

State Headquarters
8 West Street
Annapolis, MD 21401

Mailing Address
P. O. Box 1733
Annapolis, MD 21404



Telephone:
1-800-843-0252
Toll Free in Maryland

1-410-263-9185
Out of State

ABATE OF MARYLAND, INC.

Dedicated To Responsible Motorcycle Legislation

ABATE OF MARYLAND NEWSLETTER

December 1993



**We have a
helmet law
repeal bill!
If you
want to
ride free
again, call
your State
Senator or
Delegate
today.
Details
inside.**

Photo by "Crazy Ric"

ABATE of Maryland, Inc.

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This newsletter is an official publication of ABATE of Maryland, Inc. ABATE of Maryland, Inc., accepts no responsibility for the comments or opinions contained within this publication.

Director's Directives

Hold the presses! Stop everything! We have a sponsor for a helmet law repeal bill! Senate Chairman Walter Baker will sponsor a repeal bill this session. As he is chairman of the Judicial Proceedings, we will certainly have a hearing. We need to get our pens in motion. Start writing those letters, making those phone calls and getting appointments to see your delegates and State Senators. We have five votes on that committee right now. We need one more to get it out of committee and into the legislature. Everybody needs to get active in lobbying. It is the only way to get this bill passed. If we can get a 3/5 vote, we can get our freedom to choose back. Alright all you nay-sayers, get yourself in gear or move out of the way. We (freedom fighters) are on a mission and we aren't stopping until we accomplish our goal.

This year the legislature begins on January 12th. Monday night lobbying will begin on January 24th at the ABATE office; meet there between 6 pm and 7 pm. ABATE members will be on hand to direct you to your elected officials. We will be in Annapolis every Monday night until April. This year is totally different for ABATE. We will be on the offensive instead of the defensive.

During the League of Women Voters Legislative Seminars, I spoke to Delegate Timothy Maloney. He commented that he received our questionnaire. I reiterated to him that ABATE's major focus this year will be getting the helmet law repealed. He told me that he saw in the Capital paper that we had our protest run and that he thought it was successful. Now take

The next state staff meeting will be held on January 30, 1994, at 12 noon. Every chapter should have a representative attend!

that however you want. But I understood that to mean that one of the most powerful members of the House of Delegates noticed our cause. Congratulations members, we are on an upswing and we need to keep the direction and momentum going. In this newsletter you will find several pages dedicated to the legislature. It will direct you as to who the Delegates and Senators are, what committees they sit on, their mailing addresses, and phone numbers. Hold on to this issue. Keep writing and calling. And pass the word around to everyone you know; ABATE is a powerful grassroots motorcycle rights organization and we have a helmet law repeal bill in the 1994 General Assembly. Hold your head up and be proud! We are going to do it again!

Sally

Of all the things that we do in this chapter, none are more important than our political efforts. We are a political organization focusing on motorcyclists's rights. Everything else that we do is done to support, finance, and promote ABATE's political agenda. Because we are so threatened by political and social do-gooders, I urge each and every one of you to make a decision today to attend the Helmet Protest Rally in Annapolis on October 10th. It is extremely important that we have a large turnout to demonstrate our opposition to this overt suppression of our freedom of choice. If you truly believe that you should have the right to make an informed decision on what is best for you, there is only one place that you can be on October 10th. Exercise your right to free speech and attend this protest run. Remember, "When Safety Becomes More Important Than Freedom; Freedom Is No Longer Safe."

Mike Lewis
St. Mary's County

Second Annual Helmet Law Protest Run

Sunday morning, October 10th, found me at the Frederick Truck Stop. The ride to the truck stop was cold with a misty drizzle keeping the pavement wet. I was to go this cold morning to Annapolis for the second annual protest run. I met up with a few local riders from Frederick and we rendezvoused with about 50 riders coming down from Washington County. As we started down Route 70, the sun came out and lifted our spirits for a few miles. Then it was back to the dampness. We turned on Route 32 East and continued on to our destination, the Anne Arundel Fairgrounds.

Where Route 32 crossed Route 108, I did a little slipping and sliding due to the wet pavement.

We arrived at the fairgrounds without incident. There were vendors set up with food and "doo-dads" When the time came to start the run we had 450 non-ABATE members and 20 new members through the gate, along with several hundred ABATE members. I estimated about 700 bikes on the run. The State Police were much better organized this year. The route they set up worked very well. There was talk about whether we should or should not wear helmets.

ABATE as an organization would not advocate it's members breaking the law. We did decided that we would

ride as a group and if any member of our group was pulled over, we would all stop. As we started towards the capital, the sun came out to shine on our parade. I rode Sally on the back with me due to the fact her bike decided not to start. I was very proud to see so many people riding without helmets. These people made a strong statement to the governor. On the way back to the Fairgrounds, our State Police escort pulled our group over and informed us there were about 65 people in our group still without helmets. We were told that they would be ticketed and that we, having had our helmets on, could proceed. I then shut my engine off and told the Trooper we would wait. His look was "priceless." And no one got a ticket! Standing together we are much stronger than smaller groups. Remember that with our upcoming legislative battles.

The rest of the day went well, with the exception of a missing parachutist. It was just too windy at 10,000 feet for him to jump.

I know that next year I'll be at the Third Annual Protest Run because Donnie Shaefer will still be in office. Standing together, we can turn this annual protest into a celebration of our re-won freedom. It will take all motorcyclists standing together to win our right to ride free again.

Tom Bruce

Texas Governor Finds Fun On A Motorcycle

Reprinted from the ABATE of Wisconsin newsletter.

Governor Ann Richards wanted to do "something kind of jazzy" for her 60th birthday--so despite 100-degree weather, she piled on the gear to learn to ride a motorcycle.

"We have on our helmets. We have on our boots. We have on our gloves, and we have our arms fully protected. And we have on strong denim britches in 100-degree weather," she said Wednesday.

"It's fun to do. I think it will be a lot more fun in a lot cooler weather."

Richards, who turned 60 September 1, said she may not get her motorcycle license by then because her training has taken more time than expected. Although she's a staunch supporter of mandatory helmet laws, she said helmets aren't very comfortable.

"Those helmets weigh about 15 pounds, and they press in," she said. "And y'all think this is big hair, but in truth it is big head. Then you get through, and I can't go anywhere. I've got to spend an hour and a half just getting my hair up again before I can be seen in public."

LEGISLATIVE INFORMATION

Legislative Information Desks in State House
Basement and LSB Basement, year round.

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As a member of the AMA and ABATE of Maryland, I wish to take umbrage with many of our legislators, the insurance industry, and generally to all those who choose to attack the "lifestyles of the not so rich and famous." The motorcycle has been a part of the American culture as long as the automobile has. It has gone to war when needed and has contributed greatly to all police departments in every facet of traffic law enforcement from crowd control to protecting presidential motorcades. As an industry and a hobby these magnificent machines have contributed billions of dollars to our economy in jobs, accessories, tourism, pleasure, and, of course, insurance premiums.

Speaking as an insurance broker of 23 years and past president of the Maryland Health Underwriters Association, and president-elect of my local life association, I feel qualified enough to criticize the health and liability insurance industry along with those labor unions for exploiting a national concern which is the "SOCIAL BURDEN" theory. The health insurers say that motorcycling is a hazardous hobby, so many companies exclude cycle-related injuries from coverage. By doing this they force a responsible premium paying policyholder to be without "specific coverage" forcing him to become uninsured and then a part of the "public burden." The casualty companies on the other hand are requesting mandates that require as high as \$2 million of catastrophic major medical coverage as a rider to their liability policies for coverage that has been paid for through the health insurance carrier but denied. Makes real sense. Where in this supposed number of 37 million uninsured citizens are the statistics that show that it is the cyclists that are the major factor in the social burden theory? Drug use is outlawed but it still prevails. I assure you that more tax-paying cyclists help support that public burden than the politicians do. Very few employers or insurance companies offer those high major

medical limits over \$1 million. Quite often you will find that the lower out-of-pocket expenses after the deductible and co-insurance may well reach as high as \$10,000. That might just be as unaffordable as \$2 million to many people. In fact, the percentage of people who can accumulate a \$1 million hospital bill and still be alive is practically nonexistent.

The helmet law will always plague us. The freedom of choice issue will always be at stake. Does freedom of choice contribute to the social burden theory? This sounds like Roe vs. Wade to me. Those who choose life versus those who wish to exercise the right to choose what's best for them. Does the pro-life choice contribute to the public burden when we have to support unwanted children? Again, this is a matter of personal choice and conscience. In China, the penalties for having more than one child can be quite harsh. Their society needs population control just to survive and perhaps someday our society will also.

As an insurance underwriter, I can understand and accept certain risk, mortality, and morbidity assumptions due to age, health, occupation, and truly hazardous activities. A CPA is a lower risk than a steelworker, and a gasoline truck driver is a higher risk than a laundry truck driver. However, a doctor is surrounded by sick and diseased people every day and he is considered to be a favored and select risk by all types of carriers (except malpractice) for all types of coverage. It all boils down to playing the favored clientele game and money and prestige carry the most weight.

Since equality is the foundation of our constitution, then I do believe that we must objectively mandate that the ski industry produce statistics that their sport is safer than motorcycling and show cause why they should not abide by the same mandates that we are restricted by. We must not forget the equestrians, football players, rodeo riders, and hockey players. I do

believe that there are more injuries sustained in high school sports than in cycling. Accidents permeate every level of our society and to legislate against a socially unacceptable activity by those who would make our choices for us is totally unacceptable. The problem also stems from the fact that bikers, as a voting bloc, are no real serious threat to most politicians and because of that we are easy targets because we are highly visible. Unfortunately, we stand alone in this fight for equal rights and justice in the court system. The auto driving public has never been educated or trained in how to properly drive under all types of road conditions. The automobile license applicant would have quite a difficult time passing the equivalent of a Motorcycle Safety Foundation course. License testing requires defensive driving knowledge pertaining to large trucks, farm equipment, bicycles, ambulances, and the like, but nothing on the license test alludes to defensive driving in the vicinity of a motorcycle. Cycle accidents caused by automobiles continue to go unpunished. We must convince our legislators to toughen the traffic laws against auto drivers when they are at fault. Strike the fear of liability into them and watch the casualties go down.

Imagine a politician trying to attach the hazardous lifestyles of the gay and lesbian population. They know what a political hot potato that is and would opt to look the other way. I can't begin to conceive of the "Social Burden" cost of AIDS. How do we mandate against that? We can't and we wouldn't dare. Cultural psychosis is the disease we must cure, not freedom of choice. The freedom of choice issue, mandated insurance laws, and bikers rights are major issues. They will seem pale compared now to the fight we face just to keep our magnificent machines from being outlawed completely. Go for it!!!

Yours truly,

Vince Lombardo
Baltimore

No More Motorcycles?

By Rod Clarke

Reprinted from MRF Report, July-August 1993

Wouldn't it be funny if we finally won our fight to choose whether or not to wear helmets, only to wake up one morning to learn that we could no longer ride motorcycles at all? Without a vote ever being taken by any legislature? Without any elected public official ever having had a say?

No, it wouldn't be funny at all. Yet it could happen, sooner than you think. In fact, it is already happening. If you're a member of the AMA (and we all should be), run--don't walk--over to your coffee table, dig out the June issue of American Motorcyclist and read the three articles on pages 18, 11 and 12. If they don't make the hair on the back of your next stand up, nothing will. The gist of it all is this: Under increasing pressure to curb health care costs, insurance companies, groups and employers have begun canceling health insurance coverage for members who engage in potentially risky activities, such as motorcycling.

It is the old "social burden" theory running amok, pervading every nook and cranny of a country that used to value individual liberty above all else. The "social burden" theory holds that since society at large might someday have to bear the financial burden of an individual's personal decisions, then society, through its governmental bodies and other institutional entities, has a right to regulate and control those individual lifestyle decisions.

Motorcycle rights organizations have been dealing with this for years. But this new application, as outlined in American Motorcyclist, raises new and grave implications for us all, not just bikers, but all Americans. I read these articles just before leaving for the National Coalition of Motorcyclists (NCOM) annual convention in Tulsa. On the plane, and again during the

many workshops, meetings and barroom conversations at the convention, I had a lot of time to sort through what it all means, about what has been happening in this country over the past few years and how we must respond. I call it "lifestyle regulation," an Orwellian concept that scares the hell out of me.

Here's the way it works:

It starts when someone--do-gooders, safetycrats, bureaucrats, whatever--decides there is a "problem." Studies are conducted, the media is skillfully manipulated and eventually the politicians seize the opportunity and jump on board.

It's the "big lie." Say something often enough and it becomes true. Soon the "problem" has become a "crisis." And Joe and Jill Sixpack, having already been persuaded by the "experts" that the issues of today are too difficult, too complex, for them to deal with on their own, begin clamoring for government action.

By now, the "crisis" has become an "emergency," and everyone knows emergency situations call for extreme solutions. In other words, if the problem is bad enough, the end justifies the means, and individual liberty be damned!

So oppressive and restrictive laws, regulations and policies are imposed, and those responsible claim--with some justification--they were merely responding to public demands!

Still skeptical?

Think about the horrible abuses that have occurred in the name of combating the drug "crisis." Night after night on the evening news,

graphic accounts of Uzi-wielding drug lords and street gangs poured out of our television sets. The law enforcement community cried out for new powers, the public agreed and the politicians acquiesced.

As a result, innocent citizens now have their homes ransacked, are even shot by over-zealous drug agents acting on erroneous tips from known criminals. A family loses its home, sending young children out in the streets, because their parents dared to grow a handful of marijuana plants. All the while, the public applauds the "war on drugs," and it's business as usual for the "drug lords."

The same is true, to some extent, with many of the "environmental" crises that have been used as a tool for chipping away at individual property rights.

Today we face the mother of all crises--the health care crisis.

As we review legislative activities or look elsewhere within government and without, *we find public policy decisions at all levels being driven by concerns over soaring health care costs and declining accessibility to services.*

Vermont has now passed the toughest anti-smoking law in the nation. The crucial argument was health care. After a decade of resistance, Vermont now has a seat belt law. The health care goblin again. In fact, one unusually astute newspaper reporter wrote after the legislative session, "With little money to be spent on new programs, 1993 was a year when lawmakers set their sights on behavior modification."

(Continued on Page Six)

No More Motorcycles?

(Continued from Page Five)

Behavior modification. Lifestyle regulation with a new name.

What's next? Helmets for bicycle riders? They've already proposed that. Some places have enacted it. Why? To curb health care costs, of course. And what legislatures refuse to do, insurance companies and employers will do on their own. Or worse. Reports have now surfaced of a physician in Maryland who refuses to treat patients who smoke. How long will it be before skiers are required to wear helmets? Or are denied health care coverage. How about scuba divers, sailboat enthusiasts, snowmobilers, rock climbers, skateboarders, surfers, bicyclists, and on and on and on.

AIDS is a major health problem. Will health insurance providers start dictating the sex habits of their subscribers? Mandated condom use? Will you lose your coverage if you're overweight? Or if you smoke? Probably. Then they'll look at hazardous professionals. Farming is dangerous, so they'll deny health care to farmers. Police officers? Forget it!

A member of Freedom of the Road for Vermont told me recently she had been notified on a health insurance application **THREE YEARS AGO** that her family would not be covered if she rode a motorcycle. So what do we do now?

For the past 20 years, the motorcycle rights movement has been focused almost exclusively on fighting helmet laws in the legislative arena. That was appropriate before. Not now. For while we're busy at the Statehouse or on Capitol Hill, we risk being blindsided by an unselected,

unaccountable and heretofore unrecognized foe.

