

# Health

## 1993 Fifth Annual Workout For Hope



CityOfHope Researchers Eduardo M. Cantin, John J. Rossi and John A. Zaia (seated, left to right, front row) received a standing ovation from the enthusiastic fitness professionals who are leading the 1993 Fifth Annual Workout for Hope—Aerobics Against ADIDS, being held nationwide in more than 90

cities this spring. Some 100 volunteer coordinators from across the country flew in to visit City of Hope National Medical Center in Duarte, California, where they learned first-hand about advances being made against AIDS. Workout for Hope has a national fund-raising goal of \$1.5 million, which will be reached through the

20,000 enthusiastic participants who are now obtaining pledges and sponsors for the national aerobic and exercise marathon. Locally, the event will be held from 10am to 1pm on Sunday, April 4, 1993, at the Portland State University Ballroom, 1825 SW Broadway. For more information call 800/934-9196.

## High Blood Pressure: A Controllable Enemy

BY DONALD E. WESSON, M.D.

Most African Americans know someone with high blood pressure or hypertension, its medical name. Most do not know that this common disease is a major cause of death and debilitation in the African-american community. Blacks are twice as likely to have the disease compared to other Americans and are more likely to suffer the medical complications associated with high blood pressure. Many people with high blood pressure who have not suffered these complications remain at risk.

Beyond the individual tragedy inflicted by this disease, the African-American community as a whole suffers the lost contributions that these individuals would have otherwise made. This makes high blood pressure an enemy to be faced by the entire community. The encouraging news is that this menace can be controlled and its devastating effects reduced.

High blood pressure usually causes no symptoms until damage to

the body is severe. Many hypertensive "feel okay" and so do not take proper steps to control the disease, leading to slow, irreversible damage to body tissues. High blood pressure, even when mild, causes strokes and heart attacks, and is associated with kidney failure. Proper control of high blood pressure reduces the incidence of all three. It is important for all persons, particularly African

Americans, to have their blood pressure checked to take action, if necessary.

Everyone with hypertension should be under a physician's care. Once the physician recommends a strategy for blood pressure control, patients should ask questions in order to understand the plan of action and be aware of potential problems. Patients should stay under a doctor's care who will follow their progress and determine whether adjustments in the plan are needed.

Remember, except in rare cases, high blood pressure is a life-long dis-

ease that cannot be cured but can be controlled to reduce the chance for its potential complications.

Exciting new information gathered in recent years demonstrates that blood pressure can be lowered in individuals with hypertension by lifestyle changes. These modifications can control high blood pressure in some individuals without medications and reduce the necessary dosage or number of medications in others. They include reducing salt in the diet, stopping tobacco and alcohol use, weight loss in obese individuals, and increased exercise. These non-drug strategies are exciting because they hold the potential to lower the incidence of hypertension when employed community-wide. Such a strategy could be carried out at the "grass roots" level and aimed at not just the individual hypertensive but at an entire community. Such community "empowerment" would not only reduce hypertension, but would improve the health of the African-American community as a whole.

## Packwood Hails Approval Of Medicaid Waiver

Oregon Senator Bob Packwood applauded the Administration's approval of the Medicaid waiver which will allow the state to implement the Oregon Health Plan, and provide health care coverage to all residents. "I am delighted that the Administration has approved Oregon's innovative health care plan. We are ready to offer access to health care to 450,000 uninsured Oregonians and this Medicaid waiver is the catalyst for our program. Oregon is a beacon for American

on health care reform," said Packwood.

"In Oregon right now, more than 450,000 people—about 19 percent of the state's population—do not have health insurance. Oregon came up with a solution to the challenge of providing health care to those people. Oregon decided that the current system that leaves so many out in the cold is simply unacceptable. The Oregon plan will expand Medicaid coverage to 120,000 additional low-income people. The plan will cover the rest of

the state's uninsured through an employer-based system. We will extend coverage to the working poor and the medically uninsurable," he continued.

