

MARKETPLACE

THE WALL STREET JOURNAL.

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TUESDAY, APRIL 1, 2003 B1



MANAGING YOUR CAREER

By JOANN S. LUBLIN

Making the Transition Back to Local Work After an Overseas Job

YOU CAN GO home again—with difficulty. As the sour economy and Iraq war persist, many American expatriates find themselves headed home after losing or quitting their foreign posts. But it's hard to regain your footing in the U.S. when you haven't worked here for years. You lack current contacts and, undoubtedly, your job-hunting skills are rusty.

"I thought I would have no problem landing another job right away," recalls Sean McManus, a 45-year-old former vice president of Quest International, a Dutch food and fragrance maker. He resigned and returned to the U.S. for family reasons in October following 3½ years at corporate headquarters in Amsterdam. Plenty of repatriated Americans "run into brick walls," he adds. "Headhunters don't call them back."

Preparation, perseverance and patience can overcome such barriers. That combination ultimately worked for Mr. McManus. Among other things, he convinced Quest to pay for 15 months of outplacement counseling—and to launch the unusually lengthy assistance three months before he left Amsterdam. His search ended last month when he was hired as North American human-resources chief for Symrise, a German food and fragrance producer.

DEPARTING GILLETTE executive Jean Larkin was too busy preparing her London successor last summer to request outplacement aid before she moved back to her Redding, Conn., home. "Getting my résumé completed sooner would have accelerated things," the 44-year-old human-resources official admits. She left the shaving products maker primarily because she wasn't interested in a third consecutive international stint.

While stationed abroad, Ms. Larkin had some contact with American colleagues from past jobs—especially after they read about her expatriate experiences in my July 2001 column. Generally, however, "her U.S. network was fairly cold and not as extensive as she would have liked it to be," says Paul Stuhlman, her outplacement counselor at Manchester, an executive career-development firm in Boston.

When Ms. Larkin began her U.S. job hunt in the fall, she realized she needed "to cast the net as wide as possible." The executive prepared business cards with a two-sentence description of her best credentials. She handed them out to her old neighbors and new banker in Connecticut. She joined local networking groups for human-resources executives and a professional organization for female managers.

European executive recruiters for major U.S. search firms, whom Ms. Larkin had used to fill Gillette spots overseas, arranged introductions with their American counterparts.

Last month, Cisco Systems, a producer of Internet switching equipment, hired Ms. Larkin as human-resources director of its enterprise-systems division in New York. She landed the job through one of Mr. Stuhlman's former outplacement clients, who recommended her to a friend who happened to be Cisco's outside recruiter.

CAREER SPECIALISTS and returned expats propose several other ways that repatriated Americans might ease their re-employment search. First, inform colleagues about your ideal locales, industries and positions. Stay flexible about where you'll live next. Mr. McManus leased a furnished home in Fairfield, Conn. His new Symrise job, which began yesterday, is in Teterboro, N.J.

Search on a global basis even if you prefer to work in the U.S., suggests Gregory J. McDonald, a 52-year-old former expatriate living in Greenwich, Conn. He explored U.S., European and Latin American opportunities from London after a late 1999 takeover cost him the European presidency of Reckitt & Colman, a British maker of household and food products.

Mr. McDonald, who had worked abroad since 1976, became a marketing vice president for Texaco in White Plains, N.Y. He left Texaco following its fall 2001 acquisition by Chevron. He then took time off to be with his family.

Since resuming his job hunt in October, Mr. McDonald again has sought positions here and abroad that value his global expertise. But certain U.S. businesses won't consider his candidacy because they believe he doesn't know the domestic market very well. And most European concerns "are really battering down the hatches," he says.

It's tempting, though unwise, for returning expatriates to play down their international background just because they now prefer to stay in the U.S. A smarter approach: Frame your experience in terms that will strongly appeal to American companies.

Accentuate your adaptability. That may mean touting your successful introduction of a new product in a nation where "you had to go in from scratch, not knowing the culture and maybe not knowing the language," says Laura Hill, managing director of client services for Crenshaw Associates. The New York outplacement firm is assisting Mr. McDonald.