First of all, we must flatly refuse to accept the social burden theory. By entering into the dance of dueling studies, reports and statistics, we are accepting a premise that is simply not valid in a free society; that individual liberty has a price tag, and can be stripped away if the price gets too high. Once we accept that premise, we've already lost the argument.

We must keep trying to persuade the public and the policy-makers that "lifestyle regulation" in the name of curbing health care costs is a dangerously slippery slope from which there is no return.

Without relaxing our vigilance against oppressive legislation, we must broaden our horizons, paying closer attention to the governmental rule-making apparatus, the regulatory process, and private sector and the conference rooms where future policies are developed. For example, we should be watching Hillary Clinton's health care commission very, very carefully. Here in Vermont, a special commission is now drafting a health care reform package to be submitted to the 1994 Legislature. We must express our concerns to that panel, and we must monitor its deliberations.

Perhaps most important, we must begin re-instilling in young people the importance of individual liberty and responsibility. As each new generation inches further away from those principles, it becomes only a matter of time until they are but forgotten vestiges of our once-proud heritage.

In a way, this foreboding trend may open for us a window of opportunity that has in the past been closed and shuttered. Who knows; other motorcycling organizations who traditionally have removed themselves from the political fray, may finally recognize the threat. And if other interest groups (skiers, snowmobilers, boaters, etc.) also begin to recognize the threat to their hobbies/lifestyles/avocations, they may be more willing to work with bikers and form coalitions or common concern.

After all, their problems are our problems, and our problems are their problems. It's just that we've been out in the trenches for years; they're just heading to boot camp. Whenever someone tries to argue social burden versus individual liberty, I counter with a story I heard at an NCOM meeting a couple of years ago:

It seems that a study in a large southwestern city showed that a large majority of homicide and assault victims were African-American or Hispanic males between the age of 16 and 24, and that most of these slayings took place late at night. The solution? Impose a curfew; keep young Black and Hispanic men off the streets between 10 P.M. and 6 A.M. Sure, it might infringe upon their civil rights, but it's for their own good. Besides, think how much you could save in health care costs. Ridiculous? Maybe not.

(NOTE: Rod Clarke is founder and president of Freedom of the Road for Vermont, Inc. He also serves on the Board of Advisors and Legislative Task Force of the National Coalition of Motorcyclists.)

Laboring Over The Issue Of Helmets

by George A. Zitnay

Reprinted from The Rocky Mountain News

As the Labor Day weekend winds up, I am reminded of the increased highway fatalities that occur in our country. While people die on our highways every day, it seems that on this particular weekend, the lives of so many of our friends and family end. Labor Day also marks a period of law enforcement officials' attempts to counter the increase in motor vehicle accidents by stepping up patrols, performing driver sobriety checks, and increasing driver education through the media.

Sadly, Sen. Ben Nighthorse Campbell has chosen this weekend to promote a motorcycle rally that touts the lack of helmet laws in Colorado and will raise money for ABATE, an anti-helmet coalition.

The National Head Injury Foundation, along with our state association, sought out a meeting with the senator prior to the rally. His staff said he was unavailable for a meeting and in turn requested that we send them some literature. Apparently, the literature and yards of statistics about how helmets reduce the incidence and severity of head injuries is lost on the senator who argues that wearing a helmet is a matter of choice.

Like many opponents of mandatory helmet laws, Sen. Campbell speaks of personal freedom issues and holds that mandatory helmet laws are "another erosion of personal freedom." There is little question that safety laws impose some degree of control on the lives of everyone. Nevertheless, the legitimacy of most traffic laws is readily accepted because we recognize that failure to obey these laws results in serious risk to ourselves and others.

Similar risks exist when individuals fail to wear helmets because crash

victims--family, friends, employers, and taxpayers--all bear some measure of the human and economic costs. The courts have consistently recognized that helmet laws do not violate the right to privacy and other due processes, and are a proper exercise of police power because of the public interest involved.

The National and Colorado Head Injury Foundations are not the only group calling on Sen. Campbell to rethink his position. Injury-Free Colorado and a group of health care professionals who met at the Colorado Trauma Institute have all attempted to get the respected senator to reconsider his position.

Certainly, the potential for accidents increases when 10,000 people gather for an event such as a motorcycle rally. When we consider the combination of motorcycles, helmetless riders, and alcohol consumption, we can expect some injuries to occur. Helmets would prevent the occurrence and decrease the severity of many of these injuries.

The 1991 General Accounting Office report that reviewed effectiveness studies on helmets and helmet laws stated that ". . .the additional deaths and serious head injuries resulting from the non-use of helmets impose a substantial cost burden on society. Society bears direct costs related to the treatment and rehabilitation of accident victims and indirect costs consisting primarily of lost or reduced productivity. The study showed that non-helmet users were more extensive users of medical services and long-term care and were more likely to die or lose earning capacity through disability. The care of accident victims represents a claim of society's resources regardless of how payment is made. The study also showed that much of the actual payment for care is made by

society through tax-supported programs or insurance premiums."

Sen. Campbell has been asked on several occasions to promote the voluntary use of helmets at the rally, but has refused. Unfortunately, Colorado's absence of a helmet law--one which would greatly reduce highway deaths and reduce everyone's health care costs--is worn like a badge of courage.

The Department of Transportation estimates that if all of the states without mandatory helmet laws passed them, 271 lives would be saved and there would be 5,723 fewer injuries, including 2,723 fewer moderate to critical injuries each year.

The one issue that most people can agree on is that people are needlessly dying on our highways. Groups like the Colorado Head Injury Foundation and Injury-Free Colorado continue to promote injury prevention not because they seek to create government interference in peoples' lives, but because the alternative--death or disability--is not worth the feeling of the wind rushing through your hair.

People have asked why a little organization such as ours would take on a U.S. senator. I don't believe that we are taking on the senator. I believe that we are taking on an important issue that is substantially backed up by facts. And I believe that the senator is the type of leader who will eventually put the good of the people of Colorado first.

George A. Zitnay, Ph.D., is president and CEO of the National Head Injury Foundation in Washington, D.C.

IIHS Report Ignores Fatality Facts

Reprinted from the ABATE of Wisconsin Newsletter

The Insurance Institute for Highway Safety has long been known for its anti-motorcycle stance. They are the people who brought us such milestones as the study which attempted to show that sport bikes are killers. (Never mind who is riding it, if it's hidden by plastic panels, it's deadly.) They also tried to show statistically that motorcycle rider training does not work. Both of these "studies" were refuted handily by the motorcycle press and rights organizations. The IIHS also still tries to use the discredited Harborview Medical Center study to back up their positions.

In reviewing the IIHS publication, "Fatality Facts 1993," the following paragraph introduces the "Motorcycles" section.

"Motorcycles typically have high performance capabilities, including especially rapid acceleration and high top speeds. In emergency braking, motorcycles are less stable than cars. They're less visible than cars, too. Motorcycles are thus more likely than cars to be in crashes. And when cyclists do crash, they lack the protection of an enclosed vehicle. It

isn't surprising, then, that motorcycles are especially dangerous. This edition of Fatality Facts addresses the problem."

The first statement following the introduction declares that: 2,290 motorcyclists died in crashes in 1992. This is a 16 percent decrease since 1991.

It seems that they are still in the business of drawing their preconceived conclusions, despite the facts.

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Counties' Corner

Anne Arundel County
 Coordinator: John Odell
 (410) 647-1159

Meetings are the third Wednesday of each month at 7:30 p.m. at True Pit BBQ on Route 3 in Crofton. The food is good, so come early and have dinner first.

Baltimore County
 Coordinator: Will Crum
 (410) 282-6573

Chapter meetings are held on the second Tuesday of the month at 7:30 p.m. at the Good Times Inn, E. Homberg Avenue, Essex, Maryland.

Calvert County
 Coordinator: Gene Gullickson
 (301) 855-7999

Meetings are held at The Paris Station restaurant and bar, formerly known as Lazy J's Bar, located on Route 260 (about two miles east of MD Route 2) in Owings, Maryland, on the first Monday of each month at 7:30 p.m.

Carroll County
 Coordinator: Tina Keith
 (410) 857-5846

The Carroll County Chapter meetings are held on the last Wednesday of every month at 7:30 p.m. at Dean's Restaurant on Route 30 in Hampstead.

Cecil County
 Coordinator: Bob Grier
 (410) 287-6970

Meetings are on the third Sunday of each month at Poor Jimmys in North East, Maryland. Meetings start at 2:00.

Southern Maryland (P.G. and Charles Counties)

Call Pam Myers at (301) 292-4027 for information.

Frederick County
 Coordinator: Pat Mullen
 (301) 898-3626

Meetings are held the first Tuesday of each month at 7:00 p.m. at Tank's Place in Frederick.

Harford County
 Coordinator: Merrill Padden

Meetings are held upstairs at Harvey's Place on Route 1 in Dublin on the third Wednesday of each month at 7:00 p.m.

Howard County
 Coordinators: Lenny Holcomb
 (410) 740-7133
 Donnie Fellner
 (410) 465-7829

Meetings are held on the first Wednesday of each month at 7:30 p.m. at the Friendly Inn at 144 and Folly Quarter in Ellicott City.

Kent County

Kent County members should come to the Mid-Shore Chapter meetings at Manny's Restaurant in Easton on the first Wednesday of each month at 7:30 p.m.

Montgomery County
 Coordinator: Jeff Folkes
 (301) 916-6361

Meetings are held the first Tuesday of each month at Red Hot and Blue restaurant on Shady Grove Road and Crabbs Branch Way in Gaithersburg at 8:00 p.m. Our second meeting is on the third Tuesday of each month at the Grand Marquis Cafe in Olney at 8:00 p.m.

St. Mary's County
 Coordinator: Mike Lewis
 (301) 863-0377

Meetings have moved to the VFW in California, Maryland. They are held on the second Friday of each month at 7:30 p.m.

Mid-Shore Chapters
 Coordinator: Kenny Eaton
 (410) 820-9323

Meeting are at Manny's Restaurant, Ocean Gate Way (Route 50 East) in Easton on the first Wednesday of each month at 7:30 p.m.

Washington County
 Coordinator: Gary Boward
 (301) 824-2782

Meetings are held on the second Sunday of each month at 4:00 p.m. at the Greenbriar Inn, Route 40, East of Hagerstown.

Lower Eastern Shore Chapters
 Coordinators: Linda Wainer
 (Wicomico) (410) 749-2674;
 Evelyn Reter (410) 947-1690

Meetings are held the first Sunday of each month at 10:00 a.m. at English's Restaurant, Route 13 South, Salisbury.

Press Release

Press Release

Press Release

NCOM ANNOUNCES NEW LEGISLATIVE HOTLINE
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In the past five years, Congress has considered legislation that would ban "superbikes", outlaw "motorcycle gangs", require catastrophic health insurance for motorcyclists and, most recently, mandate helmet use nationwide.

State motorcycle rights organizations and individual riders can no longer be content with monitoring their own state legislatures. Attacks on motorcycling have come from several fronts and, to be effective, bikers must also watchdog Congress and other federal agencies.

That's why the National Coalition of Motorcyclists has established the toll-free, 24-hour Legislative Hotline, funded by Aid to Injured Motorcyclists and the Law Offices of Richard M. Lester. By dialing **1 (800) 300 - NCOM (6266)**, the caller can receive the latest information on proposed legislation, federal regulations and updates on current legislation such as ISTEPA and our efforts to repeal the sanction provisions of this "national helmet law".

Sharing information is the best weapon in our arsenal to defeat bad legislation and work toward common goals. Do your part by keeping yourself informed! Call **1 (800) 300 - NCOM**. Now.

NCOM

ANNOUNCES

**NEW NATIONAL
LEGISLATIVE HOTLINE**

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call *toll free* and get information on the latest
proposed legislation & updates on current legislation

EDITOR: Please clip the above Legislative Hotline information and run it in your newsletter as frequently as possible. Thanks!

The Helmet Testing Inspection Trip

by Brian Stovall

Reprinted from *MRE Reports*, July-August 1993

Not the desert like I expected. I arrived in a torrential downpour on a flight from Memphis with Chris Kalfelz from the AMA. There was nobody to pick us up. We waited and wandered and finally backtracked. We found Wayne and Bill just coming in off their plane following weather delays in Houston.

Bill went to rent a van and Chris and I guarded the luggage while Wayne went to meet Ed Hughes' flight which was also delayed in Houston.

We finally left Wayne at the airport to wait for Ed while Bill, Chris, and I headed for the motel. We arrived at the W. W. White Road Comfort Inn (which deserves mention to keep you from going there) after an exhilarating experience with Bill's "Jersey Driving." Wayne and Ed got in about 2:00 am and were coldly told that Ed's room reservation had been cancelled. WRONG! So Ed stayed with Wayne. There was never good (only poor) resolution of this problem the whole time we were there.

On Sunday, we all drove up to Austin for the Texas ABATE Confederation gathering. This is beautiful country with rolling hills covered with groves of trees. It was the heart of spring and wild flowers were everywhere. Nick Taddonio led the meeting in an orderly and organized fashion that I could appreciate. Charlie Warren did a terrific job of informing and preparing people for state legislative action. Wayne did his usual exemplary job of laying out the federal picture while focusing on the local connections to that picture. Wayne, you always impress and please me with your cogent analysis and excellent delivery made to order for the people you address. Thank You!

Next was touring at the Alamo, which is humbling, and a yuppie dinner on the River Walk in San Antonio. This was my birthday celebration. I wish the steak house had been open! A big thanks to Jan and Steve for getting the band at the bar next door to sing my birthday song.

If you ever have the chance, check out the Alamo. It's one of those places with a lot of feeling behind it. You know, I mentioned in a previous article what it felt like to be in DC for the first time. The Alamo had that same feeling, only in a different way. We (present and past) have put a lot into this country and it's up to us (present) to make sure it hasn't been wasted and it will continue.

Back to the motel where some headed for the high life of town with "Chauffeur Bill" (talk about taking a risk!), while the rest dug in for informal political conferencing. I talked with Rebecca Boyd, who I had "met" on the phone a few years ago and was pleased and impressed with her good thoughts and articulate viewpoint. I also spent a good deal of time talking with Charlie about her state politics and tomorrow's project. Al from Illinois also had lots to contribute about how his organization works. I always like this kind of sharing because it brings us together and binds us in the struggle we are all committed to.

Over breakfast in the morning, we strategized the day ahead. We talked about what we would and wouldn't ask and what ideas to pursue most strongly. We knew we would be talking to engineers whose job is to test to a standard, not to make or change that standard. We also knew that we would be talking to an employee of NHTSA, Jim Gilkey, the chief of the equipment branch.

Southwest Research Institute is a private nonprofit corporation located on over 770 acres in west San Antonio. It has the appearance of a college campus. The helmet testing lab is one small room, maybe 400 square feet, out of over a million square feet of research space at the Institute. Because of the small room, our large group was split into three smaller groups. In addition to our twelve people, there were representatives from Yamaha Corp., the Snell Foundation, the Consumer Safety Products Commission, and the AMA.

The Consumer Safety Products Commission was there because they have been asked to write standards for bicycle helmets (yet, another activity about to be legislated into "safety"). Sen. Kennedy has introduced federal bicycle helmet mandate legislation.

While the first group was in the helmet testing lab, the rest of us got a tour of the Mechanical and Fluids testing area to help acquaint us with the general operation of the labs. This included earthquake simulators, materials testing, sound testing, and much more.

Two groups went through before lunch and the third, which I was in, toured after lunch. After the third tour, we all got together in a meeting room for questions and answers.

Each tour of the helmet lab was conducted by Dan Palmerian, who heads the helmet testing, and Jim Gilkey. A lab worker (and rider), Allen, was present to demonstrate the tests. Things were informal and questions and discussion happened all along.

