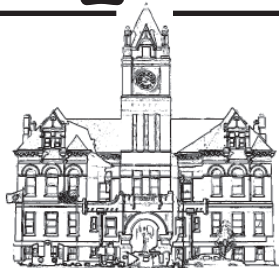


Opinion



Free Press Viewpoint

Benefit or burden?

The Topeka Capital-Journal

When it comes to helping authorities fight methamphetamine, Kansans are willing to make reasonable sacrifices.

They proved it once, when lawmakers wisely adopted limits on purchases of over-the-counter cold medications used to make meth.

Soon, they may be asked to go a couple of steps further and closer to the line of what's reasonable.

Under a proposal skimming through the Legislature, Kansans would be required to obtain a prescription for several popular cold medicines such as Sudafed and Actifed. Those medicines and others covered under the bill contain pseudoephedrine, an ingredient used by meth manufacturers. ...

Proponents say the previous restrictions on cold medicines got results, and they're right.

Meth lab seizures plummeted in Kansas after those medicines were taken off the shelves and placed behind pharmacy counters. Today, buyers must sign a log and show identification to buy the drugs. ...

... We hope they balance the effects of the proposal on meth manufacturers with the burden it will create for consumers in obtaining drugs for legitimate purposes. For many Kansans, getting a prescription means taking time off of work and facing a co-payment.

That seems like a long way to go to obtain medications once available over the counter.

We also think it's worth noting that law enforcement authorities say restrictions on the availability of pseudoephedrine haven't stopped the supply of meth.

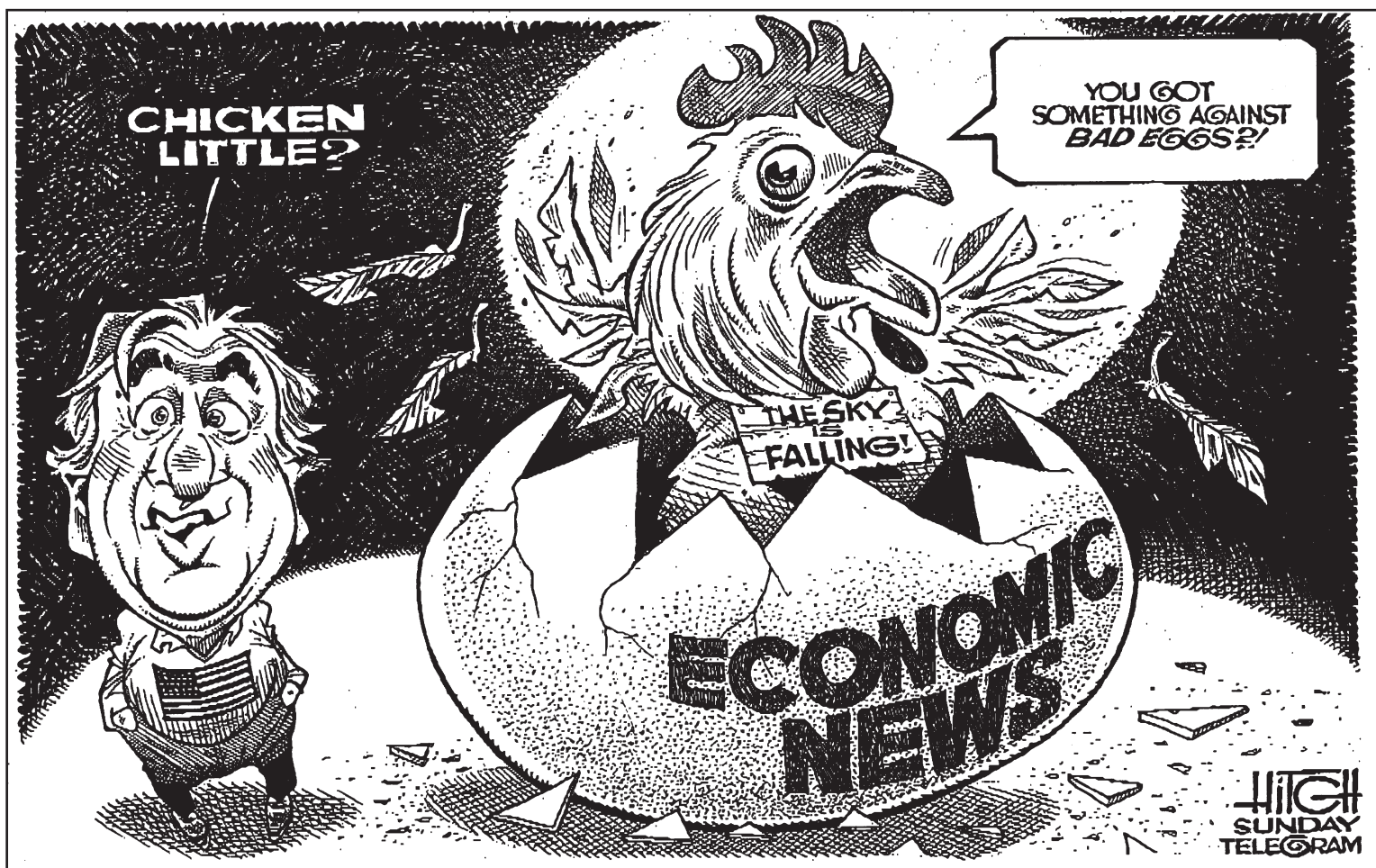
The decline in production from domestic labs was replaced by supplies from foreign manufacturers.