"Sometimes the argument works and sometimes it doesn't," Ms. Hill concedes. "In this job market, very little is working for people in any industry category."

E-mail comments to me at joann.lublin@wsj.com. To see other recent Managing Your Career columns, please go to CareerJournal.com.

Quarantine Quandary

Governments Find Isolation Of Suspected SARS Cases Is Difficult to Effect and Enforce

AS DAWN broke in Hong Kong yesterday, dozens of policemen wearing surgical masks descended on Amoy Gardens, a high-rise apartment complex with numerous reported cases of severe acute respiratory syndrome, the new and highly contagious form of pneumonia familiarly called SARS. The police intended to order residents to stay inside for 10 days but found nobody home in over half the building's 264 apartments. Residents had heard media reports about the spread of SARS in the complex, and many had scattered—potentially carrying the infection elsewhere.

Hong Kong officials are now working with police to try to track down those people. The mass quarantine "is something we've never done before, and it's something we hope we will never, ever have to do again in the future," said Yeoh Eng-kiong, the city's secretary of health, welfare and food. He publicly urged residents who fled to come forward and promised that the government "will definitely not send them back" to Amoy Gardens, but to newly designated quarantine centers instead. (In today's Health Journal, Tara Parker-Pope offers some insights on how worried you should be about SARS, page D1.)

The urgency of his message is understandable. Hong Kong health officials reported a one-day increase of 80 new cases of SARS yesterday—the city's highest daily jump in infections so far—and raised fears there that the illness could be spreading through the air or water supplies. That brings the total of confirmed cases in Hong Kong to 610, more than one-third of which come from Amoy Gardens.

But can mass quarantines effectively stave off a highly contagious disease like SARS? Hong Kong, Canada and Singapore have all imposed SARS quarantines, and all are discovering how hard it is to implement them in an era of fast information, global travel and concern over civil liberties.

As the U.S. grapples with its own budding outbreaks of SARS, and with the threat of bioterrorism, global travel and concern over civil liberties.

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Health workers delivering household goods yesterday to quarantined residents of the Amoy Gardens apartment complex in Hong Kong. The building has been hard hit by SARS, the mystery pneumonia.

U.S. Hospitals Brace for SARS by Turning to Bioterror Plans

By BETSY MCKAY And KELLY GREENE

FOR MONTHS, U.S. hospitals have been gearing up for possible attacks from bioterrorists. Instead, the hospitals' big test might come from Mother Nature.

With a lethal respiratory illness that originated in China now spreading farther and faster than health officials expected, hospitals are calling on some of their new bioterrorism skills and resources to contain the disease. While many of the 69 suspected cases of severe acute respiratory syndrome reported so far in the U.S. have been milder than those in Asia, and no one has died, domestic hospitals are preparing for a more serious outbreak.

The U.S. Centers for Disease Control and Prevention—much criticized for its handling of the 2001 anthrax attacks—issued guidelines for containing the disease in this country as soon as the virus began spreading beyond China in mid-March. They include isolating suspected SARS patients as quickly as possible in special negative-pressure rooms (where air is vented outdoors, rather than recircu-

Precautionary Measures

The CDC recommends that hospital personnel treating patients who might have SARS take these steps:

- Place a surgical mask on the patient.
- Isolate the patient in a room with negative pressure relative to the surrounding area.
- Wash hands frequently with soap and water; if hands are not visibly soiled, alcohol-based handrubs may be used as an alternative.
- Wear eye protection, gown and gloves.
- Use a filtered, disposable respirator when entering the patient's room.

Source: CDC

lated through the hospital) and providing health-care workers with the kind of protective masks and clothing they would wear for a smallpox outbreak. One of the first questions the agency is telling hospitals to ask patients who come in with respiratory problems is whether they have trav-

eled to Asia, or come into contact with anyone who has.