In the lab, Dan did most of the explaining of the actual testing, with occasional inserts from Jim. Dan did a good job of explaining about how the

(Continued on Page Twelve)

Helmet Testing

(Continued from Page Eleven)

various tests work, and how the recording takes place. He clearly showed the scientific consistency with which the tests are conducted. In thinking about the emphasis on consistent scientific method, I realized how distracting from the real issues that explanation was. It doesn't matter how consistent the testing is, if the tests have little or no rational basis. Let me describe the testing.

NHTSA acquires 10 helmets of a specific brand, model, and size. NHTSA contracts with two separate labs to test helmets. Five helmets go to each lab. The other lab, in New Jersey, conducts testing to the same written standards, however the exact equipment and exact methods may vary between the facilities. The explanation about two separate testing sites given by Mr. Gilkey was to independently duplicate the tests for purposes of accuracy.

The first thing that is done at the Texas lab is to evaluate labeling requirements such as model, size, and manufacturing date, inside label content, DOT sticker placement, and permanency of the interior label. They try to rip the interior label out. If it comes out without being destroyed, the label fails that test. At this stage, the helmet is inspected for internal and external protrusions such as rivets and snaps (up to .2" are allowed outside; internal protrusions are not allowed.)

The helmet manufacturer provides information about how the helmet is to be located on the headforms used for testing. Once the helmet is mounted on the headform, a set of lines is drawn on the helmet which will guide all the tests that follow. The line starts at the forehead and goes around horizontally to about the ears, where it drops down a designated distance and proceeds to behind the ears, then drops down one more time and goes around to the back

of the helmet. All the impact and penetration tests are done above this line. In other words, no matter what kind of helmet is being tested for impact and penetration, only the top part is tested. Naturally, we asked why the helmet isn't tested below the line. You guessed it: "It's not in the standard."

Even though we hear lots of recommendations about not wearing shortie or half helmets, but needing a 3/4 or full face helmet, in reality nothing beyond the half-shell is tested anyway. Dan, the engineer, commented that probably a half-shell helmet that can pass the tests is built more strongly than a 3/4 or full-face that passed, because of the extra material and shape supporting the 3/4 and full-face helmets. Let me state the obvious. No testing of any kind is done on the lower parts of 3/4 or full-face helmets.

While the helmet is fitted on the headform for marking, measurements of peripheral vision and vertical vision limits are made.

Next, one helmet is set aside, and the other four are conditioned for testing. One helmet is tested at ambient conditions (75 degrees and 50% humidity). One is tested under cold conditions (frozen to approximately 20 degrees for at least 12 hours). The third helmet is heated, for at least 12 hours, to 122 degrees. The last one is immersed in room temperature water for at least 12 hours.

During all tests, the helmet must be out of conditioning for two minutes before testing begins, but may not be out of conditioning for longer than 4 minutes. The test is conducted during the third and fourth minutes, and then the helmet is immediately returned to conditioning for a specified period of time before testing resumes.

We questioned the helmet conditioning process, pointing out that we riders don't have four different helmets to use in different conditions. We use the same helmet, and may encounter multiple changes in conditions quite rapidly. We asked why they didn't test the same helmet through changing conditions. The answer we got was one we heard repeated many times that day: "It's not in the standard."

Once the helmets are conditioned, they are repeatedly removed and put through four different tests. Impact on a flat surface, impact on a hemisphere, penetration by a pointed object, and chin strap strength tests (retention system). I won't bore you with all the details of these tests, but again, they are all scientifically consistent. The testing results are measured on sophisticated electronic equipment attached to a computer system. The two impact tests measure the amount of acceleration a human head would receive inside the helmet at a given speed (13.5 mph).

The penetration test is done with an instrument of specific weight and shape. The retention system test is done with a specified weight and time.

I could describe these tests in more detail, however, except for the measurement of peripheral vision and the criteria of acceleration of the human head, I could find no logical apparent basis for any of the testing in the real world of motorcycling and motorcycle accidents. The measurement of peripheral vision is 105 degrees each direction from a fixed point representing a point on the front of the human face. As we know from seeing many different faces every day, this average measurement will be accurate for some people and not for others.

(Continued on Page Thirteen)

Helmet Testing

(Continued from Page Twelve)

The acceleration limits for the human head sound very scientific, and I would be inclined to accept them as being medically derived. However, in view of the lack of substantiation of the relationship between the tests and real-world conditions, I am prompted to question even this part of the standard.

While my group was still in the lab room after the basic tour, Wayne spotted a box of helmets on the shelf and asked if we could take a look at them. The box contained some helmets that had been tested, but not for NHTSA. The lab also conducts privately purchased testing, to the same standards, for manufacturers who wish to test their product for market. After looking at these helmets, and recognizing one, I turned and asked Mr. Gilkey "Is this all the tests that you do?" He answered yes. I then asked, "You mean, you don't do a wind tunnel test?" His reply was, "No, why would we do that?" I picked up the one I had been looking at and showed it to him. "I have a friend who bought one of these helmets, only to find out that at 60 mph it catches the air, flies up and chokes you, and you are telling me that you don't test for that." Seems like there's something missing. He said, "Hmm. That's a point."

After the first two groups toured the helmet lab, we took a break for lunch. As I was leaving the cafeteria to walk back to the lab, I noticed a man on a motorcycle leaving the cafeteria parking lot. He wore no helmet, and I reflected to myself that it was interesting in view of what we were there for. I didn't think any more of it until a while later, when my group entered the lab, and there was the helmetless rider - the technician who works in the lab doing the actual tests on the helmets. I found it even more curious that the guy who does the

testing, given a choice, doesn't wear a helmet. You form your own conclusions.

At the end of the last tour, everyone gathered in a meeting room for an open discussion period. The Yamaha rep had left, but everyone else was still there. Questions ranged from clarifications about procedures to challenges about the nature of the tests in the current standard and their relationship to real world motorcycling, to the many missing parts of realistic testing, to the actions of NHTSA about testing policy, enforcement activity, and responsibilities to the public and the consumer.

Of course, you realize the most often heard answer was, "It's not in the standard." When asked about changing the standard, the reply from Mr. Gilkey was that there is a process that takes at least several years (upon filing of a petition to change the standard), and he stated that anyone who wanted a change would need to provide all relevant research and data along with the petition. He implied that they have no intention of changing it at all, and if we want it done, we will have to do the job of a full-sized research facility ourselves.

When we complained about the lack of information about testing and results that the consumer could use in making a helmet purchase, Mr. Gilkey responded that all this information is published in the Federal Register. I immediately challenged that statement by pointing out that we are just now getting the tip of the iceberg of information that NHTSA has, and it has only happened through determined action by individuals sponsored by organizations willing to spend money to send them to Washington where they can confront NHTSA to get the information. I pointed out that there is

no attempt by NHTSA to disseminate the information, or make reasonably available access to it by the ordinary consumer. He admitted the truth of that statement.

After the meeting we all said goodbyes in the parking lot and headed for airplanes or highways and home. Several shorter articles have already been published about our trip, and I thought you might be interested in what it was like to be on this project. It was a powerful feeling to be joined with more than a dozen other people with varying backgrounds all aimed at a common purpose. I know we showed NHTSA that we are a force to be respected and reckoned with.

The trip was valuable for gaining a clear idea of just how bad the standard and the conduct of NHTSA is. Our experience and findings have already been of use in state and federal lobbying. My hope is that others in our movement will chip away at this bureaucratic superstructure to find the pathways to information and change. A few of the questions that came up:

Why isn't there a representation of a body attached to the headform?
 Why are helmets tested only above a certain line? Why not test the lower part, including chin bars?
 What about abrasion/materials test, wind tunnel/air dynamics tests?
 What happens when a helmet fails at one lab but not the other?
 Why not try to disseminate information?
 Why test if the consumer doesn't know results?
 How many are you testing and how effective is this?
 List of known manufacturers. We need to know how many models and sizes are on the market to see what percentage is actually being tested.

Spreading The Good News

Motorcycle Accidents And Fatalities Are At Their Lowest In The MSF's 20-Year History

Since 1985 there has been a dramatic downward trend in motorcycle accidents and fatalities. In that time motorcycle accidents and fatalities have declined by almost half—45% and 40% respectively. That's the lowest in the MSF's 20-year history. And according to Vice President Peter

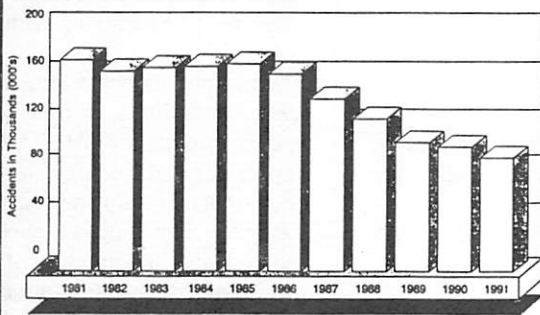
Fassnacht, those reductions can be linked to the Foundation's efforts to train riders and promote safe riding.

Statistics are obtained directly from all 50 states and the District of Columbia. When a state's accident figures are not available, we provide estimates based on historical trends.

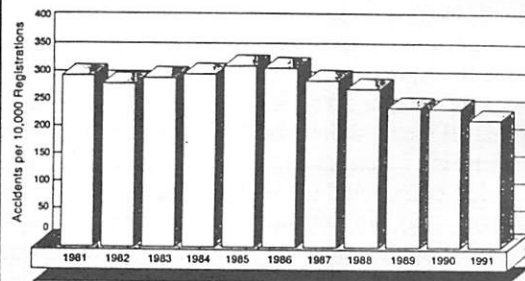
Criteria for reporting accidents to the police varies from state to state. Accidents with only minor property damage and those occurring on nonpublic or private property are sometimes not reported.

Here are some key indicators of the status of motorcycle safety today. ▼

Motorcycle Accidents in the USA, 1981 - 1991

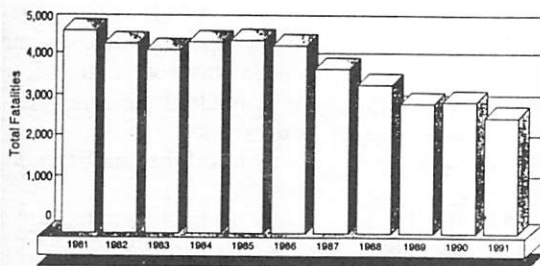


Motorcycle Accident Rate, 1981 - 1991

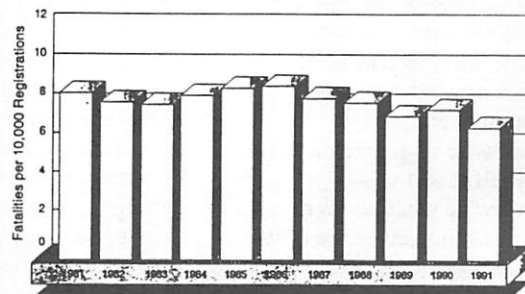


Above left, motorcycle accidents declined dramatically in the decade between 1981 and 1991. Despite a slight upward trend from 1983 to 1985, the motorcycle-accident rate has dropped 25% since 1981, as shown above right.

Motorcycle Fatalities in the USA, 1981 - 1991

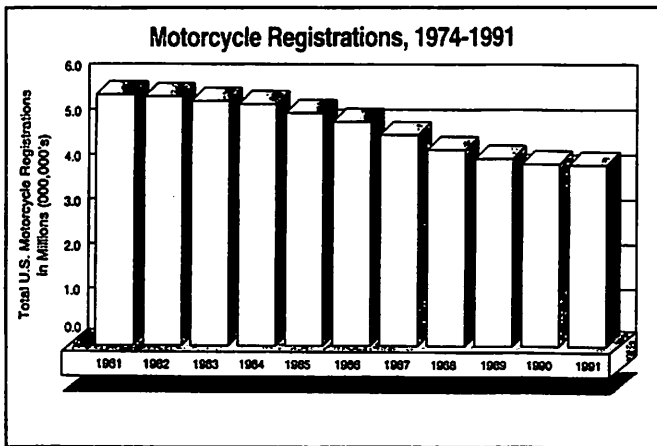
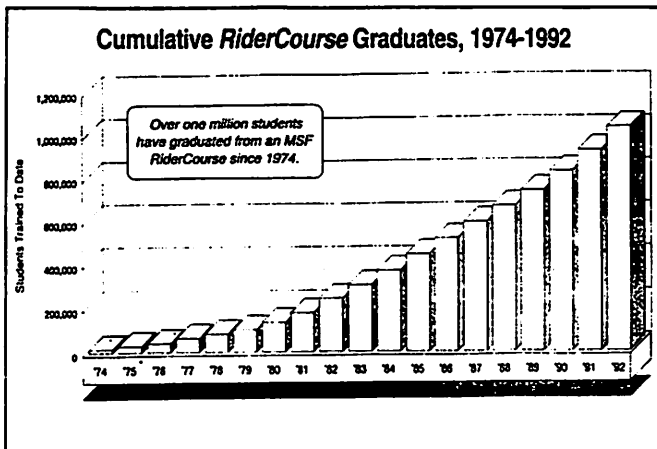
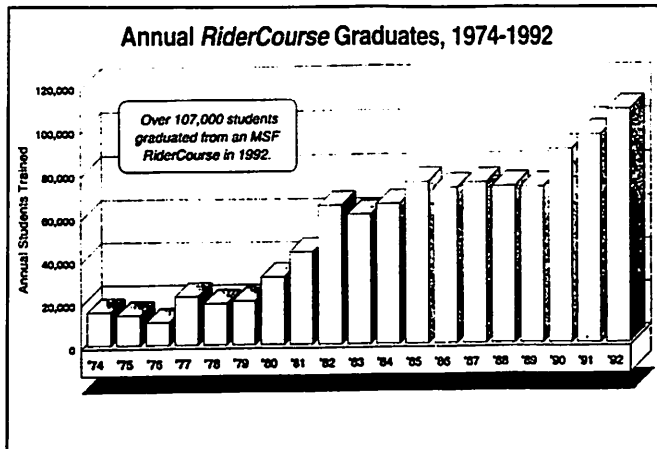


Motorcycle Fatality Rate, 1981 - 1991



Between 1981 and 1991, motorcycle fatalities per 10,000 registered vehicles declined by more than 20%. There was an overall decline of 45% in motorcycle-occupant fatalities between 1981 and 1991.

GRAPHS Rene Barge



More than 107,000 RiderCourse students were trained in 1992, top. The total number of graduates reached one million last year, above center. Motorcycle registrations dropped from a high of 5.7 million in 1980 to about 4.1 million in 1991, above. There were almost 10 million licensed motorcyclists in 1991 in the 49 states that require an endorsement, right.

Motorcyclists Must Be Responsible

I find much to be optimistic about when I look forward to the future of motorcycling safety, and a lot of that has to do with the efforts of the Motorcycle Safety Foundation.

The Foundation's work with motor-vehicle departments across the USA, in helping them construct intelligent and credible operator-licensing examinations, has been outstanding. And MSF's work with individual states in setting up rider-education programs and training riders has resulted in dramatic improvements in the number of motorcycle accidents, injuries, and fatalities.

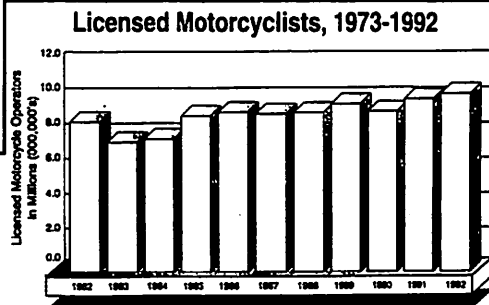
The American Motorcyclist Association has chipped in with such public-awareness programs as Pro Rider and Ride Straight in a successful effort to get motorcyclists to ride responsibly. And the Motorcycle Industry Council, through its Discover Today's Motorcycling program, has brought the good news of safe motorcycling to a general public the motorcycle industry needs to appeal to if it is to survive and grow.

