us at hemophilia@navpoint.com. We want to hear from you. These changes will affect each of us, no doubt about it.

Quarterly Newsletter of the National Hemophilia Foundation Delaware Valley Chapter

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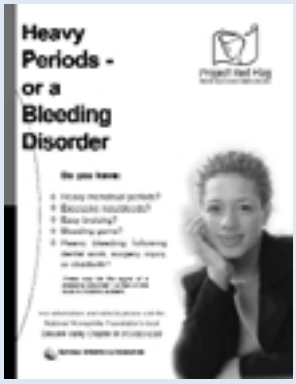
From the Executive Director

Spring is always exciting for our Chapter as we "roll out" the companies that will be participating in Hemophilia Patient and Program Support" for this next year. We are very proud of the HPPS program and how it has helped enhance the ability of the DVC to serve our local community of patients and programs. More than 700 patients are now registered with this program. Take a minute to look over the HPPS brochure, its new look for this year and acquaint yourself with the companies that will be working with us….. and YOU!!

Have questions about a company or HPPS? Give us a call! Your ideas and questions are very important to us!! 215-885-6500

Local Project Red Flag Efforts



The Delaware Valley Chapter and the Cardeza Foundation Hemophilia Center (CFHC) have finished a year-long project called "I Have von WilleWHAT?" This collaborative partnership helped to identify local women with bleeding disorders and provided them with local resources and information about von Willebrand Disease. Dr. Siegel, the medical director at CFHC, invited 150 OB/GYN physicians in Philadelphia to a CME credit course about VWD at Jefferson as part of the project. The project included many activities to help women and their physicians understand that women can have a bleeding disorder, too! Highlights included a one-hour radio show at WBEB, 101.1 fm with Dr. Siegel and a patient discussing this very important issue. It aired three times, with a listening audience of 50,000+ each time! In addition, 150 Project Red Flag tabletop displays were mailed to 150 OB/GYN practices and we exhibited at the Philadelphia Convention Center for a Women's Health Expo with more than 5,000 women attending! We had a great year and want to thank Dr. Siegel and her wonderful staff at Cardeza for taking such an active and critical role in this project!

L to R (front) Sue Stinger (DVC) & Cheryl Cordray, R.N. (Cardeza)
L to R (back) Sharon White (volunteer) & Kay Miller, R.N. (Cardeza)

We Gratefully Acknowledge...the pledge of support from the following manufacturers for 2005.

American Red Cross
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Novo Nordisk
NovoSevenTM

ZLB Behring
Monoclate-P
Mononine
Helixate FS
Bioclate
Humate-P
Stimate
Gammar-P I.V.

Calendar

June
6 Carlino's Golf!
28 Woods Camp #1!

July
29 Woods Camp #2!

September
16 Family Camp!
19 DVC Golf Classic!

October
21 Oktoberfest!
27 NHF meeting/
San Diego!

Eating moose? Drinking Moosehead beer? Well, then……..you must have attended **Moose Night** on **April 22nd** at Our Lady of Good Counsel in Bryn Mawr! Thanks to the generosity of Laura and Pat Carlino and the wonderful employees at Carlino's Specialty Foods in Ardmore, PA this event was just a blast! Moose Night is a celebration (of John DiMichele's hunting skill!) and a fundraiser for the DVC. It has raised thousands of dollars over the last three years that have helped support our many programs and services. We can't thank Laura and Pat and John and Kathy DiMichele and their many friends and relatives for always remembering our mission of service to patients and programs. You really are ANGELS!

Saturday, **March 12th** at the Temple University/Ambler Campus: **The Volleyball Marathon** sponsored by the "brothers" of Phi Kappa Chi to benefit the Delaware Valley Chapter! What a great event, developed through the leadership of Sean Friedland!! We even had our own DVC team!! Thanks, Sean!! Great day and lots of $!!!!

Wow!! Busy, busy, busy. Check out what's coming up for Chapter events!