Windham Community Memorial Hospital, in Willimantic, Conn., put the CDC's advice to the test last week when a University of Connecticut student was admitted with a suspected case of SARS. After receiving a "30-minute heads-up" before the student arrived, according to spokeswoman Karen Butler, emergency-room staff donned gowns, gloves, high-filtration masks and goggles, then rushed the patient into a negative-pressure room. Later, health officials from the university and state discussed the illness and its symptoms with people with whom the student had been in contact in recent days and sent an e-mail to the entire student body, faculty and staff. So far, no other cases have turned up.

The small, nonprofit hospital relied on preparations it had recently put in place to handle a potential smallpox outbreak. The hospital's bioterrorism and emergency-preparedness committees had even recently discussed SARS, says Ms. Butler, who sits on both committees. "I think we would always be prepared, but there is a heightened level

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Twenty Years—and He Isn't Paying Any More

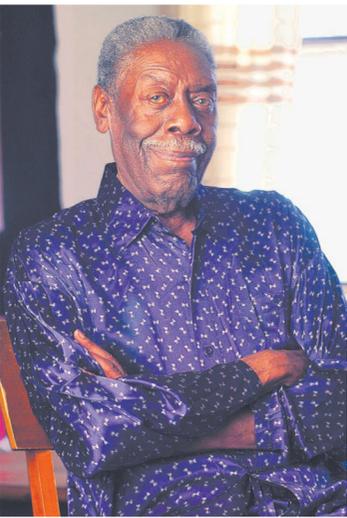
By LUCETTE LAGNADO

WEARING A PAIR of royal-blue silk pajamas, Quinton White is sitting in bed, flipping through Paris guidebooks and reveling in his new-found freedom from a crushing, 20-year hospital debt.

Yale-New Haven Hospital, the primary teaching hospital for Yale University's medical school, has told the 77-year-old former dry-cleaning worker that it will no longer require him to pay his nearly \$40,000 obligation.

The debt dated back to 1982, when the hospital treated Mr. White's wife, Jeanette, an uninsured cleaning woman, for cancer. Month after month, Mr. White sent the hospital small checks as part of a court-ordered payment plan. Hospital attorneys also seized nearly \$10,000 from Mr. White's bank account and placed a lien on his home in a working-class section of Bridgeport, Conn. Even after Ms. White died in 1993, the bill lived on. As of last month, Mr. White had paid Yale-New Haven about \$16,000 but the debt had ballooned from the original \$18,740 bill because of 10% interest charges, legal fees and other costs.

In the wake of a Wall Street Journal article March 13 that described Mr. White's financial ordeal, sympathetic readers across the country phoned, wrote and e-mailed, offering to help him pay off his debt and realize his dream of going to Africa, a city he had seen in films but couldn't afford to visit. Many also contacted Yale-New Haven to complain about its debt-collection practices.



Quinton White in the silk pajamas he bought to celebrate the cancellation of his hospital debt

"We wiped out his debt," says Katherine Krauss, a hospital spokeswoman. She adds that a senior vice president of the hospital personally phoned Mr. White's son to deliver the news.

Joseph Tobin, the lawyer whose firm pursued Mr. White on behalf of the hospital, followed up with a letter. "My client Yale-New Haven Hospital has agreed to remove the judgment lien on your real estate and forgive the balance of the debt," the letter said. "This matter is now finalized."

Ms. Krauss says Yale-New Haven is starting to examine other collection cases in which patients or their families have been paying off a debt for many years. She characterized the hospital's efforts as the start of a process that has the potential to lead to significant changes. Even after bills are turned over to agencies or attorneys for collection, she says, the hospital wants to have "processes in place so that hospital staff are aware of and involved in periodic reviews."

Exactly how extensive the review will be remains unclear. Yale-New Haven declined repeated requests to make senior hospital executives available to be interviewed.

"It is a disgrace that they have to 'review' the practices—they should stop them," says Andrew Stern, president of the Service Employees International Union, which has been studying the hospital's collection practices. Yale-New Haven, he contends, is "acting like a predatory lender

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Arnett's Story: 'Celebrity' News Has Its Perils

By JOE FLINT

SO MUCH FOR Peter Arnett's comeback. His war coverage for NBC and MSNBC in Iraq had provided a chance at redemption for the Pulitzer Prize-winning correspondent, who five years ago had been let go by CNN.