Additionally, Harley-Davidson riders, known to be "seat-of-the-pants-type" riders, are taking increasing advantage of MSF RiderCourses in an effort to improve their skills, as well as their chance of survival in automobile traffic.

While there has been tremendous improvement in the general public's focus on motorcycle safety, it's still very important for each motorcyclist to take full responsibility for his or her own safety. Although automobiles and trucks may, in fact, be responsible for infringing on the motorcyclist's right-of-way in more than 60% of auto-truck/motorcycle collisions, many of those collisions could still have been averted by an alert, competent rider.

Bob Jackson

Associate Publisher, Motorcycle Product News



Can You Believe This?

Reprinted from ABATE of Georgia Newsletter

What you are about to read on the next page, is a page that came from a publication called *The Safety Advocate*. It was in their Spring 1993 issue. It says it is published by Advocates for Highway and Auto Safety--a broad-based alliance of consumer, safety, and law enforcement groups and insurance and agents organizations working together to promote effective highway safety legislation, standards, policies, and programs at national and state levels to reduce deaths, injuries, and economic costs associated with most vehicle crashes, fraud, and theft.

This was sent to me by Jade Arthur, our state MRF representative. It was about 12 pages long, and as I read this thing, I felt cold chills going down my spine. It was really scary. I really couldn't believe what I was reading. These are the people who are fighting to take away all of the freedoms we have in the name of safety and protecting us from ourselves. You would just not believe the things these people do.

They have hosted "Highway Safety Fairs," in both the House of Representatives and the Senate to welcome new members of the 103rd Congress and to provide information on a wide range of highway and auto safety issues.

They have gotten a bill introduced called the Bicycle Helmet Safety Act (S 228) which would require the Consumer Product Safety Commission (CPSC) to establish a federal bicycle helmet standard and would encourage the development of bicycle helmet programs at the state and local level. The legislation would also provide grants to state and local government and to community organizations to help enforce laws that encourage or require bike helmet use; help children acquire approved helmets; and support

education programs on the importance of bicycle helmet use by children.

They give a state-by-state summary of current legislative activity highlights only in those states and issues where Safety Advocates has played a role. Let me tell you, in every state that has had a helmet law bill introduced, they are involved. In Georgia, they list that they have played a role in an Administrative License Suspension (ALS) Bill. It says the measure began as a simple amendment to include first-time offenders within the parameters of the ALS law that was enacted last year. After a series of complicating and weakening amendments, the bill was defeated, and a final effort on the senate floor during the last few minutes of the session to pass a simplified version of the bill as a floor amendment was also defeated. Proponents have vowed to strengthen their efforts next session.

These people are very involved in the Intermodal Surface Transportation Efficiency Act (ISTEA) of 1991. They address several things that ISTEA deals with, such as truck brakes, truck under-ride guards, speed limits, air bags, seat backs, head restraints, and upper vehicle interior standards, just to name a few.

It was just staggering to me to realize the full impact of what we are fighting. This group has 10 insurance organizations on its Board of Directors. The money these people can spend to accomplish what they want is unreal.

It only goes to show how important it is now and in the future for us to have representation at the Capitol. We may not be able to spend the money they can, but we can let the legislators know that we are there, and we are watching them. It makes writing letters to our legislators even more important. Not just about the issues ABATE is

concerned about, but anything you think is unfair legislation. These people obviously have not read the part of our Constitution that says, "life, liberty, and the pursuit of happiness."

Jade also sent me copies of the replies she has received from her legislators. Sam Nunn has said that he has not determined how he will vote on S 295, so write to him and ask him to support S 295. John Lidner has said that he would be inclined to support HR 799, so the more letters he receives, the better. But I was very surprised at what Paul Coverdall has to say. He says that he believes that the federal government's funding of public roads establishes a legitimate and just basis for providing regulations of these roads. He believes that the federal government has a responsibility to protect the lives of its citizens. As a result, he will not support S 295. Now is the time to write to ride!

(See the related article below)

Federal Program To Encourage Safety Belt, Motorcycle Helmet Laws, Needs Your Support

Three bills to repeal certain safety belt/motorcycle helmet provisions of the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA) have been introduced in the new Congress.

The ISTEA provisions, known as Section 153, provide a unique approach to encouraging state safety belt and all-rider motorcycle helmet use laws. At least six of these laws have been enacted by states since Section 153 took effect in late 1991.

Section 153 provides grants to states that have enacted both of these life-saving laws; states without both

(Continued on Page Seventeen)

Can You Believe This?

(Continued from Page Sixteen)

laws in effect by September 30, 1993, would have a small portion of their federal highway construction dollars redirected into their own highway safety programs.

The repeal legislation is HR 799 introduced by Rep. Olympia Snowe (R-ME), S 295 introduced by Senator David Durenberger (R-MN), and S 401, introduced by Senator Ben Nighthorse Campbell (D-CO).

More than 15 national health organizations sent a letter to all members of Congress, urging their support of Section 153 on injury prevention and health policy grounds. A coalition of 35 consumer, insurance, auto, safety, and law enforcement organizations sent a similar letter. Here's what you can do:

Helmet and safety belt supporters need to write to their Congressional representatives and urge them to support Section 153, the federal law that encourages states to adopt safety belt and all-rider motorcycle helmet use laws, and to oppose any efforts to weaken these provisions.

Other facts to include in your letter:

Motor vehicle crashes are a burden on our health care system and our economy; motor vehicle crashes cost an estimated \$137 billion annually.

Safety belts and motorcycle helmets work: Motor vehicle crashes are the leading cause of fatal injury for children and young adults, yet thousands of fatalities and injuries could be prevented annually by the simple use of motorcycle helmets and safety belts.

Taxpayers pick up the tab when people don't use belts and helmets: when

crash victims are uninsured, we all pay for their medical care, through tax dollars and insurance premiums.

State laws are the most effective means to increase safety belt and motorcycle helmet use: All-rider motorcycle helmet use laws boost use rates to almost 100 percent; the average 1990 use rates in states with no law or a weak law was 36 percent. States with all-rider use laws have only half the head-injury-associated death rate than other states.

Section 153 will encourage belt and helmet laws in all 50 states: Since Section 153 became law, these vital state laws have been considered in dozens of states, and at least six have enacted a safety belt or an all-rider motorcycle helmet law.

Your congressional representatives can be reached at:

The Honorable _____
United States Senate
Washington, DC 20510
Phone: (202) 224-3121

The Honorable _____
U.S. House of Representatives
Washington, DC 20515
Phone: (202) 225-3121

For more information or to add your organization's name to the list of supporters, please call Carol Strobel at Advocates: (202) 408-1711.

23 States Eligible For Section 153 Grants

23 states and D.C. have both safety belt and motorcycle helmet use laws. Under Section 153, they are eligible for grants and are not subject to redirection.

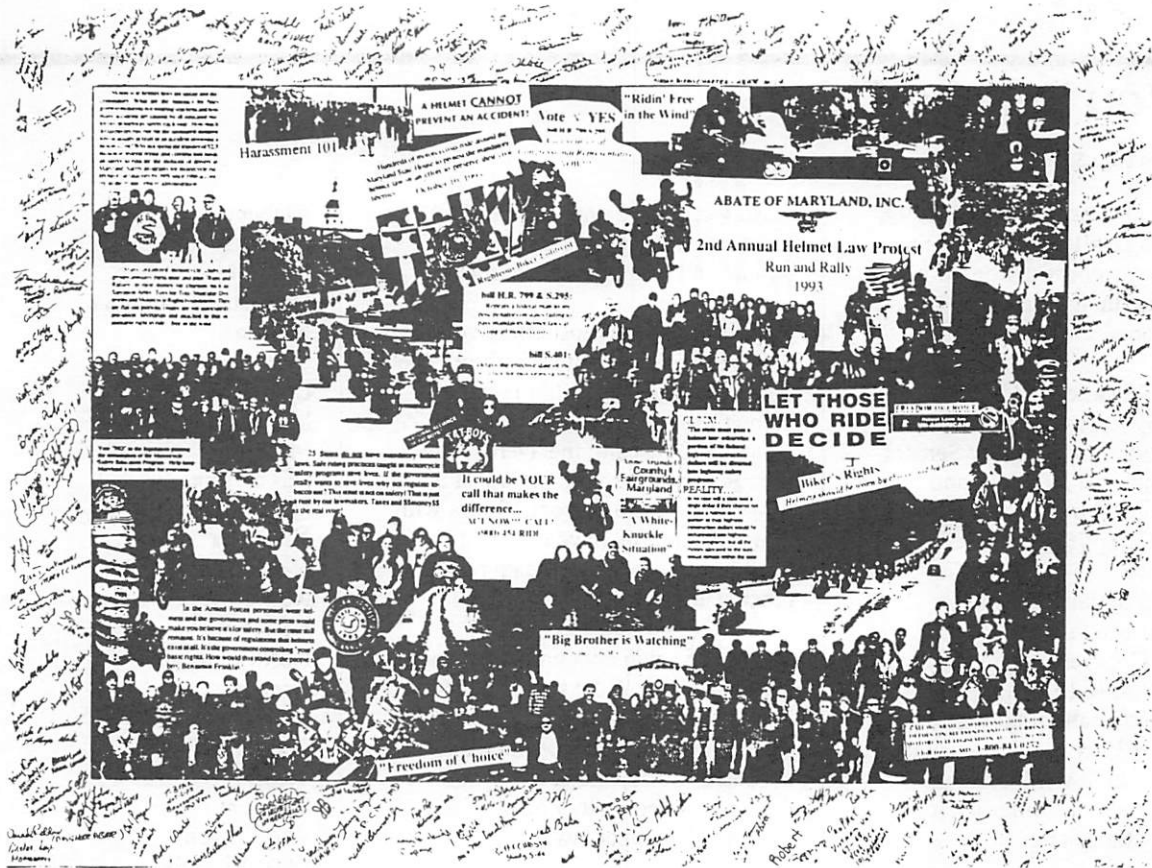
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Florida
Georgia
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Maryland
Michigan
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Missouri
Nebraska
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New Jersey
New York
North Carolina
Oregon
Pennsylvania
Tennessee
Texas
Vermont
Washington
West Virginia

Lifesavers Endorses Section 153

A resolution in support of Section 153 was adopted on March 15, 1993, at the Lifesavers/11 National Conference on Highway Safety Priorities, the nation's largest gathering of over 1,000 highway safety professionals.

The resolution, introduced by Advocates' board member Gerald L. Maatman, chairman and CEO of Kemper National Insurance Companies, marked the first time the conference had formally endorsed a public-policy statement. It also opposed any repeal or weakening measures to the safety belt/motorcycle helmet program.

The resolution was sent to U.S. Transportation Secretary, Frederico Pena, and congressional leaders.



"ABATE of Maryland's 2nd Annual Helmet Law Protest Run 1993"

A Detailed Color Autographed Photo Poster Collage by Brother "Krazy" Ric White. (24"x32") copies unmounted and unframed only \$17.95 ea. including S&H to current ABATE/AMA members (any state). All others \$19.95 ea. (Add. 75¢ each additional poster sent to same address) Allow 4 - 6 weeks for delivery.

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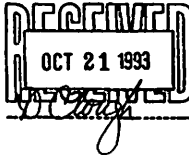
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Motorcycle Riders Foundation

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October 14, 1993

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Sally Bruce
ABATE of Maryland Inc
State Office
P O Box 1733
Annapolis, MD 21404

Dear Sally,

The Motorcycle Riders Foundation (MRF) thanks you for your financial support. Last month at the ninth annual "Meeting of the Minds," ABATE of Maryland Inc joined with 74 State Motorcyclists' Rights Organizations, local district chapters, businesses marketing to motorcyclists, the American Motorcyclist Association and individuals to commit \$ 81,421 to support the MRF's work for Motorcyclists' Rights in 1994.

The MRF's Board of Directors and Members greatly appreciate ABATE of Maryland Inc's donation and/or pledge of \$ 500 to the MRF for 1994.

Last year the MRF received a little over \$ 60,000 in donations at "Meeting of the Minds" as its financial base for 1993. At its June meeting the MRF Board decided the MRF would be in good financial shape for 1994 if we received the same level of base support as we did in 1993. Based on that decision, the Board only asked SMROs and other financial supporters to try and donate at the same level as last year.

Instead, the base supporters of the MRF astounded the MRF Board by exceeding last year's donations by over \$ 20,000. Your support of the MRF will enable us to better represent Motorcyclists' interests in Washington, DC, and provide more support to SMROs in their legislative activities.

On behalf of the MRF Board of Directors and Membership we THANK YOU for your confidence in and support of the Motorcycle Riders Foundation.

In appreciation of your support,

Paul K. Vestal, Jr.
President

Wayne T. Curtin
Vice President
Government Relations



Contact Patch

Thrills

You should have seen the look on my sister-in-law's face. I don't think I could have gotten a more adverse reaction if I had slapped her. Yet all I had done was suggest that we enroll her two teenaged sons in a motorcycle riding course.

To me it seemed the most logical thing in the world to do. The way I see it, whether they end up as motorcyclists or not, sooner or later they are going to get on one and give it a try. It's almost like a rite of passage for a young man to know how to ride.

This being the case, someday they are going to be at a neighbor's or a friend's or just a parking lot somewhere (as long as it's out of Mom and Dad's sight), and a 16 year-old buddy is going to introduce them to motorcycling. Probably without boots or gloves or helmets and, very probably, wearing shorts and a tee-shirt. They won't know any better, and the peer pressure to throw a leg over will be much too great to resist.

Since mere parental disapproval seems insufficient these days to prevent teenage alcoholism, drug abuse and pregnancy, it's rather ludicrous to believe that it will keep them off of motorcycles.

All of my arguments fell on deaf ears. Nothing can stand up to a Motherly Pronouncement of, "Motorcycles are dangerous. My children will not ride them."

Her statement set off a rather convoluted train of thought within my mind that went something like this:

When I was growing up, there were certain activities that I found exciting. One of these was the annual ritual of

playing with fireworks around the Fourth of July.

Fireworks have been all but legally eradicated now, and young boys are only allowed to watch them from grandstands in ballfields.

A couple of other great thrills were swimming and rafting in the river, and jumping off the high-diving board at the community swimming pool.

The Sheriff's Department patrols the river to keep children out now, and the high board has been torn down because someone got hurt jumping off it.

I remember B-B guns and pop-bottle rockets and playing mummy-peg with pocket knives. But I can't remember seeing a kid with any of these things for several years now. We are well on our way to building a "safe and sane" world for our children. For better or for worse.

Yet we wonder why they play video games that extoll bloody personal combat and throng to the latest "slasher" movie at the local theater. Not to mention those that experiment with drugs and alcohol.

Could it be they are just looking for a little excitement? And could it also be that the human psyche requires a certain amount of risk to keep it healthy?

Thrills appear to be the only thing a person could possibly get out of one of the new genre of blood-and-gore movies. So is it unreasonable to assume that our children are simply hungry for a few thrills?

If that be the case, doesn't it follow that when the thrills come strictly from a spectator's point of view that the spectator will constantly require a larger and larger dose to quench his desires?

If any of my armchair psychology is correct, then the really scary part comes next. That's when the "vicarious thrill addict" simply can't get enough excitement anymore from just watching, and 15 or 20 years of hunger for anything to alleviate the boredom breaks loose all at once. Usually leaving several dead in its wake. Consult your daily paper for details.

Interviews with neighbors always sound like this:

"He was such a nice, quiet young man. Came from a loving family that

adored him and brought him up right. You'd never think he could just explode that way."