"Oregon took a courageous stand in conceiving it's plan. We don't have unlimited resources. We made tough choices to come up with a plan that offers solid affordable health care to everyone in our state. I'm very pleased that his Administration has given us the chance to try something new. Oregon will lead the nation in health care reform," he continued.

## Sickle-Cell Anemia Scanning Sidetracked: Funds Diverted To Screen For "Black Crime Genes"

BY PROFESSOR MCKINLEY BURT

Several more alert members of Portland's black community say they will direct close attention to the agenda of the April 21 conference in Bend, Oregon: "Crime Prevention And Community Policing—Bridging The Gap". The meeting is sponsored by the Crime Prevention Association of Oregon.

Nationwide, African Americans mount concern that the multi-million dollar "crime/gene" initiatives sponsored by the federal government and reported by the major science journals, are devoting little attention (or funds) to the root cause of crime in black or any other communities: JOBLESSNESS! However, massive funding is available for crime-related genetic research" or mountain top conferences if only they will include "Health" in their agenda.

We now have it from credible sources that the most valuable tool in controlling Sickle-Cell anemia is being abandoned. The diversion of funds from desperately needed health care to racist and possibly genocidal projects is "criminal." From Tom Dworetz we have, "Two major genetic-disease-screening programs-for Tay Sachs disease and sickle-cell anemia—serve as examples of what can go right, and wrong.

Tay Sachs-carrier screening began in 1971 and is generally considered a success story. The ailment is mostly found among East European Ashkenazi Jews and their descendants. After a year of technical preparation, education, and a public-relations campaign, voluntary screening began. Ultimately, it reached over 1 million adults. In contrast, the sickle-cell-anemia program, also begun in the Seventies is generally "The most profound difference between the two campaigns was that the sickle-cell screening program was mandatory in a number of states. It was Caucasian-designed and implemented—and targeted toward African Americans. According to an Office of Technology Assessment report, this led to accusations that the program was basically racial genocide. Even though by the late Seventies the mandatory aspect was dropped, the ethnic-specific program continued to fail, due to lack of education, counseling, and confidentiality of results."

Be sure to read his full report in

February-March issue of "Omni Magazine", P.16. Mr. Dworetz gives an excellent overview of the massive gene-screening projects now.

These facts are very shocking and especially so when a quick poll of readers indicates that most were under the impression that the campaign against Sickle-Cell Anemia was well on the track. We note that there have not been warnings or alerts concerning these present and immediate dangers to our collective health—not from our usually quite vocal politicians and not from our health-related agencies in this area (they are quite dependent upon a constant flow of federal dollars). Clearly, this is not a reassuring state of affairs.

As usual you will find the "Observer Newspaper" in the vanguard of a continuous monitoring of volatile national events that also impact on our northeast community. We urge the readers and their organizations to communicate their concerns—not only to us, but to other institutions considered appropriate, including the Congressional Black Caucus. Last year, you did just that in response to my revealing articles on "The Origin And Spread of AIDS" and "The Syphilis Experiments" (1/8/92). That article is so important to our understanding of just how dangerous are some renegade elements of the medical profession, that I am asking my editor to reprint it "by request".

One other caution, in the 1970's a concerned student of mine at the university rushed into class with a copy of a massive four-page document—an insidious and insulting survey instrument to be administered to "welfare recipients" in Albina. This outraged woman was just one of a number of needy black students hired by our key intercity hospital to fan out over the African American community with their deadly questionnaire. There was page after page of carefully designed questions, not just about economic status, but direct queries about social and sexual habits, life styles and grocery-shopping patterns. These comprised a careful contrived matrix to determine the presence of males and their comings and goings (clothes in the closet, razors in the bathroom), the number, health and disposition of children, pregnancies and infant mortality, legitimacy, the education of the recipients and their parents, etc. We got out the word and brought this

capert to a halt.

As we speculate whether these type operations are still going on, it is equally important: to consider the source and purpose. As I recall, the survey was designed by a university in South Carolina, and then the federally-funded project was "franchised" out across the nation to local health providers who were believed to have a better (and naive) rapport with the black communities (sizeable cash incentives were added of course). A common practice, but this "separation of powers" is often used to conceal the identity of the real designers of the project and the actual genocidal purpose if such is the case.