But his firing yesterday, after his ill-advised remarks to Iraqi television, now seems certain to send him back to the margins, far from the star status he enjoyed in the first Gulf War. The incident also ended an experiment for NBC News, which hoped Mr. Arnett's name recognition and access would give them an edge in a competitive story.

The outcome also demonstrates the peril of consorting with a celebrity news correspondent who isn't easily controlled. News Corp.'s Fox News, whose Geraldo Rivera is likely to be expelled from Iraq for reporting specifics on U.S. troop movements, could be equally tarred, at a time when the media's coverage is facing extra scrutiny and is being held to a particularly high standard.

"Arnett became the story," says Dennis Patrick, president of National Geographic Ventures, which technically employed Mr. Arnett. "That was a mistake." National Geographic fired Mr. Arnett, too. Late yesterday the Associated Press reported London's Daily Mirror tabloid announced it had hired Mr. Arnett. He couldn't be reached for comment.

Fox News, which certainly relished the Arnett controversy and ran several stories about it, had its own headaches yesterday when the Pentagon charged Fox's correspondent Mr. Rivera with discussing specifics about the location and plans of the 101st Airborne.

A Pentagon spokesman said it is considering whether to ask that Mr. Rivera be banned from covering the military. While he is not technically "embedded," he may still be asked to leave. A commander in the field complained to the Pentagon about Mr. Rivera early yesterday morning. Fox said it is reviewing the matter.

Both incidents illustrate the difficulties of blending of star power and journalism. "These guys are no longer reporters in the traditional sense," says Larry Grossman, a former president of NBC News. "When people become stars it sometimes has an effect of frazzling their brains." That Mr. Arnett said in his interview with Iraqi TV that the Pentagon wasn't listening to him, "is revealing," Mr. Grossman said. "It is a matter of judgment, perspective and limits."

Other networks wouldn't use Mr. Arnett for a variety of past incidents in which his news judgment and objectivity came into question—including the perception that his reporting for CNN from the first Gulf War was pro-Iraqi. But NBC, a unit of General Electric Co., thought it had worked out a clever arm's-length relationship with him: Mr. Arnett wasn't officially on the payroll, so the network wasn't formally associated with him. But once the war began and many correspondents in Baghdad were either pulled out or kicked out, Mr. Arnett provided a compelling on-the-ground presence that NBC couldn't resist and used extensively. (NBC still has access to Baghdad through a relationship with International Television News, which has two correspondents in the city.)

Meanwhile, National Geographic, which had been Mr. Arnett's actual employer, got a plug every time he went on the air: "Explorer" is a documentary television program for which Mr. Arnett was a correspondent. It is broadcast by MSNBC but soon will begin running on National Geographic's new cable channel. The channel's public-relations staff had been heavily promoting Mr. Arnett's rekindled fame, and made him readily available for interviews.

So hungry for Mr. Arnett's content was NBC News that he was on the air live for sister cable channel MSNBC Sunday afternoon before the network had even decided about his future status. Due to e-mail problems at NBC's New York headquarters, MSNBC staffers didn't even get a note alerting them to the growing controversy. MSNBC

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A Spot on al-Jazeera
A Virginia entrepreneur can arrange 30 seconds on the pan-Arab network for you. **B11**

Career Journal

The War Wait
As the conflict takes longer than some expected, more firms delay hiring. **B8**

Career Jungle

Hidden Harvest
Many employees don't know about specialized benefits at their firms. **B8**



Classifieds **B8,10,11**

U.S. Firms in Asia Act to Guard Against Disease

Actions Include Travel Bans, More Videoconferencing And Wearing of Facemasks

By SALLY BEATTY
 And MAUREEN TKACIK

Stay put, wear a surgical mask, teleconfer-
 ence.

These are some of the panic-tinged bits of advice that multinational companies are giving to employees who either work in or frequently travel to Hong Kong and other parts of Asia, which is gripped by a mysterious viral pneumonia epidemic.