On **June 6, 2005**, we will all be out "on the links" at Edgemont Country Club for **Carlino's Golf Outing**. Laura and Pat Carlino and again, those wonderful employees at Carlino's Specialty Foods in Ardmore, PA make this event a real success each year. Not a good golfer, but want to make a difference? Call the office and plan to be with us, rain or shine. We need your support and you won't be disappointed in being a part of this terrific day!

June 28 to July 3, 2005: Double "H" Hole in the Woods Camp/Session #1

July 29 to August 4, 2005: Double "H" Hole in the Woods Camp/Session #2

Each year, the DVC provides transportation to two sessions of camp in Lake Luzerne, New York. For more information, call the DVC office (215-885-6500). Not too early to let us know if your child is interested for summer 2006!

September 16, 17 and 18, 2005. Annual Family Camp. Plan to spend the weekend with us and get the opportunity to meet other families who share the same challenges! Totally fun and educational and just outside Philadelphia in Worcester, PA! Don't miss it!!

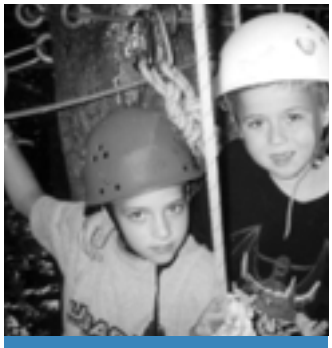
On Monday, **September 19, 2005**, plan to join all of us for the **Annual DVC Golf Classic!** Mark Marra (Golf Chairman) always does a great job of working out all of the details for this wonderful day. Again this year, it will be held at the Meadowlands Country Club in Blue Bell, Pennsylvania. This event has raised over $1 million to support the Delaware Valley Chapter! Can you believe it? Mark your calendar now and plan to be with us!!

"Oktoberfest" will be held at the Hilton Hotel on City Avenue (a NEW LOCATION!) on Friday, **October 21, 2005**, sponsored by Wyeth! What a great night of food, music, gaming events and a terrific live auction! For an invitation, call the office (215-885-6500!! Help support Bob Romano, Megan McEnroe and their great committee by planning to attend this year!!

The **57th NHF Annual Meeting** will be held on **October 27, 28 and 29, 2005 in San Diego, California**. This is the only meeting in the United States completely focused on bleeding disorders. If you have never attended the NHF Annual Meeting but would like to attend this fall, call the DVC office to see if we can help with some of the expenses (215-885-6500). We sponsor more patients to this annual meeting than any other chapter in the country. Let's just say it's "part of our mission!"

John R. McCabe was a DVC member, an educator and a man with hemophilia. As a teacher, John was encouraged by watching young people strive to achieve their hopes and dreams and he did much during his lifetime to help young students accomplish their goals. After John's death, his son, Keith, established an annual music event, in honor of his father to support the Chapter's Scholarship Fund. "In My Father's Name," has contributed to the DVC's Scholarship Fund for the last two years…and Keith has plans to continue his important efforts. Last year, the Delaware Valley Chapter was able to award more than 80 scholarships to deserving students with bleeding disorders in southeastern PA and Delaware. If you would like to contribute to this important fund, please call the DVC office (215-885-6500).

Our Kids at Family Camp



Double "H" Hole in the Woods Campers

Carlino's Golf L to R John & Kathy DiMichele, Laura & Pat Carlino, Megan McEnroe

Oktoberfest Supporters

Novel Technologies & Gene Therapy for Hemophilia

Are We Headed in the Right Direction?

Two experts share their contrasting views of the state of gene therapy for hemophilia

By Elizabeth Thompson Beckley

Although the concept of gene therapy-replacing a disabled gene with a healthy one- is simple and straightforward, says Katherine High, MD, president of the American society of Gene Therapy, she concedes that is has proven difficult to translate into practice.

