

# Health

## Action For Children's "Give Kids A Shot" Program Extends Corporate Incentives

Portland Association of Teachers/Oregon Education Association Offers Free Immunization for 1,000 Children at Multnomah Health Clinics

Over the past six months, Action For Children's (AFC) "Give Kids A Shot" immunization awareness program has rewarded 1,000 families with free shots, Tri-Met tickets and Skippers' seafood dinners after visiting Multnomah County health clinics. AFC, in conjunction with the Portland Association of Teachers/Oregon Education Association (PAT/OEA), Tri-Met and Skippers', today announced plans to continue the program in an effort to promote immunization of children under the age of two. Incentives will be available at Multnomah County Health Clinics.

"PAY/OEA, Tri-Met and Skippers' generosity has helped begin to raise community awareness about childhood immunization, but the sad fact is that over 7,000 children under the age of two in Multnomah County

are still not adequately vaccinated," stated Rich Cohen, president of Action For Children. "Childhood diseases such as measles, mumps, rubella A (German measles), tetanus (lock jaw), diphtheria, pertussis (whooping cough), and polio should no longer be part of a child's life."

Tri-Met supports AFC's "Give Kids A Shot" program by providing round-trip tickets to offset the transportation cost to the county clinics. Skippers' Seafood & Chowder House Restaurants rewards each caregiver with a free meal and child's treat for taking this step toward better health. And free vaccinations are made possible through a donation from the Portland Association of Teachers/Oregon Education Association.

According to Dr. Tom Olsen, past president of the Oregon Pediatric Society and member of Action For Children Advisory Board, every effort should be made to confront the problem of children not receiving their needed vaccinations. For example,

from 1989 to 1995, 55,000 Americans caught measles because they had not received adequate immunization. This impacts not only the health of our children but also the cost of medical care in the United States. The United States Department of Health and Human Services (HHS) cites a ratio of \$14 in long-term medical savings for every \$1 spent on immunizations for measles, pertussis and hemophilus influenzae type b (Hib) vaccinations.

Action For Children, Inc. (AFC), founded in 1992, is an independent, multicultural grass roots political advocacy rights group based in Portland, Oregon. Its board of directors is comprised of adults and children who are chartered to promote the needs, aspirations, and rights of youth at every level of government. The "Give Kids A Shot" program is their first mobilization effort. For further information regarding Action For Children, or to become an active member, contact Action For Children, P.O. Box 12027, Portland OR 97212; 503-288-6009.

## Dr. Alvin Poussaint



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The family is the unit that shapes the choices each of us make in our lives. If the choice is a career and a family, today's demands on the individual are unprecedented. Two-career families, increased competition in the workplace, and the desire for a healthy and integrated family life all compete, with all-too-common results: divorce, violence, neglect. There has been a dramatic increase in stress-related illnesses in recent years, an ominous trend that shows no sign of decreasing. Author, psychiatrist, educator and respected social critic Dr. Alvin Poussaint can help show you how to balance these and other important issues to avoid burn-out...and build positive solu-

tions for the future.

From stress to interpersonal communication, from affirmative action to family dynamics, Dr. Poussaint is recognized as one of the country's top authorities. He has worked with corporate managers on the origins and management of stress-related work issues. In addition, because of the shortage of labor in many regions, hiring managers are selecting from a much more diverse pool of workers. As a result, managers are confronting the unique problems of supervising a staff composed of highly varied races and economic backgrounds. Drawing from both a physical and psychological perspective of human interactions, Poussaint offers insights to the manager on how to draw out the best in each worker. He is particularly helpful to those who feel they are member of out-groups, who feel they do not fit easily into traditional organizations.

Dr. Poussaint joined Tufts Medical School faculty in 1967 as director of the psychiatric program in a low-income housing project. He developed a strong interest in community psychiatry and race relations, particularly in the psychological impact of racism on the Black psyche. In 1969, he joined Harvard. He is the author of the acclaimed *Why Blacks Kill Blacks* and co-author of *Black Child Care*. He is on the staff of children's Hospital and

the Judge Baker Children's Center in Boston, and has served as a consultant to the Department of Health and Human Resources as well as for Congressional hearings. He is an Associate Professor of Psychiatry and Associate Dean for Student Affairs at Harvard Medical School.

Dr. Alvin Poussaint attended Columbia and received his M.D. from Cornell in 1960. He took post-graduate training at the UCLA Neuropsychiatric Institute, where he served as Chief Resident in Psychiatry in 1964-65, pursuing research. From 1965-67, he was Southern Field Director for the Medical Committee for Human Rights in Jackson Mississippi, providing medical care to civil rights workers and aiding in the desegregation of health facilities throughout the South.

In these times, television wields an enormous influence. Dr. Poussaint was retained as a script consultant to one of the most popular and groundbreaking shows on the television, the *Cosby Show* and later, *A Different World*. Dr. Alvin Poussaint is an advocate and influence for more responsible network programming.

Today, the juggling act of balancing home and career is an especially treacherous one. Dr. Alvin Poussaint offers creative solutions to some of today's most challenging problems.

## Latex Gloves May Cause Allergies, Expert Warns

The latex rubber gloves used with increased frequency to protect health care workers, emergency personnel or family members from infection may pose risks of their own, warns a Stanford University allergist.

Dr. Abba I. Terr, clinical professor of medicine, says that a small but undetermined number of people are allergic to latex and may suffer symptoms ranging from swelling of the hands to hives to respiratory difficulties if they use latex gloves. The federal Centers for Disease Control began tracking reported cases of latex allergy in the spring of 1991.

Terr says that physicians appear to be seeing an increase in the number of such latex allergies, since they have

been used more frequently in the wake of the HIV epidemic.