Phillips-Van Heusen Corp., the men's shirt maker and owner of the Calvin Klein designer business, has banned travel into the region and is asking employees already there to follow safety precautions laid down by local authorities, who are hoping to tame the spread of severe acute respiratory syndrome, or SARS. These include wearing facemasks and restricting office access by asking deliverymen to wait outside, said Ted Sattler, head of for-

eign operations. The company is washing down public areas four or five times a day with disinfectant.

Frequent hand washing is encouraged, and employees are also being instructed to avoid "congested" areas, although Mr. Sattler said that won't be easy given the crowded conditions that characterize

Crackdowns, Cutbacks

Singapore tightened rules for incoming travelers, while Cathay Pacific slashed flights to eight Asian destinations, page D3.

Hong Kong and other big Asian cities. Phillips-Van Heusen employs more than 100 people in Asia.

This past Thursday, about 50 traders, salespeople and other staff from HSBC Holdings PLC's markets group were sent home for a week to "cleanse themselves." They were told to sit tight and make sure they don't come down with symptoms of the sometimes-lethal pneumonia strain, such as fever, aches and unproductive cough. If all goes well, a spokesman said,

on Friday the crew will start work at an HSBC backup-trading facility in another part of Hong Kong, serving as a certifiably healthy work force in case the main HSBC trading floor has to be shut down.

An increasing number of companies—including some that have been relatively blasé about the health scare, which has been building for weeks—are now curtailing travel and allowing employees to work from home, or come in at off-hours to avoid crowded buses and subways. Companies in Hong Kong issuing new work and travel rules range from investment bank Credit Suisse Group's Credit Suisse First Boston Corp. to software maker Microsoft Corp.

Claudia Hawkins, a spokeswoman for Gap Inc., said employees don't have to travel to Asia if they feel uncomfortable. "If they wish to postpone their trip they can," she said. Indeed, the U.S. Centers for Disease Control and Prevention is advising people headed to mainland China, Hong Kong, Singapore and Hanoi, Vietnam, that they "may wish to postpone their trips until further notice."

The international footwear industry, whose manufacturing epicenter in southern Guangdong province happened also to

be the epicenter of the SARS virus, is being particularly cautious about travel to Asia.

Last week, Adidas AG suspended all international air travel for the week, citing war and the SARS virus for their stance. Nike Inc. spokesman Vada Manager said the company had suspended all "non-business-critical international travel."

"You see a lot more cars in the parking lot late at night than you used to, because we're relying much more on videoconferencing these days," he said.

John Shanley, a footwear analyst at Wells Fargo Securities, a unit of Wells Fargo & Co., who brings a group of clients on a tour of footwear factories in southern China every spring, said he canceled this year's trip in February because investors didn't want to travel internationally during wartime. Now, there is the threat of disease. Last week, he says, the SARS virus was isolated at a factory about 10 miles away from a footwear factory that was on his itinerary. "I don't think being so close to the mystery pneumonia would really impress my clients," he said.

"It's a little scary right now," said Stanley Mayer, chief financial officer of Kenneth Cole Productions Inc., which makes about half of its shoes and handbags in Asia. Last week, the company suspended all travel to the region until further notice. "We feel more comfortable keeping people home." In normal times, between 10 and 15 Kenneth Cole employees travel to Asia regularly to check and correct samples before the goods go into production. Instead, the company will increase its use of video-and teleconferencing and courier services, noted Mr. Mayer.

Apparel maker Liz Claiborne Inc. has told its employees not to visit Hong Kong, China, Taiwan and Vietnam until April 15, when it plans to review its policies again. For now, Liz Claiborne and other manufacturers are increasing their reliance on computer-aided design. Others are relying on videoconferencing to avoid potential production disruptions that could lead to late deliveries. At issue is the so-called holiday and early spring periods scheduled for delivery in October through December.