I know a lot of people will disagree with me. I even know that my position is indefensible. How can you argue against things that keep children from being injured and maimed? I don't know—but I do know I need to at least fight for some kind of middle ground. And not just for the kids, either.

I reserve the right to risk my own neck at times, in any foolhardy way that I wish. In some strange way, I think it helps keep me mentally healthy—or at least emotionally stable.

One of the most successful forms of rehabilitation for young gang members in California has been an "Outward Bound" program that teaches them mountain climbing. After a couple of days of hanging from a rope over a sheer cliff, their aggression toward each other and the rest of the world evaporates.

How many times have you used a ride on your bike to relieve stress? To get rid of a headache? To "ride off" an overwhelming (but thankfully, temporary) desire to throttle your spouse/boss/neighbor/kid?

I don't think I've ever met a biker who didn't feel better after a ride, even if he felt pretty good before starting. We have found our way of getting that little dose of "thrill" that just sort of puts the rest of the world into the proper perspective for us.

All the other forms of excitement I knew as a boy have been abolished in one way or another, all for "good" reasons. And the outlets available to children just now growing up are becoming fewer and fewer each day.

Though I shouldn't be so selfish, I worry that when the "do-gooders" are through making the world safe for our children, they're going to come after me. And my bike. And yours.

Don't tell me it can't happen. Tell my neighbor who used to take his boys out to the sand dunes on the Fourth of July to shoot off fireworks and ride their three-wheelers.

Sex In The State House

by Nancy Kercheval

Reprinted from *Frederick Magazine*, May 1993

This year former lobbyist Judith Wolfer brought sexual harassment home to Marylanders with her shocking revelations of Baltimore County District Court nominee John Arnick's references to women as "lying bitches."

The trials and tribulations of Arnick, as well as the recent ones of Supreme Court Justice Clarence Thomas, U.S. Sen. Robert Packwood, and other national politicians scared the vulgarity out of some local male legislators. And while these cases may have raised the consciousness of some, it also cramped the style of others who fear any display of collegiality in the state capital will be misconstrued as sexual harassment.

"After Anita Hill and John Arnick, there is a high sensitivity level, but some men who are comfortable now are concerned," says Ellen Sauerbrey, minority leader in the Maryland House of Delegates. "Even if they want to put their hands on your shoulder, they need to be careful. This can backfire and hurt women's ability to be collegial."

Del. Thomas Hattery, Democrat from the eastern district of Frederick County, says, "To assume that we're talking about just putting a hand on someone's shoulder trivializes the seriousness of real sexual harassment."

And there are those legislators, lobbyists, and other members of the state's political community who continue to carry on the male tradition of sexual harassment almost as if it were a genetic trait that can't be exorcised.

Annapolis, normally a quiet waterfront town with an air of historical dignity, used to surrender to the members of the General Assembly who moved in for 90 days of wine, women, and whoopin'

it up away from the constituents back home. Setting up temporary housekeeping with a honey in a hotel room was accepted behavior.

"In its quiet little way, sex was a way of doing business in Annapolis--it was part of the currency," says Frank DeFilippo, a legislative reported who once served as press secretary to former Gov. Marvin Mandel. "If you look back, it sounds cynical, but men accepted it as a fact of business and women put up with it as a matter of business. Nobody viewed it as sexual harassment."

Baltimore's Sen. Julian Lapidés, who was a fresh-faced legislator in 1963, recalls the three attractive "schoolteachers" he saw while attending a reception at Carver Hall. They turned out to be prostitutes imported for the evening's entertainment. "It was a whole different milieu and philosophy," says the embarrassed Lapidés.

Del. Jennie Forehand of Montgomery County sought swift revenge against a male lobbyist who patronized her when she questioned this bill. "He put his arm on my shoulder, handed me seven pages of financial information, blew smoke in my face, and said, 'Now, honey, there are a lot of figures here that you won't understand. Maybe one of the men on your committee can explain it.'" Meanwhile, Forehand kept him engaged in conversation until the vote on his bill came up. It was defeated.

A male colleague's usual greeting of a bear hug and peck on the cheek used to make Del. Pauline Menes of Prince George's County cringe. "I thought that was strange the way they greeted someone," she says. "But I didn't know how to stop it."

The stories go on--the delegate who pawed a page, the male legislator who walked into the men's room and emptied his bladder right in front of the shocked cleaning women, the lobbyist who hounded young interns for dates, the statesman who backed his female colleagues up against the wall until he was so close they could smell his breath.

"Arnick's not the only one," says a female staffer, who has worked in the House of Delegates during the past 15 sessions. "They come up behind you and rub your back. But most of us don't feel threatened. I think we feel like we're above it."

Those most vulnerable, says Baltimore Del. Salima Marriott, are the ones who find themselves in weak positions with those who wield power--government relations aides, statehouse workers, or staff people, for instance. "A lot of these old geezers are never going to change," says one female delegate. "I've learned to roll with a lot of it. But it is awful and I've told some of them to cut it out."

The sexual harassment issue has centered on women as victims, but Frederick County Del. Anita Stup warns that it can work both ways as women gain more positions of power. "Women need to be aware of putting their hands on a man's shoulder. He may not like it either," she says.

As the Arnick affair fades into Maryland history and the General Assembly closes the book on another session, one female legislator jests, "The only ones watching their actions are the lawyers who want to be judges."

Nancy Kercheval is a Baltimore freelance writer.

ABATE of Maryland's Main Events for 1994



April 24, 1994

**14th Annual Spring Bike Show & Swapmeet
Anne Arundel Fairgrounds**

**Come see some of the classiest American &
Imported Bikes on the East Coast!**

**Live Music, Vendors Galore,
Food & Beverages**

Available

**15th Annual
Cumberland Party
June 10-12, 1994**

**Big Name Bands, Vendors Galore,
Motorcycle Raffle, AMA Motorcycle Races,
Field Events & Maybe the parachute jumper!**

Camping, Nice Facilities, Food & Beverages Available

**Beautiful ALLEGANY FAIRGROUNDS
in Scenic Western Maryland**

Don't Miss It!

**Be a Part of
History!**

**The 3rd Annual Helmet
Law Protest Run, Rally, & Party**

**Guest Speakers, Vendors, Live Music, Food
& Beverages Available**

**ANNE ARUNDEL FAIRGROUNDS
OCTOBER 8, 1994**

**For details about any of these events call the ABATE of Maryland office at
410-263-9185**

'Cyclist killed in wreck

From Staff Reports

WALKERSVILLE - A Frederick man was killed early Sunday morning on Md. 26 at Md. 194 when he lost control of his motorcycle, Maryland State Police said.

Cleve Arnold Leach Sr., 32, of McKaig Road was riding east on Md. 26 when his 1981 Harley-Davidson went off the right side of the road and

struck a traffic light pole head-on, police said.

Mr. Leach was killed on impact, according to the police accident report, which said alcohol was "a contributing factor."

Mr. Leach was wearing a helmet, but the helmet "would not have reduced the injuries," the police report said.

Mr. Leach worked at Sprague Trucking in Frederick.

Mr. Cleve Arnold "Arnie" Leach Sr., 32, of 7922 McKaig Road, Frederick, died Sunday, Sept. 12, from injuries received in a motorcycle accident on Liberty Road.

He was the husband of Phyllis Diane Wells Leach.

Born Aug. 27, 1961, in Woodbridge, Va., he was a son of Sterling Douglas and Frances Marion Iddings Leach Sr. of Woodsboro.

Mr. Leach was employed by Sprague Trucking of Frederick. He was a member of Abate.



ARNIE

I'd like to read a poem I think you will agree,
this was Arnie's life, the way he wanted it to be.
I was a truck driver with a heart of gold
I could be mean or I could be bold
I took after my father, so I've been told
I had a wife and 2 kids
I loved them all, I really did
I was wild, but I was free
riding my Harley was fun to me
I had friends and I had pals
but most of all I loved them gals
Some were pretty and some were nice
but none of them could fool me twice
I drank liquor and I drank beer
but I rode my Harley without fear
I loved my family, friends and pals
but boy oh boy I loved them gals
So when the fun was over and the partying was done
I rode a Harley into the sun
because riding a Harley was my life and my fun

Uncle Henry



Riding to cemetery

Staff photo by Kelly Hahn

On their way to Resthaven Memorial Gardens on U.S. 15, more than 200 motorcyclists lead a procession of mourners for Cleve Leach, who was killed in a motorcycle accident on Sunday.

The Motorcycling Senator

Reprinted from *The American Motorcyclist*.

It's hard to tell whether U.S. Senator Ben Nighthorse Campbell (D-Colorado) is a politician who likes motorcycles or a motorcyclist who's involved in politics.

On the one hand, he's been a motorcyclist for decades. He took his first motorcycle ride at age 18, and currently owns two Harley-Davidsons.

But Campbell has been involved in politics for a number of years too. He was elected to the Colorado House of Representatives in 1983, then moved to the U.S. House for two terms, starting in 1987. Last November, he became the first Native American in decades to be elected to the U.S. Senate.

Today, Campbell has combined his political success with his love of riding to become an important ally for motorcyclists. He is the first U.S. Senator ever to be an AMA member, and he has become directly involved in issues important to motorcycle riders, most notably helmet laws and land closures.

American Motorcyclist Associate Editor Stu Lawson visited Campbell's Washington office recently to talk to the Senator about the politics of cycling and the cycles of politics.

AM: You're becoming well-known as the motorcycling senator. Have you always had an interest in riding?

Campbell: Yes, but I guess you could say I'm kind of a motorcycle retard. I've owned a lot of bikes, but for about 10 years motorcycling took a back seat. So I just really got back into it.

AM: What was it that got you back into motorcycling?

Campbell: While I was running for the U.S. Senate, I got to thinking how fun

it would be to get a bike again. I talked to my wife, Linda, about it and she said, "If you win the Senate race, I'll get you a new Harley as a victory present."

She must have had a lot of confidence in me, because she made the down payment about four months before the election. The bike came in, but I guess she was worried that if she gave it to me I might never come back. So we decided to leave it on the dealer's floor until after the election. Soon after that, we bought her one too. Then we decided I needed to have something to ride here in Washington, so I bought a Softail.

AM: Is it hard finding the time to ride?

Campbell: Yes, but I take time to ride at least a couple hundred miles a week. That's not much compared to a lot of riders, but when you think of the hours this job takes and the travel I have to do, it's pretty good. I just have to cram it into my schedule.

AM: We understand that you recently invited Mrs. Clinton to take a ride with you. Can you confirm that?

Campbell: Yes, I went to the Capitol for a vote the other night on my bike. While I was parking, I saw Mrs. Clinton and she asked about the bike. I told her it was too bad she wasn't wearing jeans or I'd take her for a ride. She said she'd love to go but she would have to take a rain check.

The next day President Clinton called and wanted to talk to me about his tax bill. I told him I had seen Mrs. Clinton, and gosh, if she would have brought her jeans I would have taken her for a ride. He said, "You know, she'd really go. She likes motorcycles." So you never know.

(Continued on Page Twenty-Eight)

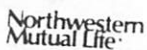
The following pages are dedicated to health insurance information. This past summer, two members of the board of directors of ABATE, both employed, were hospitalized due to their health. They both spent many days in the hospital and both required surgical procedures. Their combined hospital bills are (and I'm estimating) in excess of \$20,000.00. Neither had hospitalization/health insurance. It could happen to anyone, at anytime. The board of directors realizes that there was little that we could do to remedy the individual situations, but maybe we could assist in helping to prevent this from happening to another member. Gary Boward, director for Washington County Chapter and head of the committee to repeal the helmet law, found an insurance carrier that does not exclude motorcyclists. We urge you to look into this. ABATE is not getting anything from this, we just want to make sure everyone that can afford to will get insurance and not have to face an enormous debt due to lack of health insurance. Don't wait around for the Clinton Administration, besides there's no guarantee that we won't be excluded from that policy.

CALENDAR YEAR DEDUCTIBLES The plan offers a choice of four Deductibles:

\$100 \$250 \$500 \$1,000

You may choose only **one** Deductible amount.

ED H. LOUGH, LUTCF
Special Agent
49 Jonathan Street
Hagerstown, MD 21740
Office: (301) 733-LIFE & (800) 833-LIFE
Fax: (301) 739-8612
Residence: (301) 797-8968



The Northwestern Mutual Life Insurance Company - Milwaukee

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Special Agent
49 Jonathan Street
Hagerstown, MD 21740
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Residence: (301) 797-8968



The Northwestern Mutual Life Insurance Company - Milwaukee

BENEFIT PERCENTAGES AND STOP LOSS LIMITS You may elect one of the following plan options.

After the calendar year Deductible is satisfied, the plan pays the elected 80% or 50% Benefit Percentage of Covered Medical Charges incurred. Then, after incurred Covered Medical Charges, in excess of the Deductible, reach the

elected Stop Loss Limit in any one calendar year, the plan pays 100% of Covered Medical Charges incurred during the rest of that calendar year. The elected Stop Loss Limit (as well as the Deductible) applies separately to you and each insured family member, until the Family Out-of-Pocket Limit is reached.

80% Benefit Percentage	Stop Loss Limit	50% Benefit Percentage
Option 1	\$2,500	Option 4
Option 2	\$5,000	Option 5
Option 3	\$10,000	Option 6

OUT-OF-POCKET LIMITS

This chart illustrates the various **calendar year** Individual and Family Out-of-Pocket Limits that apply for each of the Deductible, Benefit Percentage, and Stop Loss Limit options available.

	\$100 Deductible per person	\$250 Deductible per person	\$500 Deductible per person	\$1,000 Deductible per person
Option 1 (80%, \$2,500)	Individual: \$ 600 Family: 1,200	Individual: \$ 750 Family: 1,500	Individual: \$ 1,000 Family: 2,000	Individual: \$ 1,500 Family: 3,000
Option 2 (80%, \$5,000)	Individual: \$ 1,100 Family: 2,200	Individual: \$ 1,250 Family: 2,500	Individual: \$ 1,500 Family: 3,000	Individual: \$ 2,000 Family: 4,000
Option 3 (80%, \$10,000)	Individual: \$ 2,100 Family: 4,200	Individual: \$ 2,250 Family: 4,500	Individual: \$ 2,500 Family: 5,000	Individual: \$ 3,000 Family: 6,000
Option 4 (50%, \$2,500)	Individual: \$ 1,350 Family: 2,700	Individual: \$ 1,500 Family: 3,000	Individual: \$ 1,750 Family: 3,500	Individual: \$ 2,250 Family: 4,500
Option 5 (50%, \$5,000)	Individual: \$ 2,600 Family: 5,200	Individual: \$ 2,750 Family: 5,500	Individual: \$ 3,000 Family: 6,000	Individual: \$ 3,500 Family: 7,000
Option 6 (50%, \$10,000)	Individual: \$ 5,100 Family: 10,200	Individual: \$ 5,250 Family: 10,500	Individual: \$ 5,500 Family: 11,000	Individual: \$ 6,000 Family: 12,000

THIS PLAN INCLUDES UTILIZATION MANAGEMENT (U.M.) REQUIREMENTS. IF THE U.M. REQUIREMENTS ARE NOT MET, A PENALTY WILL APPLY.

MAJOR MEDICAL INSURANCE

Family Deductible Limit The Deductible applies separately to each insured person. However, as soon as three insured family members have satisfied their Deductibles in a single year, no further Deductible amounts will need to be satisfied by any other insured family member for the rest of that calendar year.

Deductible Carry-Over Covered Medical Charges incurred during the last three months of a calendar year that satisfy all or part of the Deductible for that year will also satisfy an equal amount of the Deductible for the next calendar year.

Out-of-Pocket Limits The plan includes "Individual" and "Family" Out-of-Pocket Limits. Only those Covered Medical Charges for which Benefits are not paid because of the Deductible and Benefit Percentage, are counted to satisfy the Out-of-Pocket Limits. Once the applicable limit is reached in any one calendar year, all further Covered Medical Charges incurred during the rest of that year are paid at 100%.