We applaud lawmakers for continuing to look for ways to fight meth. But in discussing the proposal, we'd urge them to focus not only on illegal drug manufacturers but on law-abiding Kansans, too.

Where to write, call

- U.S. Sen. Pat Roberts**, 109 Hart Senate Office Building, Washington, D.C. 20510. 202/224-4774
- U.S. Sen. Sam Brownback**, 303 Hart Senate Office Building, Washington, D.C. 20510. 202/224-6521
- U.S. Rep. Jerry Moran**, 2202 Rayburn House Office Building, Washington, D.C. 20515. 202/225-2715 or Fax 202/225-5124
- State Rep. Jim Morrison**, State Capitol Building, 300 SW 10th St. Rm. 143-N, Topeka, Kan. 66612. 785/296-7676 e-mail: jmorrison@ink.org web: www.morrisonfamily.com
- State Sen. Ralph Ostmeyer**, State Capitol, 300 SW 10th St., Rm. 128-S., Topeka, Kan. 66612, 785/296-7399 ostmeyer@senate.state.ks.us

Comments to any opinions expressed on this page are encouraged. Mail them to the Colby Free Press, 155 W. 5th St., Colby, Kan., 67701. Or e-mail jvannostrand@nwkansas.com or pdecker@nwkansas.com. Opinions do not necessarily reflect the *Free Press*.



Just another day?

With all the talk about KU and March madness, it's hard to believe Major League Baseball's opening is in two days.

I know, technically, opening day was Tuesday when Boston and Oakland played their little gimmick two-game series in Japan. That shouldn't count as opening day.

I could probably count on one hand the number of people in Colby who actually saw even an inning of either of those games live.

The real opener is Sunday when the Washington Nationals christen their new ballpark against the Braves.

I, for one, am not ready for baseball to be here. I can't recall ever being less enthusiastic about the start of a season.

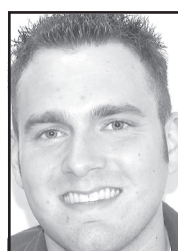
Honestly, I think a lot of it has to do with living in Colby. It doesn't seem like many people care about pro baseball here, especially with KU in the Sweet 16. It also doesn't help that my favorite team is the St. Louis Cardinals.

I was spoiled going to college in Fulton, Mo.; a town an hour-and-a-half from St. Louis. All the games were on TV, and probably half of the kids that go to school there are from St. Louis. Opening day was an event.

Not quite the same buzz in Colby.

It's all good though. The Cardinals aren't going to compete anyway this year, so I guess there's not much reason to get excited about them.

The one great thing about baseball now is how much parity exists in the game. I believe 18 of the 30 teams have a legitimate shot to win a division and then probably three or four



Joe Falkoff

• A Sideline View

more could compete for a wild card.

You look at the National League West and you can pretty much flip a coin between four teams.

I still think the Rockies will be a one-hit wonder.

If you don't believe me, just look at how the Cardinals did last year after winning the World Series. To try and recapture the magic they had at the end of last season will be nearly impossible. The truth is before September the Rockies were a .500 team and that's probably about where they will end up in 2008.

The only team in Colorado's division that will definitely be bad is the Giants, and without Barry Bonds they could be downright awful.

Speaking of Bonds, how in the world has no one taken a chance on him yet? I know he has these perjury charges hanging over his head, but the guy still hit 28 home runs last year and had an on-base percentage that's off the charts.

Maybe the Royals will take a crack at him. What else do they have to lose?

Actually, the Royals could legitimately be

the surprise team in the American League this year.

The biggest thing for the Royals is getting off to even an average start.