Jones Apparel Group Inc., maker of Lauren by Ralph Lauren clothing and Nine West shoes and apparel, has also limited travel to Asia, citing concerns about the epidemic as well as the war in Iraq. About 76% of the company's apparel is manufactured in Asia, while about 74% of its footwear is manufactured in China. Instead of regular face-to-face contact, Jones will rely in the meantime mainly on a Web-based system to track production logistics and communicate with contractors, said a spokeswoman. Jones representatives in the region are wearing surgical masks.

—Rebecca Buckman and Teri Agins
 contributed to this article.

Hospital Terror Plans May Have a Payback In SARS Readiness

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of awareness right now," she says.

SARS is setting off alarms because its origin is unknown and there is no vaccine or cure. It's not even clear how contagious it is. While the CDC originally thought that the illness could be transmitted only through close contact, the agency now says the virus may also be airborne and transmitted through objects.

Most U.S. hospitals except those that handle specialty care or are very small have basic facilities to handle patients with infectious diseases, such as tuberculosis. These include isolation rooms with negative air pressure and "N95" face masks, which fit snugly and filter smaller particles than a typical surgical or paper mask.

The question is what would happen in a major outbreak. In Los Angeles, where seven cases have been reported, officials are keeping their bioterrorism plans in mind. The University of California at Los Angeles Medical Center, which has 10 rooms with negative air pressure and 30 portable filtration units at the ready, says that, should it need more such rooms, it would use a wing in a separate hospital that already is designated for smallpox.

While hospitals are equipped to isolate

contagious patients, doctors' offices and clinics are another matter—they rarely have pressure rooms or N95 masks. David Pegues, associate clinical professor of infectious diseases at UCLA Medical Center, says he has advised them to put suspected SARS patients "in a room, put a surgical mask on them, close the door, put a mask on yourself, and call the hospital epidemiology department and health department."

While precautions are being taken, some health-care workers are worried. "All the resources are being put into a nonexistent problem: smallpox," says Charles Idelson, a spokesman for the California Nurses' Association, which represents 50,000 registered nurses in the state. SARS "is a very real problem, and we do believe hospitals and health care systems should take it seriously."

A case in point is Toronto, where hospitals are grappling with 111 suspected cases. Four have died, and a few children have recently been diagnosed with the ailment. Hospitals across the city have sharply cut back elective surgery, outpatient services and visitation rights.

Donald Low, chief of microbiology at Toronto's Mount Sinai Hospital, urges U.S. hospitals to learn from Toronto's experience. "This is a disaster," he says. In the U.S., there's still time "to put health care on alert." One encouraging sign: Dr. Low has treated many of the SARS patients, and his mask, gloves and other protective gear have kept him healthy so far.

—Mark Henzl and Elena Cherney
 contributed to this article.

Mass Quarantines Are Hard to Implement, Enforce

Continued From Page B1

rorism inside its borders, the experiences of foreign governments highlight how difficult it would be for U.S. state and federal officials to execute a mass quarantine.

Among the challenges: tracking down thousands of people who have been in contact with infected people before they can potentially be spooked by news articles and scatter, and squaring the quarantine order with civil-rights laws.

World-wide, more than 1,760 people are thought to have been infected with SARS since the epidemic began in China's Guangdong province in November, though many have recovered. So far about 4% of the people who catch SARS die from the disease. There have been 62 deaths from the illness reported on three continents. One world-health official compares the disease's ability to infect people, though not its severity, to that of the much deadlier Ebola virus.

In Hong Kong, the local death toll from SARS stood at 15 yesterday. Hong Kong's schools and universities are closed, and many people who have had contact with SARS patients have been quarantined or asked to remain at home. In Singapore, where nearly one thousand seemingly healthy citizens have been ordered quarantined as a precaution and where all schools have been closed, a fourth person died of the disease. A new case pushed the tally of the sick in the city-state to 92. China hasn't provided any figures for the month of March, but late last week reported 806 cases and 34

deaths through the end of February.

In Canada, federal health officials put the total number of SARS cases in the country at 129, with more than 100 in Ontario province, where Toronto is located. Officials are ordering staff and anyone who visited two Toronto-area hospitals since March 16 to quarantine themselves for 10 days, and those living with them to wear masks. That order applies to thousands of people. Still, "the risk to the general public is extremely low," Sheela Basrur, Toronto's medical officer, insisted yesterday.