The multiple variables involved in gene therapy make it a complex effort, she says. It requires an active agent-a piece of RNA or DNA that directs the expression of a protein-as well as a carrier or vehicle to transport it.

"It is a complicated series of things to assemble," says High, a hematologist at the Children's Hospital of Philadelphia. "It's a more complicated type of therapy than any other agent that's been developed before, more complicated than a small molecule, like Tylenol, and more complicated than a recombinant protein."

High explains that people can have toxicities related to the gene carrier or to a piece of DNA. Sorting out where the problems come from is the task at hand for scientists.

However, sorting out these problems of gene therapy still requires decades of fundamental science research, says Abbey Meyers, president of the National Organization for Rare Disorders. In the meantime, she calls the gene therapy situation "pretty bad."

"You need years and years of basic scientific research before you get to the point of putting it into a human being," says Meyers, a former consumer representative for the gene therapy subcommittee of the Recombinant DNA Advisory Committee (RAC). The RAC was established in 1974 to counsel the director of the National Institutes of Health on social and scientific issues attendant to recombinant DNA research.

"Many experts believe there wasn't enough basic research before they started human trials," she says.

"There was such razzle-dazzle out there that people lost sight of the fact that there was a lot of basic research that had not been done," Meyers continues. "All the promises made in the early 1990s said this would cure everything. It just didn't work out that way."

Ready for Prime Time?

High and her associates have focused on the use of adeno-associated viruses (AAV) as the vector for a gene that will produce factor IX. The mystery of whether this gene therapy will work for hemophilia B remains unsolved. High says there is only so much that can be learned from doing research on animals, and that researchers need clinical trials to learn more.

"Ultimately, there will be no solutions for humans if there aren't clinical studies," High says. The gene transfer clinical trials for hemophilia conducted thus far are designed to assess safety, not to cure the disease.

Robust cures for hemophilia in dogs are being achieved, High says. For many aspects of working out how to do this in people, the dogs have been a valuable guide. In 1999, her team could get 1%-2% levels of factor IX in dogs. In 2004, they are achieving levels of 5% to 15%, she says, but have not yet translated these findings into long-lasting expression in humans. A number of dogs have been cured of their hemophilia for more than five years after receiving a single dose of the factor IX gene.

During the last five years, High says she and her fellow researchers found roughly a fifty-fifty balance between problems identified in animal models and problems identified only after they went to the clinic. Animal models alone did not have the capacity to reveal half of the problems.

"Dogs accurately predicted the required dose, but failed to identify problems that arose with human vector," she says. "if we had not done human trials, we never would have figured this out."

"I dare to hope we have identified what the major problems are from a combination of human and animal studies," High continues. "The question is, can we solve all the problems?"

No "True Success"

"If there had been a true success, we would have a gene therapy approved (by the Food and Drug Administration) and on the market now," Meyers says. Meyers comments that the only gene transfer trial that lived up to the excitement of the 1990s was a French trial to treat the X-linked severe combined immunodeficiency disorder (X-SCID), also known as "bubble baby syndrome."

"It actually did cure kids of the disease, but the problem was what the consequences were," she says.

Two of the 11 children treated in the SCID trial later were diagnosed with T-cell leukemia, caused by insertional mutagenesis that occurred when the retroviral vector used in the trial led to uncontrolled reproduction of T cells. These children, however, had no other options and most were cured of their lethal immunodeficiency.

But Meyers says the heyday of gene therapy and the belief in its therapeutic effect was really over September 17, 1999, the day 18-year-old Jesse Gelsinger died. Gelsinger suffered from ornithine transcarbamylase (OTC) deficiency, a rare X-linked metabolic disorder. Four days after he received aden-

ovirus-based gene therapy, he died of a severe immune response that caused multiple organ failure.

"When all the information came out about that, people began to have some doubts," Meyers says. "Before Jesse Gelsinger died, people would do anything to get into a gene therapy trial. Then people had second thoughts, and it became more difficult to get funding."

