



or fatal events in hypertensive patients.

Timothy M. Shannon, MD

Bayer Inc.
Etobicoke, Ont.

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H-1B or not to be?

The article "Deportation proceedings against Canadian MDs may hold lesson for others heading south" (*Can Med Assoc J* 1997;157[7]:934-5), by Milan Korcok, outlined the problems 2 Canadian physicians encountered after seeking to practise in the US. However, it omitted an important legal fact.

Under the North American Free Trade Agreement, Canadian physicians are not permitted to practise in the US "on TN visas"; these documents only allow them to teach or perform research. The proper temporary category for physicians wishing to practise in the US is H-1B, and to declare that documents for this category "are rarely granted" is a gross overstatement. My firm has obtained approval of well over 100 H-1B petitions on behalf of Canadian physicians.

Carl Shusterman

Certified Specialist
Immigration and Nationality Law
Los Angeles, Calif.

HIV and blood, circa 1982

After reading Dr. John Hoey's Editorial "Human rights, ethics and the Krever inquiry" (*Can Med Assoc J* 1997;157[9]:1231), I would like to share my efforts to prevent the spread of HIV through Red Cross blood products in New Brunswick in the early 1980s.

At that time, I was a minor member of the [Red Cross's] provincial board and had no independent authority. During one of our meetings the question of testing donated blood for HIV was raised, and we debated the issue for half an hour. I was the only physician present, and I strongly recommended that such testing be done. The nonmedical board members were not really opposed to testing, but they were worried about the questions it might raise. They were concerned that people who were "healthy" but positive for HIV would, as a result of donating blood, learn from the Red Cross that they had a potentially fatal disease.

I said that testing should be done but was even more adamant that HIV-positive donors must be informed and must not be allowed to make further donations. After an ar-

gument, the topic was suddenly dropped without a vote being taken. The minutes of the meeting, distributed later, contained no mention of the discussion or the debate about the problems involved, and the topic was not raised again.

I resigned from the board shortly after. Hoey is correct in stating that nonmedical members of the Red Cross at that time were eager not to give any hint that the Red Cross was hostile to gay people. Because the whole political world seemed to be of the same opinion, I did not write letters to the editor or others — I was sure they would never be published.

Robert F. Scharf, MD

Former Director
Emergency Medicine
Victoria General Hospital
Halifax, NS

Coping with acronyms

The article "A place in the shade: reducing the risks of UV exposure" (*Can Med Assoc J* 1997;157[2]:175-6), by Drs. Konia J. Trouton and Christina J. Mills, contains a total of 7 different acronyms. The acronyms themselves are easily identified because they appear in capital letters. But their definitions are hard to find because they are in lowercase letters.

Perhaps *CMAJ* could save its hapless readers some time by providing a glossary of the acronyms for each article.

W. Robert Harris, MD

Toronto, Ont.

Primary prevention of heart disease and stroke

Dr. James P. McCormack and colleagues, in their article "Primary prevention of heart disease and stroke: a simplified approach to estimating risk of events and making drug treatment decisions" (*Can Med*