All such government and university-sponsored exercises in behavior modification and population control—whether about genes or crime—need to acquire an extensive data base in the minority community for maximum effectiveness. Certainly, that Albina survey instrument fits the bill. Dr. Ronald W. Walters, a political scientist at Howard University, is the black who led the successful fight to cancel last summer's conference on "Genetic Factors In Crime". He opposes all research on alleged "biological" causes of crime.

This aborted huge national gathering of scientists, physicians, psychiatrists, anthropologists and law enforcement officials was funded by that \$400 million program planned by former Health and Human Services Secretary, Dr. Louis W. Sullivan; "psycho-social research examining child abuse, drug addiction and 'other potential causes of crime'" (what happened to joblessness?). See pp. 24-29, February issue of the Scientific American Magazine and agenda of Bend conference.

Much of this controversy that has left "Sickle-Cell Anemia" research a stepchild or worse was prompted by the racist remarks of Dr. Frederick K. Gordon who now heads the "National Institute of Mental Health". Citing research on monkey violence and sexuality, he commented, "maybe it isn't just the careless use of the word when people call 'certain areas' of certain cities jungles". We are in trouble, no doubt about it!

(Continued next week, the fascinating Japanese sickle-cell gene survey, etc., and how will Oregon's new "Health-Rationing" program affect sickle-cell scanning?)

## Oregon Gonorrhea Infections In 1992 Are The Lowest In 30 Years

The 1,768 gonorrhea cases reported in Oregon during 1992 mark the first time in 30 years that the case count has fallen below 2,000, according to Michael Skeels, Oregon Health Division administrator. In 1963, when 1,783 cases of gonorrhea were reported, 1,855,000 people lived in Oregon compared to 2,979,000 people today. Thus, the 1992 rate for gonorrhea (60.3 cases per 100,000 population) is significantly lower than the 1963 rate (96.1 cases per 100,000 population), Skeels said.

While current gonorrhea rates are generally low, rates among communities of color are higher than rates among whites. In 1992, african Americans were 56 times as likely as whites to have been reported with

gonorrhea.

The decrease in gonorrheal infections is apparent nationwide, and is related to several factors, according to Skeels. Health department's and physicians have become more aggressive in diagnosing and treating gonorrheal infections. This includes identifying sex partners of infected persons and referring them for evaluation and treatment. Effective treatment is available that ensures patient compliance. Sexually Transmitted Disease (STD) education including awareness of incurable STDs such as genital herpes and HIV/AIDS has apparently prompted many people to adopt safer sex behaviors.

While the drop in gonorrheal infections is welcome, Skeels said, the rate of chlamydia infections (Oregon's

most frequently reported disease) is least three to four times as high, and no similar decreasing trend has been observed. Of particular concern are the high case rates for females aged 15-19 years. Chlamydia infections of the genital tract are associated with adverse type productive health outcomes, especially for women. In addition, mothers may pass chlamydia to their newborns and infants resulting in serious eye and lung infections.

Two of Oregon's Benchmarks, the measurable indicators of the state's progress, link prevention of gonorrhea, chlamydia, and syphilis infections with improved student and adult health. Continued and improved interventions targeted to communities at highest risk will provide the leverage needed to meet the benchmarks.

## Kaiser Permanente Offer Health Education Classes in North Portland

Several classes open to the public are being offered in North Portland this spring through Kaiser Permanente. For registration information, call Kaiser Permanente's Health Education department at (503) 286-6816.

"Parenting the Toddler and Preschooler" teaches parents of 1 to 4-year-olds how to nurture and enjoy their growing child. Class includes group sessions on child development, positive discipline, building self-esteem and encouraging responsible behavior. The eight sessions are from 6:30 to 8:30pm on Thursdays, April 15 through June 3, at Kaiser Permanente's Education & Conference Center (Town Hall), 3704 N. Interstate Avenue, Portland. Cost is \$75 for Kaiser Permanente members/couples, \$140 for the general public

(fee includes textbook.) Please register at least 10 days before the class starts.