She contends that the concept before Gensinger's death was that gene therapy may not be very effective, but at least it is safe. "But like any medical experiment, it can be dangerous," Meyers says.

However, there is evidence that Gelsinger's death was avoidable, and that the clinical trial was not properly conducted. The FDA has barred the responsible physicians from ever running clinical trials in humans.

Don't Throw the Baby Out with the Bathwater"

High emphasizes that distinctions must be made among the different vectors in terms of how they work and the immune responses they may or may not trigger. She says, for example, in the cases of Gelsinger and the French SCID trial, the problems were caused by toxicity related to some specific aspect of the vector.

High says she is concerned that the tendency with public perceptions of gene therapy is to confound cases and assume they are all the same.

"It is important to distinguish among the vehicles because otherwise you're going to throw the baby out with the bathwater," she says. "This is an area where the lay public's understanding lags behind where the field is right now."

"It's sort of like saying because fen-phen had a problem, you shouldn't take aspirin," High continues. "Everyone understands that isn't right, because they understand the difference between one small molecule drug and another. People need to come to the same level of understanding about gene therapy. Just because one vector has a toxicity, that doesn't mean that all vectors do."

According to the Department of Energy Office of Science "Human Genome Project Information" website, researchers have investigated about a half-dozen gene delivery vehicles. The vectors most commonly used are viruses, which have the ability to insert their DNA into target cells. Different types of viruses used include retroviruses, adenoviruses, adeno-associated viruses and herpes-simplex viruses.

One non-viral option for gene delivery is the direct introduction of therapeutic DNA into target cells. While the simplest approach, it can be used only with certain tissues and requires large amounts of DNA. Another non-viral approach involves the creation of an artificial liposome to carry the therapeutic DNA which is capable of passing the DNA through the target cell's membrane.

Meyers suggests, however, that scientists still need to broaden their search for vectors, that most are "just tinkering around" with the viruses, and very few are looking at anything different. With regard to hemophilia, she says perhaps researchers need to move beyond gene therapy.

"For a long time, all the eggs for hemophilia have gone in the gene therapy basket," Meyers says. "That's never a good policy. There should always be a wide variety of avenues that should be explored." (See Editor's Note)

Funding Concerns

In addition to the scientific concerns, the development of the field of gene therapy today faces major fiscal resource issues, both women agree.

The complications that arose in the Gelsinger and SCID experiments seem to have scared off many commercial sponsors from investing in gene therapy and the industry has since had a hard time raising money, Meyers says.

"Until 1999, gene therapy research was driven mostly by commercial companies going for the biggest markets," Meyers says. She estimates that almost half was focused on cancer.

"Everything they said was targeted to Wall Street," Meyers says. "Millions of dollars were invested by investors who didn't understand it would be many, many years before it paid off."

After Gelsinger's death, funding went back to a more elementary level of scientists doing more lab work with animals to find safer and more effective ways of delivering the genes, "which is where it should have been in the first place," Meyers says.

High agrees that working out the details of gene transfer is turning out to involve fairly long timelines.

"That's a problem for the biotech industry because they don't have long-term resources," she says, adding that is what makes research support from advocacy organizations so important.

What's Next?

Based on her hemophilia work in animal models, High says she is optimistic about what the future of gene therapy holds.

"I don't know if the progress from solutions in mice to solutions in dogs portends solutions in humans," High says. "But I have a general faith in biology. If we can work it out in one system, we can probably work it out in another system."

Meyers also is hopeful, but remains more guarded about timelines.

"With gene therapy back on the drawing board, I sense they'll find a way to make it work, but it will need probably decades of more basic research before they get to that point," she reiterates. "There are a few scientists that are sticking with it, and hopefully they will come up with something."