Canadian health officials have relied largely on the media to spread the word about who should be under quarantine, despite a "veritable small army" of health staff working on the outbreak, Dr. Basrur said.

Out of fear of violating civil liberties, the Canadian quarantines are so far voluntary, raising questions about how easy they will be to enforce. Health officials there also warn that quarantines can be counterproductive because they may deter people from seeking treatment, since many are afraid of being stuck in their home even if they don't have the disease.

Singapore, the strictly governed city-state, has more powers at its disposal than most governments to deal with the health threat and most observers feel that if a quarantine will work anywhere, it's there. "We think the quarantine strategy is working," a health-ministry spokeswoman said yesterday.

Yet even Singapore's quarantine hasn't stopped cases from trickling in through other gaps, including the free flow

of air travelers the city depends on to keep its economy thriving as an open financial and trade hub. After 10-day quarantine orders were issued last week to nearly 1,000 seemingly healthy people, authorities announced that two residents who returned from travel in China have the illness.

Instituting a mass quarantine in the U.S. today is complicated by civil-rights concerns. The American Civil Liberties Union and other advocacy groups successfully challenged proposed laws in California in the mid- and late 1980s seeking the mandatory quarantine of HIV-infected individuals. Similar challenges might well be mounted against mass quarantines for SARS or other illnesses.

Quarantines frequently fail to work because of public resistance. Perhaps the best-known—and least effective—quarantine in the U.S. involved the New York City outbreak of paralytic poliomyelitis in the summer of 1916. That epidemic—the city reported 9,000 cases—produced such a panic that children were literally taken from their mother's arms to isolation wards and masses of people were arrested for quarantine violations.

It would be four more decades before summers in the U.S. would be free of the occasional closed swimming pool and spot quarantine. Indeed, despite relentless quarantine efforts, the U.S. registered 58,000 cases of polio in 1952—the most ever. Mass vaccinations began three years later with a vaccine developed by Jonas Salk, and the illness all but disappeared from the American landscape.

After 20 Years, a Debt Is Canceled

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and not like a caring institution."

But Ms. Krauss argues that "this was not an isolated case in an isolated hospital. I suspect every hospital in the country has problems like this, so the goal is to find a solution for uninsured hospital care."

Indeed, although collection practices vary among hospitals and some are more aggressive than others, there are 41 million uninsured Americans. When they get sick, they are confronted with such high bills they risk bankruptcy or penury. "The real question is, isn't this endemic in the system?" says E. Richard Brown, a UCLA professor who specializes in the uninsured. He believes federal legislation or an executive order could prevent hospitals that receive federal funding from engaging in "draconian" billing practices, such as garnishing wages, putting liens on homes and charging steep interest.

Meanwhile, for Mr. White, the reprieve from debt—and the outpouring of support—means he has been able to go shopping. His son Anthony expected his father—a former stain remover at a Westport, Conn., dry cleaner, with a weakness for fine clothes—to splurge. "Didn't you go out and buy a suit?" Anthony White prompted his dad as he cooked chicken for their Sunday night dinner.