Living with an overactive child can put stress on the entire family. Learn more about coping with this condition in "Parenting a Child with Attention Deficit Hyperactivity Disorder." Classes will be held from 6:30 to 8:30pm on Thursdays, April 15 through June 3, at Kaiser Permanente's North Interstate Services Building, 7201 N. Interstate Ave., Portland. Cost is \$75 for Kaiser Permanente members/couples, \$140 for the general public. Please register at least 10 days before the class starts.

Cholesterol and fat in your diet may increase your risk of heart disease. "How to Lower Your Cholesterol" teaches how to plan meals and modify recipes to cut fat and chole-

sterol intake. Classes will be from 9 to 11am on Saturdays, April 17 and April 24, at Bess Kaiser Medical Center, 5055 N. Greeley Ave., Portland. Cost is \$15 for Kaiser Permanente members, \$32 for the general public. A spouse or other support person is encouraged to attend at no extra charge. Please register at least 10 days before the class starts.

Kaiser Permanente's "Stress Management for Women" program can help women manage stress which accompanies the pressures of life. The eight sessions will be held from 6:30 to 8:30pm on Tuesday, April 20 through June 8, at Bess Kaiser Medical Center, 5055 N. Greeley Ave., Portland. Cost is \$80 for Kaiser Permanente members, \$140 for the general public (fee includes textbook). Please register at least 10 days before the class starts.

## Committee For Minority Bone Marrow Awareness

Leukemia is an equal opportunity disease: it affects all races equally. More than 83,000 children and adults are diagnosed each year with leukemia and other blood-related diseases in the United States. For many, the only hope for survival is a bone marrow transfusion. However 70% of the people stricken by this disease cannot find a suitable match within their families. These individuals need to find unrelated donors, people willing to come to the assistance of someone they likely will never meet.

Of the more than 10,250 registered donors in Oregon and Southwest Washington, only 120 are African-Americans. More minority donors are desperately needed, both nationally and locally. This is because unique tissue characteristics of an individual's bone marrow are inherited in the same way one inherits skin, eyes, and hair color. When no matching relative is available, the best chance of finding a matching marrow donor is someone from the same racial background. This

means that only an African-American can be a perfect donor match with another African-American. In an on-going effort to educate the community and obtain donors, the Committee for Minority Bone marrow Donor Awareness was organized. Besides making more individuals aware of the need to become bone marrow donors, the committee is dedicated to raising funds to assist local bone marrow candidates. You have the opportunity to win a 25-inch Zenith color television with remote controls for only \$5.00 per ticket, as you assist us in this worthy cause. All proceeds from the raffle will be used locally.

Thousands of minorities are affected by this fatal disease, including several in the Portland community. Together we can all make a difference as we address this critical issue.

Tickets are available at: The Portland Observer News, 4747 NE M.L.K. Wave's Hair Design, 1926 NE Sandy

Canned food donations will be accepted at the door of both PHISH performances Wednesday, March 31 and Thursday, April 1 at the Roseland Theater. Those attending are encouraged to participate in this food drive to benefit Fish Emergency Hunger Services. Your cooperation is greatly appreciated.

Activity	total tips <sup>SM</sup>		
	Calories Burned Per Hour If You Weigh About 100 150 200 Pounds		
Bicycling, 6 mph	160	240	320
Bicycling, 12 mph	275	410	545
Cross-country skiing	465	700	935
Jogging, 5 1/2 mph	495	740	985
Jogging, 7 mph	615	920	1225
Jumping rope	500	750	1000
Running in place	435	650	865
Running, 10 mph	855	1280	1705
Swimming, 25 yds./min.	185	275	365
Swimming, 50 yds./min.	335	500	665
Tennis, singles	265	400	535
Walking, 2 mph	160	240	320
Walking, 3 mph	215	320	425
Walking, 4 1/2 mph	295	440	585

Source: American Heart Association, 1990