Editor's Note: Meyers says that "all the eggs for hemophilia have gone in the gene therapy basket." However, NHFs major grants have funded non-gene therapy initiatives. In addition, the National Institutes of Health (NIH) has funded a lot of work in new clotting factor molecules. Resources have gone into hemophilia gene therapy because it is a model disease in which to test new concepts and vectors, has excellent animal models, and has good read outs for activity. Beyond curing the disease, NIH and the industry have recognized that many experiments having relevance to other diseases can be more readily tested in the hemophilia preclinical and clinical settings.

When Young Adults Need to Get Their Own Health Insurance

By David Linney

For young adults with bleeding disorders, the subject of health insurance is not very exciting. One young man with hemophilia that I counsel perhaps put it most succinctly when he said, "health insurance sucks." (so much for my chosen profession.)

Regardless of what you may think about health insurance, however, there are six, reality check points young adults with bleeding disorders should know.

1. Health insurance is important, as everyone needs health insurance.

2. Individuals with expensive medical conditions, like hemophilia and related bleeding disorders, need and use health insurance more than most.

3. Individuals with more expensive conditions need health insurance with very good coverage so there won't be large out-of-pocket costs to pay.

4. Young adults will usually need to get health insurance on their own at some time.

5. Health insurance that an individual may have to purchase on his own may be very expensive.

6. the cost of health insurance should not stop someone from purchasing it. In other words, one should find a way to pay for it, because the cost of care is usually a lot more than the cost of an insurance premium.

When Do You Need to Get Health Insurance?

As a young adult, when (and sometimes if) you need to get health insurance on your own will depend upon how long your present insurance will continue coverage past age 18 or 19.

How long you can be covered will depend on the type of health insurance you have and how "personal changes" affect coverage.

Specific examples of changes in your life that can often affect your health insurance eligibility include:

Personal Changes and Different Insurance Plans

Note that Medicare, which is the health insurance for very few young adults, will not be discussed here).

Group employer insurance is the most common health insurance. This is insurance that your mother or father has through their job. If you are covered under such a plan, it is as a dependent under a family plan. Employer health insurance is the type of insurance affected most by "personal changes."

Information about dependent coverage will be stated in the policy. Many (but not all) health plans end dependent coverage when a young adult turns 19 if not going to school full-time, and up to age 25 if going to school full-time and claimed as a dependent by a parent. Actual dependent coverage, however, will vary from plan to plan. Note that some plans will continue to cover totally disabled dependents as "adult disabled children" beyond the usual end date for dependent coverage.

If an individual gets married, he will no longer be covered as a dependent. If an individual moves out-of-area (to another part of the state or out-of-state) and the insurance has a coverage area, then you may have no coverage or limited coverage.

To thoroughly check out dependent coverage under your particular policy:

- Parents can call the insurance plan or you can call yourself if you are over 18.
- Read the insurance plan benefits booklet. (Make sure that the booklet is current.)
- Parents can check with their human resources department at work.

Medicaid (also called Medical Assistance, Title 19) is another form of insurance that can be affected by personal changes.

Medicaid will usually end when you turn 19 if you have been covered as a child, often through a state's Children's Health Insurance Plan (CHIP).

Medicaid for disabled Supplemental Security Income (SSI) beneficiaries can end (along with SSI dollar benefits) if "personal changes" affect eligibility. This can happen if you are either no longer designated as disabled or if income or assets exceed allowable limits. Work earnings and new spousal earnings (as a result of marriage) are two examples of "income changes."

Note: Medicaid can sometimes be continued under special work incentive programs through Social Security and each state. This applies to individuals who work (despite their disability) and make over a certain amount of money.

Individual insurance is usually not available to people with chronic medical conditions through general purchase of private insurance. It may be available in many states through a high-risk plan or a state-sponsored plan. Individual insurance is also available through HIPAA after COBRA benefits have been exhausted. In you have an individual plan, coverage will generally not be affected by "personal changes." An exception to this (under some plans) may be if you become eligible for coverage under a group health plan.