Maximum Benefits While Insured
\$2,000,000 with up to \$5,000 automatically reinstated each year.

Routine Medical Exams Benefit Up to \$100 of charges incurred per calendar year for routine medical exams by or at the direction of a physician will be considered Covered Medical Charges, subject to the Deductible and Benefit Percentage. Charges in excess of \$100 per year are not covered.

Benefits for Preventive Screening Charges incurred for mammograms and pap smears when performed by or at the direction of a physician are Covered Medical Charges, subject to the Deductible and Benefit Percentage.

Supplemental Accident Benefit

The first \$300 of Covered Medical Charges per accident, for injury incurred as a result of and within 90 days after the accident, are paid at 100% with no Deductible applied. Charges in excess of \$300 are subject to the normal Deductible and Benefit Percentage of the plan.

Full Payment for Outpatient Pre-Operative Tests

The plan pays 100% of Covered Medical Charges for X-rays and lab tests performed other than while hospital confined if they are Medically Necessary and related to scheduled, covered surgery and are performed within seven days before the surgery.

Full Payment for Home Health Care

The plan pays 100% of Covered Medical Charges for Home Health Care when U.M. requirements are met.

Benefits for Sterilization Benefits are payable for vasectomies and tubal ligations, but not for sterilization reversals.

Full Payment for Hospice Care

The plan pays 100% of Covered Medical Charges for hospice care when the attending physician certifies the patient is terminally ill and not expected to live more than six months. Charges for bereavement counseling for the patient's insured family members are also covered.

Dependent Coverage Continuation

In the event of the insured member's death, or the member reaches age 65 or becomes eligible for Medicare, coverage for the surviving insured dependents may be continued. Coverage can continue until the dependent's coverage would otherwise stop as long as they remain eligible, and the premiums continue to be paid. Premiums will be adjusted accordingly.

Coverage While At Work

Covered Medical Charges will include charges incurred for the treatment of an illness or injury that arises out of, or as a result of, any work if you are not required to be covered under Worker's Compensation or similar legislation and you do not have such coverage.

UTILIZATION MANAGEMENT

Inefficient utilization of services often results in higher health care costs. This may happen when

- someone is hospitalized whose condition could be treated just as effectively in an outpatient setting,
- people remain in the hospital longer than Medically Necessary,
- unnecessary X-rays and tests are performed, or
- costly surgery is performed for a condition for which a nonsurgical alternative is available.

Utilization Management (U.M.) is a program in which a trained medical staff works with you and your doctor to review and certify, in advance, the Medical Necessity of hospitalizations, surgeries, certain diagnostic tests, rehabilitative programs, rental of Durable Medical Equipment, and Home Health Care. The program is easy to follow and notification can be made by simply telephoning, or having your doctor, or any other person telephone, the U.M. Office using the toll-free number provided.

It is important to note that you retain complete freedom of choice of hospitals, doctors, and other health care professionals. By meeting the easy requirements, you can receive the full benefits of your plan.

Note, however, that Certification of Medical Necessity by the U.M. Office does not guarantee payment of benefits.

UTILIZATION MANAGEMENT REQUIREMENTS

For Non-Emergency Hospital Admissions The U.M. Office must be contacted at least 10 business days, or as soon as possible, before hospitalization to request certification for the admission, including the number of days of hospital stay.

For Emergency Hospital Admissions When you are admitted to a hospital on an emergency basis, the U.M. Office must be notified by the next business day, or as soon as possible, after admission to request certification, including the number of days of hospital stay.

For Maternity and Obstetrical Admissions Only complications of pregnancy are covered by the plan, subject to all of the same benefits and provisions as for any other illness. U.M. is required for all pregnancies just in case complications arise.

To obtain certification for pregnancy and obstetrical admissions, the U.M. Office must be notified
1. first, within 30 days after the confirmation of pregnancy by the doctor, and
2. again, by the next business day, or as soon as possible, after any hospital admission during the course of the pregnancy, including delivery.

For Any Hospitalization If your doctor believes it is necessary for you to stay in the hospital longer than the number of days that were originally certified, the U.M. Office must be contacted again to request certification for the additional days.

For Surgery For all inpatient surgeries, and for outpatient surgeries for which the surgeon's charge will exceed \$500, the U.M. Office must be notified at least 10 business days, or as soon as possible, before the surgery to request certification. A second opinion may be required by the U.M. Office before certification can be obtained. Charges for a required second opinion, or third opinion if the first two conflict, will be paid at 100% with no Deductible applied.

For Certain Other Services The U.M. Office must be notified at least 10 business days, or as soon as possible, before the following outpatient treatments or tests, to request certification:

- CAT Scan.
- Magnetic Resonance Imaging (MRI).
- Rehabilitative programs including: physical therapy; occupational therapy; speech therapy; pulmonary or cardiac rehabilitation therapy; therapy involving manipulation of bones, joints, or soft tissues if the course of treatment is expected to exceed three visits in a 60 day period.
- Intravenous (I.V.) therapy, and
- Rental of Durable Medical Equipment that would cost \$200 or more to purchase

For Home Health Care

The U.M. Office must be notified at least 10 business days, or as soon as possible, to request certification before the start of any Home Health Care.

REDUCED BENEFITS IF U.M. CERTIFICATION IS NOT OBTAINED

If you do not obtain certification when required, benefits will be paid as follows:

1. the first \$300 of covered charges for each hospitalization, surgery, test, therapy, or equipment rental will be excluded and not considered to be Covered Medical Charges; then the plan's normal Deductible and Benefit Percentage will apply after the \$300 exclusion;
2. for each Home Health Care program, Covered Medical Charges will be limited to 70% of the actual covered charges incurred, and the first \$300 of such limited covered charges will be excluded from coverage.

All excluded amounts and charges will not be used to satisfy the Deductible or Out-of-Pocket Limits of the plan. When you become insured, you will receive a booklet that explains the Utilization Management (U.M.) requirements of the plan. Please be sure to read it carefully so you will understand this important feature of your plan.

GENERAL INFORMATION

JALIC wherever used means John Alden Life Insurance Company.

AHRA wherever used means American Health Resources Association.

Eligibility

Associate members of AHRA, in good standing, who are age 18 or older, but under age 65, are eligible to request insurance under this plan.

Eligible dependents include only an insured member's lawful spouse who is under age 65, and unmarried children from birth through age 18 (age 24 if a full-time student in an accredited school or college).

However, members or dependents who do not reside in the United States or Canada, or who spend more than 90 days in a row outside the United States or Canada, whether for work, school, or pleasure, are not eligible for this insurance plan.

Request for Insurance

Before JALIC can consider a request for insurance, you are required to

1. submit a properly completed and signed Enrollment Form, and
2. remit at least one month's insurance premium and the applicable enrollment fee.

Only an officer of JALIC is authorized to approve a request for insurance. Agents may not bind coverage or approve effective dates. JALIC reserves the right to require Evidence of Insurability and to accept or reject members and dependents according to JALIC's underwriting guidelines and standards.

Effective Dates

Your insurance will become effective on the 1st or 15th of the month following approval by the JALIC Underwriting Department. Dependents who are eligible and approved as of the date your insurance becomes effective will also become insured on the same effective date.

Future eligible dependents will become effective on the 1st or 15th of the month following approval by the JALIC Underwriting Department, except as stated below for a newborn child.

Insurance for your newborn child who is an eligible dependent at birth will become effective on the child's date of birth, if you request insurance for the child within the first 31 days after the child's birth. In some states a longer enrollment period may apply. Any later request will require approval by JALIC's Underwriting Department of satisfactory Evidence of Insurability for the child before he or she may become insured.

Termination of Insurance

Once insured, your coverage is contingent upon continued membership in AHRA, the continuation of the plan, and your timely payment of premiums when due. JALIC has the right to terminate all insurance under the Group Policy for all members residing in the same state or jurisdiction upon 31 days advance written notice.

Your Life and Medical insurance will also terminate at the end of the premium paying period when you become age 65 or qualify for Medicare at any age.

See Continuation and Conversion Rights on the next page for your rights after termination of eligibility.

Insurance for your dependents will terminate at the end of the premium paying period when your insurance terminates, except as stated under Continuation and Conversion Rights. Your dependent's insurance will also terminate when he or she ceases to be an eligible dependent or reaches age 65 or qualifies for Medicare at any age.

If insurance for one of your insured dependent children would terminate because that child attained the limiting age, but at that time the child is incapable of self-support because of mental retardation or physical handicap and is dependent on you for support, that child's insurance will be continued during the child's incapacity. Coverage will be continued provided (1) you continue to pay the required premiums for the child's insurance, (2) your own insurance under the plan stays in effect, and (3) you provide JALIC with the required proofs of the child's incapacity.

Extension of Benefits

If a covered person is Totally Disabled on the date insurance terminates, Major Medical benefits will continue to be payable (without premium payment), but only for Covered Medical Charges incurred as a direct result of the injury or illness causing the Total Disability. Coverage will continue so long as Total Disability continues and so long as the person remains under the care of a physician, up to (1) the end of the 12-month period following the date on which the insurance terminated or (2) the date he or she first becomes eligible for Medicare, if earlier.

Hospital "Hospital" means an institution licensed and operated as a hospital in accordance with the law, that provides inpatient facilities for surgical and medical diagnosis, treatment, and care of sick or injured persons under the supervision of a staff of physicians, 24-hour nursing services, and that has facilities for major surgery, unless it has a written contractual agreement with an accredited hospital to perform surgery. The term "hospital" does not include a rest facility, custodial facility, nursing facility, facility for the aged or for alcoholics or drug addicts, unless it otherwise meets the definition of a hospital.

Home Health Agency and Home Health Services

"Home Health Agency" means an agency licensed as a Home Health Agency or an agency operated by state or local government that provides Home Health Services. "Home Health Services" mean part-time or intermittent skilled nursing services, home health aide services, physical, occupational or speech therapy, and medical supplies, drugs, and medicines under the supervision of a registered nurse, therapist, or physician, to the extent that such charges would be covered under the plan if the insured person were confined in a hospital.

Skilled Nursing Facility

"Skilled Nursing Facility" means an institution operated in accordance with the law and primarily engaged in providing, under the supervision of a staff of physicians, the following services for persons convalescing from sickness or injury: room and board, 24-hour a day nursing in-patient services, daily medical records, and other necessary medical services. "Skilled Nursing Facility" does not include a clinic, rest home, home for the aged, alcoholics, or drug addicts, or custodial facility.

Hospice

"Hospice" means an agency operated in accordance with the law that provides counseling and medical services, and may provide room and board, to terminally ill persons, 24-hour a day service under the supervision of a physician, and has an R.N., social service coordinator, and full-time administrator, maintains written records of services provided, and has as its primary purpose the provision of hospice services.

Pre-existing Conditions

"Pre-existing Conditions" include any condition for which an insured person received any medical care, consultation, diagnosis, or treatment, including drugs and medicine, or where distinct symptoms were evident within the 12 months immediately prior to becoming insured under this plan.

Coordination of Benefits

Medical benefits are coordinated with any other benefits for which a person is covered under any other group-type health coverage plan, including Medicare (Parts A & B) and medical coverage under an automobile insurance policy, where allowed. This means that a person with coverage under more than one plan will not receive total combined benefits in an amount greater than 100% of the covered charges that are actually incurred.

Right of Recovery

If you or an insured dependent becomes entitled to payment from any other person or organization as the result of a legal claim for which medical benefits have been paid under this plan, JALIC has the right to a lien on the proceeds up to the amount of benefits paid, less your legal fees.

Continuation and Conversion Rights

This plan provides Conversion Rights for Life Insurance and Continuation and Conversion Rights for Major Medical Insurance upon termination of eligibility. Medical continuation and conversion are not available, however, to persons insured under the plan for less than three months or to persons who are eligible for Medicare.

If your insurance terminates because you attain age 65 or qualify for Medicare, or because of your death, insurance for your spouse and dependent children may be continued. Continuation of insurance will be subject to continued payment of premiums for their coverage.

Premiums

JALIC has the right to change premium rates upon 31 days advance notice.

Your coverage will cease when premiums are not paid on time.

Renewability

Once your insurance is approved and issued, it renews automatically when premiums are paid on time when due. It cannot be terminated by JALIC except as stated under "Termination of Insurance" or in the event of fraud or material misrepresentation.

The Policy

This plan is provided through a master policy issued to the AHRA Group Trust. The master policy (form #J-1079) is issued in the State of Tennessee and is governed by the laws of that jurisdiction. A personal Certificate of Group Insurance will be issued for each insured member.

The Motorcycling Senator

(Continued from Page Twenty-Three)

AM: You've already gotten involved in several issues related to motorcycling. One of the bills you've sponsored would delay the federal government's attempts to coerce states into passing helmet laws affecting all motorcyclists. What's wrong with that approach to helmet use and how would your bill change things?

Campbell: First of all, the theory is that you poor, dumb slob don't have the ability or the intelligence to make your own decisions. Therefore, we, as the federal government, are going to take care of you by mandating you to do certain things. That's what is wrong with it. The thesis they're using is that if you do not wear a helmet and you are injured you may become a public burden. And that's absolute trash. If you want to use that logic, why not apply the same thing to rodeo cowboys? Can you imagine cowboys wearing helmets when they rodeo? It's the same deal. I've introduced legislation (to delay federal penalties against states without helmet laws) so we can gear up some opposition. I'd rather have a repeal of the federal

helmet requirements, but I don't know if we can get it passed (right now). So I thought as a backup we ought to at least delay it.

AM: You've also worked with the AMA on an important off-road issue--the battle over Sen. Dianne Feinstein's California Desert Protection Act. That bill would lock out motorized recreation from much of the public land in the desert. Do you support making changes in that bill to meet the needs of motorcyclists and others with an interest in the desert?

Campbell: Yes. I've talked to Sen. Feinstein a number of times about that. She keeps telling me how much she needs help with that bill, and I keep telling her we've got to take a look at these things. I don't know what the final version will be, but if she doesn't move a little bit on it I'm not going to support the bill.

AM: You're a member of the Senate Energy and Natural Resources Committee, which is currently considering that bill. Without the support of that committee, the bill

won't go to the full Senate for action. Does that put you in a stronger position when it comes to influencing this legislation?

Campbell: I know I could be a key member because a lot of Republicans (on the committee) will vote against the bill. It's very close, and if a couple of Democratic senators go the other way, it's a dead bill.

AM: How important is it for motorcyclists to work together through groups like the AMA on these issues?

Campbell: If you're talking about changing public policy, it's common knowledge that collective voices have more ability to change things than individual voices. If you ban together and talk as a group of thousands, particularly in congressional races, they listen. An awful lot of riders don't recognize that somebody is protecting their freedoms. If you want to protect your rights, you've got to be active all the time.

(Note: Senator Campbell is a member of ABATE.)