"I went out and bought pajamas—silk

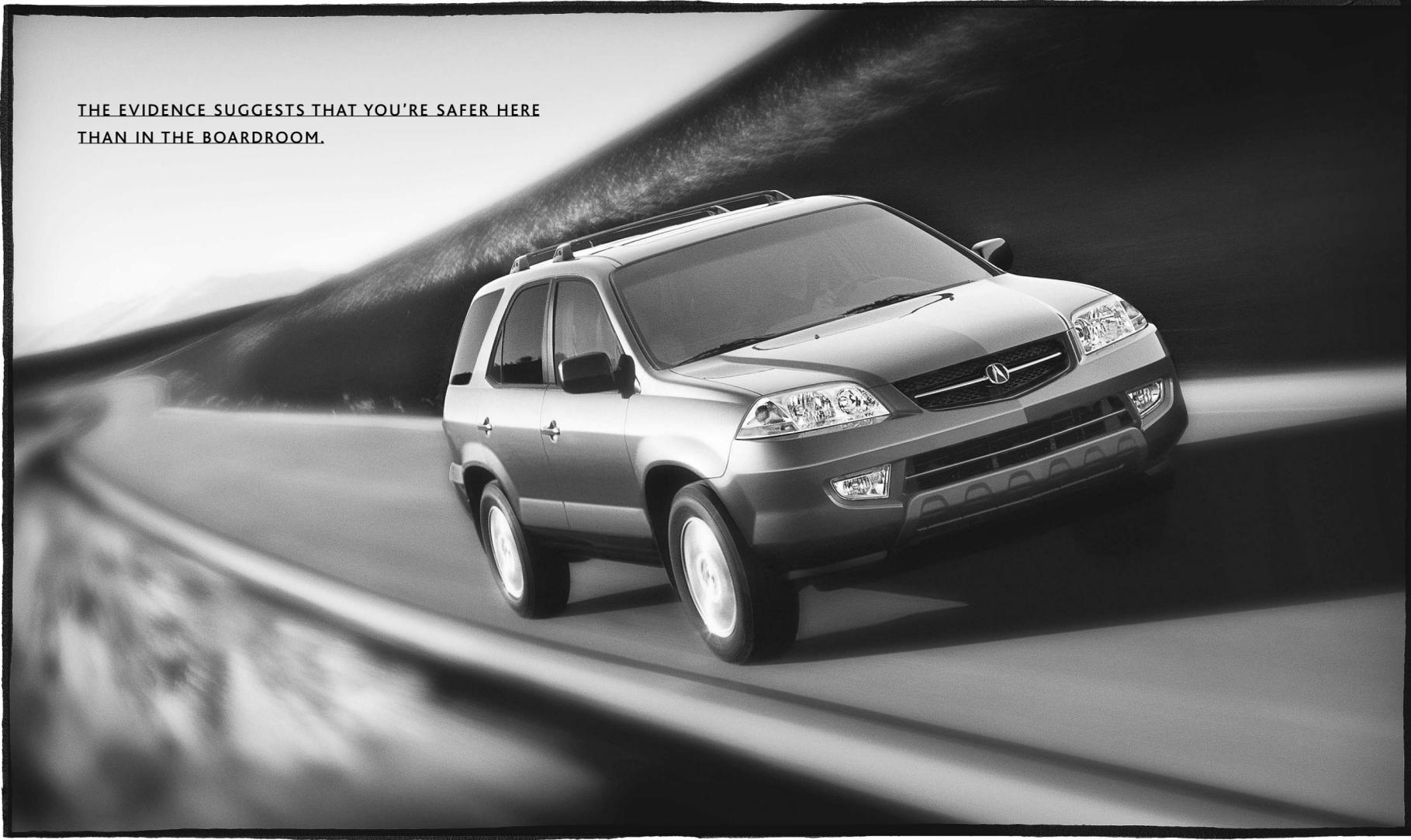
pajamas" at Lord & Taylor, the elder Mr. White replied, beaming.

It's almost as if the cloud that descended after the death of Ms. White has been lifted from the house. "You know that you have a bill to pay so what do you have to look forward to?" says the younger Mr. White, who adds that he was worried, in particular, that the family's house would be taken away. Now, he says, he can worry "about the other people who need help. There are other people in the same boat."

Mr. White also hasn't abandoned his dream of seeing Paris. "The burden is off his back—the idea of Paris is there, he can grab it," his son says.

Readers have indicated they're eager to help. An Air France spokesman offered to provide two free, round-trip tickets for Mr. White and a guest. Several dozen readers offered contributions of money or frequent-flier miles. Altogether, the Journal has fielded more than 100 e-mails and phone calls from readers seeking to help.

Mr. White isn't well. He suffers from heart and kidney ailments. He has to go for dialysis three times a week and is plagued by a hacking cough. But he says he isn't worried. Once the war is over and it's safe to travel, he says, the French will be able to take care of him just fine.



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