Health Insurance Planning

When you will need to get health insurance on your own (if ever) will depend on your ability to continue present insurance, as well as vocational, educational and personal plans. A good time to check out your insurance coverage is age 16, 17 and 18, as plans are made for the future. It is not advisable to wait until the last minute to find out if coverage will be ending in a month. You should check to see how "personal plans" affect coverage.

continued on page 7

I just finished reading "the Winning Spirit," Fall 2004 Issue while sipping my morning coffee and felt compelled to write. I am aware that we, as a family, have not been very involved in the many Chapter events that are available to us in a calendar year, i.e. The Family Dinner, Holiday Party, Fashion Show, Annual Meeting, The Family Dinner and all of the advocacy work on behalf of us all. I want you to know the reason we haven't been actively involved is not because we are not interested or do not care to meet others with similar struggles. Actually, we really appreciate knowing what is "coming up" in the hopes that we will be able to attend, with our ever-increasing busy schedule.

We always welcome meeting other families with bleeding disorders. In fact, I have talked on several occasions with others about our family issues regarding living with hemophilia. My HTC doctor has helped me network with other families. I have been grateful for the opportunity to offer them a hopeful and encouraging outlook and to share our experiences with them, too. We have enjoyed "giving back" in this small way to others.

My son, who has severe hemophilia, wants to be a camp director one day like his dad. As a junior in college, my son is president of his class and chaplin of the student body. He played college basketball his freshman year and he is an all around good student and a great leader.

Thank you for all you do to make the lives of people, living with bleeding disorders, easier. We DO appreciate all that the Delaware Valley Chapter offers, the informative newsletters, the many events, scholarships for patients and the general support that is always there, should we need it. We hope to connect with more families, next year at The Family Camp weekend.

Thanks again for all you do for our community. It does not go unnoticed or unappreciated, even by those of us whom you may have never even met.

Jean and Brian from Lansdale

You do a wonderful job with your newsletter. It is very informative and keeps me up-to-date on the changes that affect our family and others dealing with bleeding disorders. In the name of God, please keep up the good work that you do and, as always, thank you so much for your time and services. God bless you all.

Lynn from Glassboro

continued from page 6

Examples:

If you are 18, covered as a dependent under your parent's policy and plan to go to a four-year college, you usually won't have to worry about health insurance until graduation.

If you are 18, covered under the same policy and you don't plan on going to college, junior college or technical school, then you will usually have to get your own insurance when you turn 19.

If you have Medicaid through SSI and are considering getting a job, income may affect Medicaid eligibility as well as SSI dollar benefits. It's important to find out if and how Medicaid benefits will be affected.

If you are an SSI recipient, once you turn 18, you must requalify as an adult. This is usually not a problem, as Social Security disability requirements are currently very similar for adults and children.

Insurance Options

If your insurance is about to end, pursue other health insurance options well in advance. Other health insurance options include, but are not limited to: COBRA (insurance continuation up to 36 months for dependents through a group policy of a parent who works for an employer with 20 or more employees); employer insurance for yourself; spousal health insurance if you get married; a state high-risk plan or state-sponsored plan; individual HIPAA plans after COBRA; and special Medicaid programs for individuals who work despite their disability.

Help with Premium Payments

If it is hard for you to pay for insurance premiums, you should be aware that there may be programs available to help offset the cost. You can refer to some of the following resources for information…

Questions

If you or your parents have questions, you can contact: the insurance company; Social Security office; your state insurance commissioner's office, the state Division of Health or your employer human resources departments.

For more information, contact:

- Your treatment center
- The Delaware Valley Chapter
- NHFs HANDI (800-42-HANDI)
- Other hemophilia/bleeding disorder organizations
- The reimbursement department of your home care pharmacy
- The reimbursement department of manufacturers of factor products

Previous article taken from HemAware, March/April 2004 issue. HemAware is a publication of the National Hemophilia Foundation.