Seriously, the last four summers when I'd come home from school the first week of May, the Royals would already be out of it.

Is it too much to ask to only be five or six games out of first on June 1?

The last time the Royals finished over .500 was 2003. That year they started 9-0. I'm not saying they have to do that, but something like 10-12 or 15-18 would be fine.

With the Twins getting rid of Johan Santana and Torii Hunter, the door is open for the Royals to finish in third place this year. Anything less than 75 wins this year is a disappointment.

I say the Royals will eclipse the 75 win mark and finish 77-85.

As for the rest of teams, the Mets, Cubs and Diamondbacks will win their divisions with the Brewers grabbing the wild card. Boston, Detroit, and Seattle will be the American League division winners, while the Blue Jays will take the Wild Card.

In the World Series, I like Detroit over Arizona in six games.

Maybe by October I'll be pumped for baseball.

As for the next two weeks, I think I speak for most people in town when I say Go Jay-hawks!

—Joe Falkoff is a reporter for the Colby Free Press

Your turn

Eliminate tuberculosis

Lisa Molstad
Thomas County Health Administrator

Tuberculosis, also known as TB, is caused by bacteria called Mycobacterium tuberculosis. When a person with active TB disease of the lung or throat coughs or sneezes, tiny particles containing M.tuberculosis may be expelled into the air. If another person inhales air that contains these particles, the bacteria may enter the lungs causing infection.

However, not everyone infected with TB bacteria becomes sick. As a result, two TB related conditions can exist: latent TB infection and active TB disease — both of which are treatable and curable.

A person with latent TB infection does not feel sick, cannot spread TB bacteria to others, usually has a skin test indicating TB infection, has TB bacteria in his/her body that are alive but inactive, and should consider treatment for latent TB infection to prevent active TB disease.

A person with active TB disease feels sick and may have symptoms such as coughing, fever, and weight loss, may spread TB bacteria to others, has active TB bacteria in his/her body, usually has a skin test result indicating TB infection, and needs treatment to cure active TB disease.

There are an estimated nine million persons in the U.S. infected with M.tuberculosis. On average, about 10 percent of these will develop active TB disease at some point in their lives. Some underlying conditions as HIV or diabetes increases the risk that latent TB infection

will progress to active TB disease.

In 2005, foreign-born persons accounted for 55 percent of all TB cases diagnosed in the United States as compared to 35% of all TB cases in 1995. The number of states with at least 50 percent of TB cases occurring among foreign-born persons has increased from 8 states in 1995 to 22 in 2005.

Many people think that TB is a disease of the past — an illness that no longer threatens us today. One reason for this belief is that, in the United States, we are currently experiencing a decline in TB. We are at an all-time low in the number of persons diagnosed with active TB disease. That very success makes us vulnerable to complacency and neglect. But it also gives us an opportunity to eliminate TB in this country.

In the 1970s and 1980s the nation let its guard down and TB control efforts were neglected. The country became complacent about TB, and many states and cities redirected TB prevention and control funds to other programs. Consequently, the trend toward elimination was reversed and the nation experienced a resurgence of TB, with a 20 percent increase in TB cases reported between 1985 and 1992. Many of these were persons with difficult-to-treat drug-resistant TB.

The nation's mobilization of additional resources in the 1990s has paid off. We are now at an all time low in reported TB cases with 13 consecutive years of decline. In 2005, there were 14,097 persons with TB disease reported in the U.S., declining from 14,515 cases in 2004. However, the decline in the number of

cases from 2004 to 2005 was 2.9 percent — one of the smallest declines in more than a decade. We need to finish the job, to eliminate TB in the United States.

We can do this by strengthening the current TB control, treatment, and prevention system so we ensure the ability to diagnose and provide proper treatment to people with active disease; as well as prevent the spread to others. We need to find better methods of identifying and treating latent TB infection, and improving our strategies for reaching at-risk populations. We need more research to develop a more effective TB vaccine. We also need to provide leadership, and form international partnerships to improve worldwide control of TB. We need to continually monitor our progress and identify and address any lapses in our efforts.

We as a community can help in this effort by knowing what TB services are offered in our area, become educated and well informed on TB disease, and ensure that efforts to eliminate TB continue.

In Thomas County, the Thomas County Health Department offers TB testing. If a person has latent TB infection or active TB disease, the medication used for treatment is furnished to the patient through the state TB program. There are also programs available through Kansas Department of Health and Environment and administered by the local health department to assist those who need financial help for the needed medical care to treat TB disease.

For more information call Thomas County Health Department at 460-4596.

Mallard Fillmore

- Bruce Tinsley