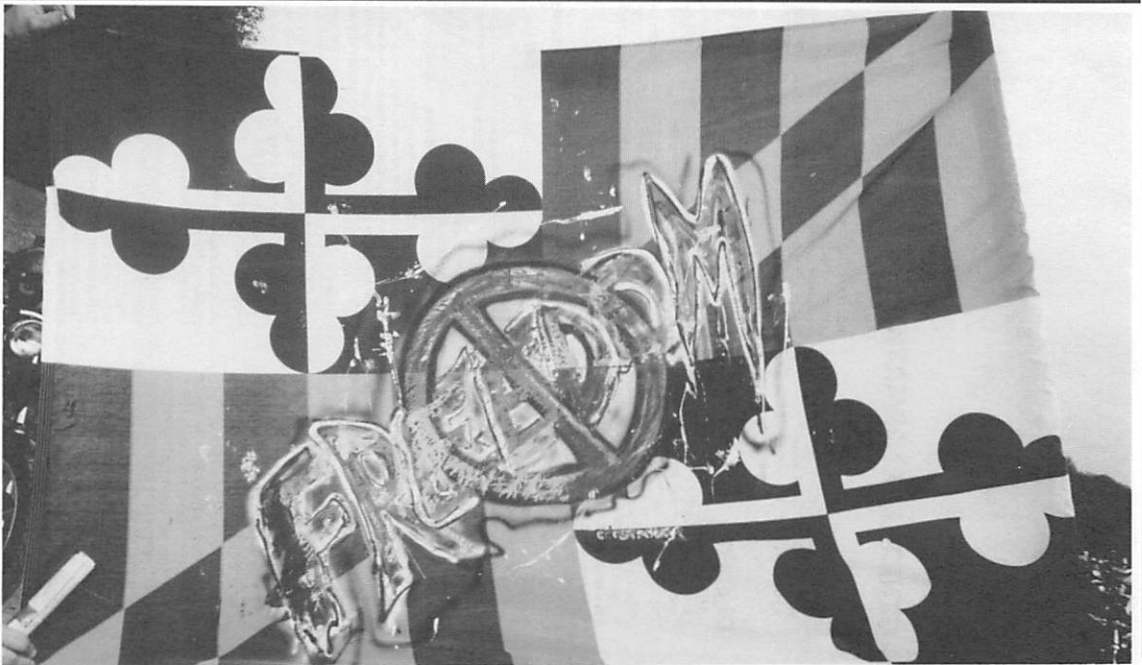


Photo by "Crazy Ric"

Maryland Legislative Update

1994 is an election year. We will be voting in a new governor. Hip Hip Hooray!! Members of ABATE of Maryland have been hard at work monitoring who is running for governor. In September, several members attended a forum sponsored by the Baltimore Trail Riders, supported by the Maryland Motorcycle Dealers Association and ABATE of Maryland. The guest of this forum was Ellen Sauerbrey, House Minority Leader (Maryland Legislature) and Republican candidate for Maryland Governor. You may recall, during last year's hearing for privatization of the Safety Program in the Appropriations Committee, of which Ellen is a member, Ellen was vocal in her concern for the Motorcycle Safety Program. She is a staunch supporter for the program. ABATE faxed our questions prior to the forum. We had an opportunity to submit two. The first being, would she, if elected governor, sign a helmet repeal bill if it passed the legislature and sat on her desk? Her answer is yes! Our second question was, if elected governor, would she support the reinstatement of dedicated funds to the safety program? Her answer was, that given the elimination of most dedicated funds programs, it would be difficult to rebuild that provision. She supports education of all motorists regarding motorcycle awareness though. In essence, we have an ally, one that just happens to be running for governor.

Now, if you are not registered, but are qualified to register to vote, what are you waiting for, get it done today! Call your local board of elections - you can find it in your phone book.

The remaining candidates are announcing periodically. We have Mary Boergers, a democrat and state Senator from Montgomery County. She sits on the Senate Judiciary Committee, and has voted for the helmet bills consistently. Helen Bentley, Republican Congressional

Representative from Baltimore, has resisted signing on the federal bill which would repeal the blackmail portions of ISTEPA. Parris Glendening, County Executive of Prince George's County, is a democrat but has a nasty reputation of not getting along with Senator Mike Miller, the President of the Maryland Senate. These people running for governor will need to be contacted as to the helmet issue. Are they with us or not? If you know any of these candidates, if your relatives know any of these candidates, if you live in their county, you need to contact them as a representative of ABATE of Maryland. It would be better to contact them in writing or have a meeting with them. If you schedule a meeting and would like a few representatives of ABATE to come with you, contact us at the ABATE office and we will go with you, to back you up with support.

In October we sent out a questionnaire to all of the delegates and senators in Maryland. (A copy of the questionnaire follows this article.) Their responses are coming back and the information will be compiled and will be included in a future newsletter, your chapter director or legislative rep will have a copy as soon as it is complete, which should be in January. The legislature convenes at noon on January 12. At this time, we are hot on getting a repeal bill in. If you know your delegate or senator, call them and ask them to support such legislation. The only way we can win this freedom back is by EVERY member getting involved. Don't sit back and expect SOMEONE ELSE to do the job. If you want your freedom, fight for it!

There will be a bill that will make it legal for more than one motorcycle to park in a metered spot. If that passes we can tell Ocean City to shove-it! We all need to support this bill. We are working on getting anti-discrimination legislation sponsored. Several counties have ordinances on their books which ban discrimination. It is those counties

that need to go to their delegation and seek sponsors to a state bill. Ask your Chapter director or legislative rep what they know about this topic. Or call the ABATE office.

Lastly, get yourself on down to the ABATE office in Annapolis on Monday nights beginning January 24th. Monday night lobbying is where all motorcyclists should be. See you there!

Motorcycle Legislation Questionnaire

Please answer yes or no.

1. Do you ride a motorcycle?
2. Does anyone in your family ride a motorcycle?
3. Would you favor an amendment to the mandatory helmet law to exempt adult riders?
4. Would you favor legislation that would reduce the current provisions in the helmet law to a secondary offense (same as seatbelt law)?
5. Would you oppose legislation that singles out motorcyclists for a requirement to obtain catastrophic health insurance?
6. Would you favor legislation urging private driver education schools to incorporate motorcycle awareness?
7. Would you favor letting the state approved Motorcycle Training program issue motorcycle licenses to those who successfully complete the training and examination thereby eliminating the expense of a separate riding test at the MVA.?
8. Would you favor legislation designating off-road vehicle recreation areas?
9. Would you favor legislation to amend Maryland's Hold-harmless laws ase pertaining to off-road motorcycling?



Photos by "Crazy Ric"



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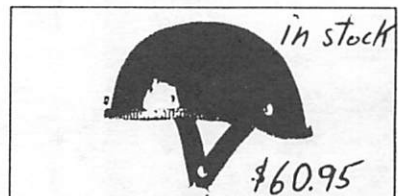
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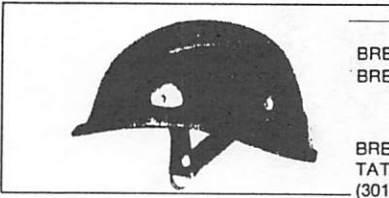
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Raven II

Reprinted from the ABATE of North Dakota Newsletter

Howdy!

Back to "The Association of Helmet Use With the Outcome of Motorcycle Crash Injury When Controlling for Crash/Injury Severity" by Rutledge and Stutts of the University of North Carolina, presented at the 35th Annual Conference of the Association for the Advancement of Automotive Medicine in Toronto, Canada (October 7-9, 1991). Last time I wrote in, it was pointed out that this study found (to the authors' surprise) that there was no significant difference between helmeted and unhelmeted motorcyclists listed in the North Carolina Trauma Registry (for which helmet data was available) in the following categories:

Overall mortality;
Mean trauma scores;
Mean hospital stays;
Mean hospital charges;
Insurance coverage; or
Percent of cases discharged to rehab facilities.

While this should help put the "Public Burden" argument to rest, the argument will not completely die. Why? Because the use of statistics to distort facts will not end with one study.

Further, the study concluded that "The risk of head injuries was found to be nearly twice as high in unhelmeted riders." Paging back through the study to re-examine the data, the following came to light:

First, helmet use information was available for only 460 patients, and of these, 314 patients (68.3%) were wearing helmets, 146 (31.7%) were not wearing helmets. While keeping these numbers in mind, the authors stated that "Helmeted patients had significantly fewer head injuries (28% vs. 53%), but more extremity injuries (64% vs. 47%)."

What do these numbers prove? While these percentages seem to be overwhelming, let's take a deeper look.

If 28% of the 314 helmeted patients had head injuries, that translates into 87.9 or, rounded out, to 88 patients who had helmets on and suffered a head injury.

If 53% of the 146 unhelmeted patients suffered head injuries, that translates into 77.4, or rounded out, to 77 patients who did not have helmets on and suffered a head injury.

Until 88 is significantly fewer than 77, I must admit I feel compelled to question the validity of the conclusion.

Now, North Carolina has a helmet law (for everyone on a motorcycle), so don't get carried away concluding that helmeted riders are more likely to be involved in accidents on the basis of this data; but the question arises as to how many unhelmeted riders were injured in an attempt to evade or escape police intervention on behalf of their helmet law? This and many other questions remain unanswered. . .

The real importance of this study becomes evident in a different area, namely the debate over national health care. Admittedly, for someone who shells out a chunk of change every month (from not too deep pockets) for major medical coverage, and scratches the change out of the lint to meet the bills for the little stuff (same pockets), there is something initially attractive about the concept of "freebie" health care, no matter whatcha got or how or where you got it. Attractive, that is until you listen to Slick Willie's fine print about "responsibility."

According to the President's speech (before a well choreographed Congress), there are certain

irresponsible behaviors which need to be changed in our society. Among these were listed tobacco and alcohol consumption, and kids roaming the streets with semi-automatic weapons. Who knows for sure what the unlisted "irresponsible behaviors" will include, but the program thought up in the "smoke-free" White House (I wish they'd keep the smokescreen inside, like the old days) includes more extra taxes for smokers, drinkers, those folks who wish to own and use firearms (the latter through ammunition taxes and small businesses). The point isn't the taxes though, as if they weren't bad enough, but what they represent: behavior modification. Not against those who necessarily exhibit aberrant behavior (such as wanting everyone to conform to their idea of what is right and wonderful in a nation that prides itself on "freedom" and "diversity"), but against large portions of the United States' population--at times in direct violation of the spirit of the Bill of Rights.

NOW the light bulb goes on. The issue here is not health care, but control. Control over all the "unhealthy" things you do from smoking and drinking, to keeping the gun in the closet--with real bullets! To, yes, even. . . riding motorcycles. When the governments' folks who do math like an example presented earlier in this article realize that no way, no how, will \$1.00 or even \$2.00 per pack of cigarettes or six pack of beer or box of ammunition pick up the tab for an estimated 1+ million HIV infected people who are presently doomed to die of AIDS at an estimated cost of \$200,000,000,000.00 (right, 200 billion dollars, with a "b"--or one twenty-fifth of this month's national debt), with more infected

(Continued on Page Thirty-Four)

Reprinted from the ABATE of North Dakota Newsletter

(Continued from Page Thirty-Three)

people every day, then someone is going to get cut out of the picture. With the agenda this administration has already pushed, and the incredible Federal capacity for haggling over pennies while the dollars go down the toilet, it won't be anyone with a real power lobby on Capitol Hill getting cut out of the health care picture.

Some thoughts. . .

If you control and have access to medical samples and data, you have the means to investigate and record (and access at will) data which will tell you a great deal about the behaviors and recreational habits of individuals in a population. Will you have to pass a blood or urine test to be treated for your particular malady? If so, what if your readings are incorrect, or your records get messed up?

Once private health care has been eliminated--or caused it to be priced out of reach of the masses--(same thing to most of us), you have the opportunity to control the behavior of any population reliant on the state for health care--or withhold treatment from any dissident elements of that population.

Is health care going to get cheaper under the proposed system? Not according to the figures Mister C. spouted in his speech, he just wants my employer to pay three times as much as I already pay my private insurance provider for essentially the same coverage--I still pay the same, but maybe get stuck with a doctor I don't want (and I know just enough medical stuff to be a picky S.O.B. when it comes to doctors).

The cost cuts involved are a lot like the "deficit cuts" in the budget package. They cut the rate of increase, not the costs. If you get lost in the words, just

think of it this way. If your pay goes up two dollars a week, and that gets cut to one dollar a week, you will still get one dollar more next week than you did last week. The rate of increase has been cut, not your pay. It is basically the same thing, only the money will come out of your pocket.

Maybe the health insurance lobby is really behind this, and trying to get out from under the \$200,000,000,000 tab I mentioned earlier . . . Maybe THAT problem is worse than we are being told.

Can you (seriously, now), can you think of ANYTHING that the Federal Government has taken over from the private sector that runs more efficiently and with less bureaucracy?

How many of the current cost/service problems are a result of existing Federal programs, or the inability of these programs to interface effectively?

Look at countries which have socialized health care (that is what this proposal is, if you don't believe me, dig out your dictionary and look up socialism) and their policies toward freedom of the road, especially helmets. What freedom?

I pay for my insurance, medicare and social security are withheld from my pay also, along with my income taxes, and I shell out my odious share of "sin" taxes just keeping the "Smokin'" in my handle. That pays for me, the elderly and unfortunate, and picks up the tax for the people who administer the programs (and get health care as part of their employment package), respectively. Responsible enough, I hope.

I am not willing to relinquish any liberty for a vision of security, especially not for a vision so clouded

with rhetoric from an administration I do not (and cannot) trust to safeguard my liberty.

Back during the presidential campaign, there were buttons circulating which read "It's the Economy, Stupid." All the great and real social crises of modern America could be solved by a vigorous manufacturing economy, even the environmental ones. It's still the economy, and additional taxes in the guise of the common good are not the solution.

On this and any other issues which concern you, write your Congressmen, let your opinions be known, be respectful, polite, and don't be discouraged by form letter replies--these guys do have a full schedule. Let them know how you feel so they have the chance to do a better job.

The power is still with the people--now use it or lose it!

Stay free,

Smokin' Joe
District 1 Representative
ABATE of North Dakota

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Room available for rent, including garage parking for a motorcycle. Call Tom Greenbank (301) 854-0228.

ABATE of Maryland needs a newsletter editor. Call toll-free in Maryland 1-800-843-0252. Leave a detailed message.

Write!

Testimony for the helmet repeal bill will be heard in the Senate Judicial Proceedings Committee. At press time, we are still working on a companion bill in the House of Delegates; if that happens we will get a hearing in the House Judiciary Committee. You must write the members of those committees first. We do have voting records on the members, so if you are not sure who has been with us or has not been with us in the past, call the ABATE office. Otherwise, just ask for the delegate or senator's support on the bill. The legislature opens on Wednesday, January 12 at noon. The hearings won't be scheduled until sometime after that. You should call legislative services and request copies of all motorcycle legislation and you should call once a week to check to see if the bills have been scheduled for hearing. If you are a registered voter, be sure to mention that fact, if you are not, don't mention the topic of voting at all. We

have to maintain our credibility, and this is an election year. A typical letter should look like this:

Date

Your Name
Your Address

Dear Delegate/Senator (pick one) Their Last Name:

I am a concerned Maryland motorcyclist. Please vote for the repeal of the mandatory helmet law. Since the law has been in effect, there has been no decline in the fatality rate of motorcyclists. I believe in the education of drivers. We need to teach the drivers to become aware of sharing the road with the motorcyclists. I also believe in the Motorcycle Safety Program as an effective method of teaching new riders the skills they need to be safe, and it is an effective method

of teaching experienced riders improved techniques. Again, I would like you to vote for the repeal of the mandatory helmet law for Maryland Motorcyclists. If you need more information, regarding this issue don't hesitate to ask me or you may contact the ABATE of Maryland office at 263-9185 (local in Annapolis) or toll-free in Maryland 1-800-843-0252.

Thank you,

Sign your name
Print or type your name

This is not intended to be a form letter. The delegates and senators will not be impressed or persuaded by form letters. Either type, word process, or handwrite your letters. Just do it now!

(See pages 42 and 43 for more legislative information)



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Hampstead Man Takes On Matthews

Reprinted from the Carroll County Times

It was with more than a little interest that I read about Delegate Matthew's possible court reform bill in last Sunday's Carroll County Times. And I had to smile to myself when I saw local attorney Wesley Blakeslee's gentlemanly assessment: "Delegate Matthews probably doesn't understand how it works."