Making Some Waves *By Lydia Dixon Harde*

This article was taken from the Bloodstone Magazine, Summer 2004 edition, a publication of Hemophilia Health Services (HHS). This article is reprinted with permission of HHS.

In recent years, children with hemophilia have begun to participate more and more in team sports. Baseball, basketball and swimming have become popular activities.

During his high school freshman year, Liam O'Neill participated in a team sport that some might consider a bit out of the ordinary – rowing. O'Neill competes as part of the freshman lightweight rowing team for his high school. Philadelphia, the area where he lives, boasts a large rowing community.

"A friend told me about rowing because he had done it the year before," tells O'Neill. "He said it was tough, but it was really fun and interesting. I decided to go out for the team. It was two weeks of intense exercising where we had to learn to work on the heavy equipment. It's no easy task to get a boat in and out of the water."

Before his tryouts, O'Neill discussed participating in rowing with his doctor. The main concern was about O'Neill's ankles, which have given him problems in the past. Since he started rowing, he hasn't had any ankle bleeds and only had one incidence when he had to treat at the boathouse. The most common injuries associated with rowing, according to O'Neill, include pulling a hamstring or getting an oar caught and have it "smack you in the stomach."

O'Neill was one of 100 who tried out for the team and made the cut. Being a part of the team takes a big time commitment. Depending on the season, members participate in different aspects of the sport.

"During the school year, we practice two hours after school every day. Normally we train in the fall. During the winter, you can't go out on the water, so we workout on machines called ergometers. It's a special machine that shows how fast you can row and you wouldn't normally find an ergometer in a regular gym," he explains. "In the spring, we have our races on Sunday, which takes all day."

Races are held on the Schuylkill River and are 1,500 meters long. One of the biggest strategies for winning is for all eight rowers to move in unison, making rowing the ultimate team sport.

"I find that rowing is a real good experience and think that a lot of people, especially those with hemophilia, should try it. I hope to row all during high school," he says.

His parents support the decision. Sean and Joan O'Neill have noticed that Liam is in the best shape physically he's ever been since taking up the sport, but are also impressed by the other skills he has learned.

"Rowing requires a lot of discipline, which I think is important. You can't goof off and you have to be serious," Sean O'Neill tells. "We were excited for him because it always great to participate in a tem sport. We're really proud and think it's a good thing. It's worth the sacrifice."

P.S.
Liam and his family are active members and supporters of the Delaware Valley Chapter. Congratulations, Liam, on being a great role model for all of us...and a great athlete, too! Before beginning any exercise or sport, check with your treatment center staff.

Rowing Facts:

- **Rowing gives a total body work out. Most people think that rowing works only the arms and upper body, but the strength of the rowing stroke comes from the legs. Rowers must display endurance, strength, balance and mental discipline.**

- **The boats are called shells. A shell, seating eight rowers and a coxswain (pronounced cox'n), is 60 feet long and weighs 200 pounds. The boat is narrow, only hip wide, and skims through the top few inches of water. Rowers sit on moveable seats facing backward. Each rower has one oar. Half the rowers row port and the other half row starboard.**

- **The coxswain sits facing the crew and doesn't row. The coxswain steers the boat while setting the rate of the rowers' strokes per minutes. Racing tradition is that a winning team dumps their coxswain into the river after a race.**

Just a Thought

Sometime, when you're feeling important,
Sometime, when your ego's in bloom,
Sometime, when you take it for granted,
You're the best qualified in the room.

Sometime, when you feel that your going
Would leave an unfillable hole,
Just follow this simple instruction
And see how it humbles your soul.

Take a bucket and fill it with water.
Put your hand in it up to the wrist.
Pull it out and the hole that's remaining
Is a measure of how you'll be missed.

You may splash all you please when you enter.
You can stir up the water galore.
But stop and you'll find in a minute,
That it looks quite the same as before.

The moral in this quaint example
Is to do just the best that you can.
Be proud of yourself, but remember
There's no indispensable man
(or woman, for that matter)!

Anonymous