Some while ago, Delegate Matthews had suggested legislation to prohibit plea bargaining in all criminal cases.

While this might sound like a neat idea to the uninformed, the actual consequences of such a prohibition would cripple and bankrupt the court system. More importantly, it would foster all-or-nothing situations resulting in many vile felons escaping any punishment whatsoever for their vicious acts.

In the years that I have been working as an assistant state's attorney, I've faced numerous occasions where plea

bargaining sent guilty people to the prison cells where they belonged but where the unavailability of this practice would have left justice unserved and these criminals unpunished.

By way of example, there was the child molester who pleaded guilty to some of the crimes he had committed and who was sentenced to 10 years in the penitentiary. The young child, though truly victimized, was unable to effectively testify. The plea bargain got this criminal convicted and off the street. The child was spared further traumatization in the courts.

I don't understand why Delegate Matthews neglects the obvious existing problems in our community and looks for situations and purported problems beyond his understanding that he "might" introduce some legislation about.

What has he done for the much-needed Hampstead by-pass? What has he

accomplished about the terrific tax burden that gets worse every year and makes of us sharecroppers indentured to the government?

While Delegate Matthews continues to deliberate about what he might do in Annapolis in the last year of his present term, I have decided to file my candidacy for the Maryland House of Delegates.

My first commitment as a candidate is this: if elected, every year I will donate 10 percent of my delegate salary to local charitable and service organizations such as the Association for Retarded Citizens. I'll challenge all my fellow candidates to do likewise.

Jerome (Jerry) Joyce
Hampstead

(Note: Jerry Joyce is a long-time ABATE member. Jerry is running for House of Delegates and needs all our support.)

Heart Recipient United With Family Of Donor

By Teresa Franklin

Reprinted from The Frederick News-Post

Five years ago, the tangerine tree that Derek planted by seed when he was 6 years old was dying. Brenda Kleckner, Derek's mother, tended the tree and set its pot outside in the sun, but it still died.

Derek, the only son of Frederick residents Brenda and Dennis Kleckner, died a few weeks later on June 17, 1988. The 18-year-old was riding his motorcycle on Old Annapolis Road. As his motorcycle crested a hill, he hit a car parked partly in his lane, Mrs. Kleckner said.

He never regained consciousness, she said. It was weeks after his death before Mr. Kleckner, 47, finally carried the tangerine tree to the trash.

"I was hoping it would come back to life, but it didn't," Mrs. Kleckner said. "It seemed like a symbol, like if the tree would revive, maybe Derek would. But it didn't."

Life as the Kleckners knew it had ended, but they learned later that their decision to donate their son's heart, liver, kidneys, corneas and skin would be a new beginning for more than six other people awaiting transplants.

While telling the story, Mrs. Kleckner, 45, of West 13th Street, wipes tears from her eyes as she remembers her son in the hospital following the accident. But she laughs when she remembers his practical jokes, his compassion for stray animals, and his love of surfing and motorcycle racing.

A smile also comes to her face when she thinks of Laurel Wheeler, 23, of Aberdeen, who was 18 when surgeons replaced her deteriorating heart with Derek's heart after his death.

(Continued on Page Thirty-Seven)

Heart Recipient

(Continued from Page Thirty-Six)

Mrs. Wheeler, who had suffered from heart disease since she was 7 years old, said Monday she had been living with a heart with only 12 percent function when she had her transplant.

The Kleckners and Mrs. Wheeler are featured in the July issue of *McCall's* magazine and will be guests on *The Maury Povich Show* Wednesday, Mrs. Kleckner said. She said the television segment will air at 10 a.m. on Channel 11 and at 3 p.m. on Channel 4.

Mr. and Mrs. Kleckner met Ms. Wheeler for the first time Nov. 7 after the heart transplant recipient had her first baby, Lacey Jo. The Frederick couple has since become the baby's godparents.

"Derek's heart was beating next to the baby before she was born. I almost think of Laurel in a sense as a sister to Derek," said Mrs. Kleckner, a volunteer at Frederick Memorial Hospital for more than a year. Her son was born at the same hospital Oct. 8, 1969.

Derek was always full of life, his mother said. He no sooner learned stunts on his bicycle than he was practicing them on a racing motorcycle. A few years before his accident he joined the Middle Atlantic Motocross Association, a motorcycle racing organization for youths based just outside Clinton.

He attended Gov. Thomas Johnson Middle School and Gov. Thomas Johnson High School until the end of his sophomore year in 1985, Mrs. Kleckner said. Then his father's job as a telecommunications expert for the

U.S. State Department took the family to Monrovia, Liberia, in West Africa.

Following his June 1987 graduation from a school in West Africa, his parents bought him a new motorcycle, Mrs. Kleckner said. That September the family returned to their Frederick home on West 13th Street.

On Sunday, June 12, 1988, Derek went riding his motorcycle with friends.

"I'd usually say, 'Be careful,'" Mrs. Kleckner said. "I didn't say it that day. . . I went back into the house, and I had a horrible feeling about not saying it."

A few hours later, about 4 p.m., a family friend who had been riding with Derek called to tell her that her son had been in an accident, Mrs. Kleckner said.

Although Derek was unconscious when his parents arrived at the accident scene on Old Annapolis Road, near Mount Airy, his injuries did not appear to be life-threatening, she said.

They learned later at Johns Hopkins Hospital in Baltimore that even his state-of-the-art helmet had failed to protect him from brain injury, she said.

His brain continued to swell despite the doctors' best efforts, and the Kleckners were given one option on June 16.

A doctor explained that part of Derek's brain could be removed to stop the swelling, but even if he lived, he would be a vegetable, Mrs. Kleckner said.

"I asked the doctor, 'If it was your child what would you do?' and he said, 'I wouldn't do the operation,'" she

said. "We decided we could not trap him in his body like that. It wouldn't be Derek."

Their son was declared brain dead about 6 a.m. the next day. The couple agreed to donate his organs.

"I kissed him one last time and put my hand over his heart, and I said, 'This isn't going to die,'" Mrs. Kleckner said.

Months later, Mrs. Kleckner was watching television one night when she saw a promotion for organ donation.

A woman in the promotion said, "'I'm alive today because of an 18-year-old who died in a motorcycle accident,'" Mrs. Kleckner recalled.

"I said, 'Oh, my God,' it's her. I went and shook Denny and I said, 'I just saw the girl who got Derek's heart.'"

Ms. Wheeler said Monday she later discovered Derek's name in her patient record in the doctor's office. She resolved to contact the family to express her gratitude, she said.

Beginning in April 1989, when Ms. Wheeler wrote her first letter to the Kleckners, the families kept in touch through letters and telephone calls, Mrs. Kleckner said.

The Kleckners met Ms. Wheeler after Lacey Jo was born Oct. 13, five days after what should have been Derek's 23rd birthday.

"At first the main thing is you know that person is alive because your son died," she said.

Helmet Law Legislation Status Throughout The United States

Reprinted from Motorcycle Riders Foundation Newsletter, July/August 1993

States where legislative action has been taken to defeat mandatory helmet laws:

Alaska	Legislature adjourns without taking committee or floor action (May 11).
Arizona	After a hearing in the house Transportation Committee, the sponsor has publicly stated he feels the bill is dead and will not push for a vote in committee (February 2).
Colorado	Defeated in Senate Transportation Committee 6-1 (February 2).
Connecticut	Defeated in Joint Transportation Committee 14-9 (March 15).
Hawaii	Defeated in Senate Transportation Committee 6-4 (February 17).
Illinois	Senate Transportation Committee refuses to take action on SB 69 (March 23).
Iowa	Defeated on House Floor 38-59 (April 26). Governor Branstad vetoed SF 142--Helmet Law/Freedom Surcharge Bill (May 28).
Kansas	Defeated in Senate Transportation and Utility Committee 6-4. Defeated four attempts to offer floor amendments on helmet law to other bills the House was taking action on. After senate amends helmet law to HB 2452, House repeatedly rejects Senate amendment, final vote to nonconcur is 76-46 to strip helmet law amendment, votes 39-1 and House votes 80-42 to pass HB 2452 without helmet law amendment (April 6).
Minnesota	Defeated in House Transportation Committee 15-11 (March 24).
Montana	Defeated in Senate Highways and Transportation Committee 8-0 (February 20).
New Hampshire	Defeated on House floor on an overwhelming voice vote (March 16).
North Dakota	Defeated on Senate floor 35-14 (February 1).
Oklahoma	Sponsor withdraws bill when chairman of the Public Safety and Corrections Committee offers amendments during committee action (February 15).
Rhode Island	Defeated in House Health, Education, and Welfare Committee 11-0 (April 6).
South Dakota	Defeated in House Transportation Committee 7-6 (February 9).

States where the legislature has adjourned and no mandatory helmet law has been introduced:

Idaho, New Mexico, Utah, Wyoming, and South Carolina

States past bill filing deadlines without mandatory helmet law bills being introduced:

Indiana and Maine

States where no mandatory helmet law bills have been introduced:

Ohio and Wisconsin

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RESPONSES TO CLAIMS MADE BY HELMET LAW ADVOCATES

CLAIM

"Injured motorcyclists do not pay their hospital bills, they are usually uninsured and rely on the public to pay for their injuries!"

RESPONSES

- * A study conducted at Harborview Medical Center in Seattle, Washington, reported that 63.4% of the injured motorcyclists in the trauma center relied on public funds in order to pay their hospital bills. However, according to testimony by the director of the trauma center, David Gitch, 67% of the general patient population also relied on taxpayer dollars to pay their hospital bills in the same time period.
- * In a more recent study conducted by the University of North Carolina's Highway Safety Research Center, researchers reported that 49.4% of injured motorcyclists had their medical costs covered by insurance while 50.4% of the other road trauma victims were similarly insured. *Motorcyclists are just as likely to be privately insured as any other injured road user.*
- * Spiraling health care costs and the difficulties many Americans have in obtaining adequate health insurance are very real problems. Mr. Charles Browsher, the Comptroller General of the United States, testified before the House Ways and Means Committee that if current trends in health care spending continue, the nation will expend nearly 15% of its Gross National Product on health care by the year 2000: this is an amount equivalent to our current defense budget. Additionally, there are an estimated 32 million Americans lacking any form of health insurance whatsoever¹. However, the problems evident in our nation's health care system are in no way the fault of America's motorcyclists.

CLAIM

"Many injuries and deaths occur as the result of motorcycle accidents and society must take steps to minimize the costs associated with these accidents."

RESPONSES

- * Motorcycles account for only 9/10ths of 1% of all the crashes involving vehicles in this country, the smallest recorded category.
- * Recent studies indicate that injured motorcyclists constitute the smallest identifiable category of trauma victims, representing between 2.8%--6.4% of the injured patient population.^{2,3,4}
- * The cost of treating an average motorcycle-related injury is similar to the cost of treating other road trauma victims. One recent study reported that hospital charges for 765 identified motorcyclists, were "not significantly different from patients injured in other transportation-related accidents⁵." Additionally, "hospital charges were not different in helmeted and unhelmeted patients." Motorcyclists comprise a very small fraction of trauma patient populations and the costs associated with their treatment are similar to other road trauma victims.

CLAIM

"Mandatory helmet laws are the most effective way to reduce the injuries and fatalities that result from motorcycle accidents."

RESPONSES

- * Helmets do not prevent accidents.
- * While the AMA strongly encourages motorcyclists to use all the appropriate protective gear, we recognize that motorcycle safety requires a comprehensive approach that many helmet law proponents ignore. Advocates of mandatory helmet laws claim that, "Laws requiring helmet use by all motorcyclists have been shown by a variety of studies to reduce motorcycle deaths by about 30 percent."⁶ If this claim were true, presumably it would be reflected in drastically lower fatality rates in states that have mandatory helmet laws. However, when

the figures for fatalities per 100 accidents are compared between states, there is no evidence to support the claims of helmet law advocates. In short, given 100 accidents, more of those accident victims would be expected to survive in states with mandatory helmet laws. THIS IS NOT THE CASE. In fact, the average figure for fatalities per 100 accidents in states without helmet laws is identical to the national average.⁷

- * A recent University of North Carolina study examined the relationship between helmet use and injury severity and found that, "Helmet use was not found to be associated with overall injury severity (ISS), discharge facility (home, rehab, etc.), or insurance status."

RESPONSES TO CLAIMS MADE CONCERNING THE FEDERAL TRANSPORTATION BILL

Recently passed federal legislation, known as the Intermodal Surface Transportation Efficiency Act of 1991, includes language intended to coerce states into passing mandatory helmet laws. This bill defines both grants and sanctions applicable to states that have or have not passed mandatory helmet and seat belt laws. While the grant language may seem initially attractive, the requirements that must be met in order to obtain a grant are prohibitive and will ultimately cost the state money.

CLAIM

"If the state passes a mandatory helmet law for adults, the state will receive federal grant money in accordance with the new federal transportation bill."

RESPONSES

- * In order to secure a federal grant, the state is required to match a portion of the federal allotment total; 25% of the first year's grant would be borne by the state, increasing to 50% and 75% in the succeeding two years. These grants cannot be used to offset what the state had previously been spending on highway safety programs. Grants will be issued only to states that maintain their previous levels of spending on state and community safety projects (402 funds).
- * Federal grants under this provision can only be spent on a very limited number of highway safety programs and *cannot be used to offset any fiscal shortfalls in the state's general fund*. These federal safety grants will provide absolutely no relief to the state's general fund.
- * There is no guarantee that a state would receive any grant money even if an adult helmet law was passed. The state may receive a grant in the first year, but the federal government is not required to issue a grant to states that have both helmet and seat belt laws. Federal requirements dictate that in order for states to receive grants after the first year, they must meet stringent compliance rates for both helmet and seat belt use. Efforts to boost compliance will result in further state expenditures.

CLAIM

"The state must pass a helmet law; otherwise, a portion of its federal highway construction dollars will be diverted into highway safety programs."

RESPONSES

- * In no case will a state lose a single dollar if they choose not to pass a helmet or seat belt law. A portion of their highway construction dollars would be rechanneled into highway safety programs, but all the money allocated to the state would remain within the state.
- * The sanctions will not take effect until fiscal year 1995 and there are presently two bills in the U.S. Congress, H.R. 4207 and S.B. 2204, which would repeal the sanction provisions in the federal helmet law. State governments do not like their policies arbitrarily set for them by the federal government and there is time available to repeal the federal penalties. These repeal bills will bring the states rights issue to the forefront unlike the federal transportation bill, which buried the issue inside a very big and important piece of legislation.

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Motorcycle Riders Foundation

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Table listing names and phone numbers for the James Senate Office Building directory.

DIRECTORY OF HOUSE OF DELEGATES OFFICE BUILDING

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Table listing names and phone numbers for the House of Delegates Office Building directory.

IDENTIFICATION OF LEGISLATIVE DISTRICTS

Text explaining the identification of legislative districts, including a note about the 1990 census and the number of districts.

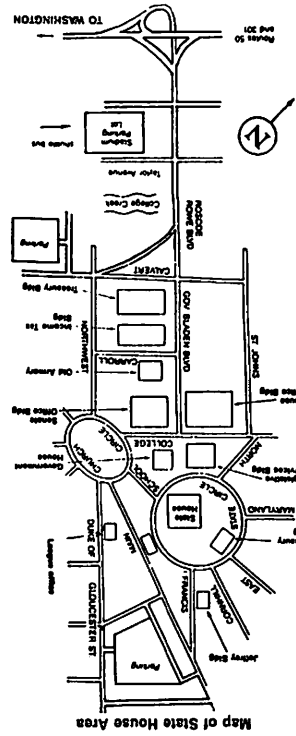


Table listing names and phone numbers for the House of Delegates Office Building directory (continued).

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