"It may not be instantly apparent what is causing the allergy, so it's important that people who use these gloves alert their physician to that fact if they develop any allergic symptoms," says Terr.

Unfortunately, avoiding latex gloves can be a bit troublesome. Alternative non-latex gloves may be expensive and may not offer the same high levels of touch and convenience, says Terr. But happily, he says, the symptoms usually go away quickly after the gloves are removed.

Of course persistent symptoms may require medical attention and could be the sign of a more complex allergy or another problem, Terr says.

### Nutrition Facts

Serving Size 1/2 cup (114g)	
Servings Per Container 4	
<b>Amount Per Serving</b>	
<b>Calories 90</b>	Calories from Fat 30
% Daily Value*	
<b>Total Fat 3g</b>	<b>5%</b>
<b>Saturated Fat 0g</b>	<b>0%</b>
<b>Cholesterol 0mg</b>	<b>0%</b>
<b>Sodium 300mg</b>	<b>13%</b>
<b>Total Carbohydrate 13g</b>	<b>4%</b>
<b>Dietary Fiber 3g</b>	<b>12%</b>
<b>Sugars 3g</b>	
<b>Protein 3g</b>	
Vitamin A 80%	Vitamin C 60%
Calcium 4%	Iron 4%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
Calories 2,000 2,500	
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300mg 375g
Fiber	25g 30g
Calories per gram:	
Fat 9	Carbohydrates 4 Protein 4

## To Your Good Health: A Mental Health Moment

BY RAY EAGLIN

Fear and worry. Emotional young children born of feelings of insecurity usually represents the basis of serious maladjustment. No matter what the age of a person he or she needs to be reasonably secure in relations with other people and able to handle situations and conditions that constitute his day-to-day life pattern. Other wise, he may retreat from what can be considered normal activity. If the fear and worry become too intense, the individual may lose contact with reality. Reality being that amount of peace and justice one may be likely to find in an inner city that never sleeps with both eyes shut.

Fear--it's causes and expression. Children are susceptible to the arousal of fears that may be real or imaginary. Fear arousing stimuli vary widely in their form and in their effect on the developing child. What to the secure child may be just one of his many new experiences may to another young person constitute an intolerable situation from which he feels himself driven to retreat. A child tends to reflect the fears of his elders. As the adult gives evidence that fears do exist he may arouse in the child evidence that the fear is rational.

It is in this manner that many childhood fears are developed, such as fear of storms, high places, death, teachers or the night. The more imaginative the child is and the less experience he has in out-going play activities with peer groups, the more sensitive he is to possible fear-producing stimuli, darkness, unusual sounds, and similar situations and conditions may so stimulate his imagination that he becomes lost in a mental world, peopled by fishheads, robbers, ghosts, and other "supernatural" agents of evil or harm to himself.

He may be in constant dread of the loss of a beloved parent or friend, the loss of a job or the inability to find one, of an accident or of personal ineffectiveness. A feeling of inadequacy and consequent fear reactions may be es-

pecially noticeable in a child who leaves home for school, and who associates with many different people outside the home, unless he has been prepared gradually by his parents or guardian or a love god for entrance into this new and larger world.

He may develop fear of the police, the landlord, a store clerk, the postman, the bus driver, his teachers, of his classmates who appear to be better adjusted than himself, or of failure in class activities. It is only as he is helped to find a place for himself in his environment that these fears can be successfully overcome. Worry is not aroused by a direct stimuli such as found in the child's immediate physical environment? But rather arises out of an imagined fear of a possible unpleasant experience.

Therefore, worry is not found in very young children. The child must have matured sufficiently in his mental abilities for him to imagine things immediately present in order that he be capable of worrying. Worry affects everyone to one degree or another. It deals with a past experience or with something that is being done at the present. If the circumstances that caused it are removed, the worry disappears. Our neighborhood child experiences worry if or when he develops an attitude of inferiority or a feeling of personal inadequacy or of utility, or if he believes that he lacks preparation for the solution of a problem with which he is faced. Worry results from the dread of meeting situations for which the child or older person feels unprepared. It represents a kind of imaginary fear of things that probably never materialize.

A child cannot be talked out of his fears nor will adult ridicule of his fear help him overcome it. Trying to reason with the child, in and of itself, will not eliminate fear. To show by personal example that the fear is unfounded may or may not meet with success. The development of certain skills often aide in preventing and overcoming unreasonable fears. In a time of crisis, the display of calmness

by those around the child will alleviate some of his tensions.

Successful achievement and enjoyable activity have positive tension-reducing value. Worry is overcome to the extent that a child and/or adult engages in meaningful activity which diverts his attention from the cause of the worry. If the worry state arises out of an actual problem situation, an attitude of willingness to meet and solve the problem is helpful. An individual's worry can be alleviated or eliminated if he/she:

- (1) Thinks through a possible solution to the problem.
- (2) Gathers considerable data that helps find the solution to the problem.
- (3) Face the worry, evaluate it's causes, and remove the causes if possible; and (4) Co-operate with other people in the avoidance or elimination of serious, worry-arousing situations.

No matter how disturbing fear may be at times, it remains an important and desirable human experience unless it takes on the characteristics of a phobia, (pathological fears, irrational). A certain amount of fear is necessary for protection from harmful elements in the environment. When a child's behavior is so conditioned that he/she becomes cautious, it is probable that fear of consequences is basic to the development of his cautious attitude. Failures and disasters have been avoided or prevented through such conditioning. The effects of socializing influences upon a child show themselves in his/her developing fear of loss of prestige or loss of recognition of his capability or achievements. Interpreted in this way, fear may serve as a opus to greater activity. To be motivated to do well or to be well liked indicates a positive, wholesome attitude based upon fear components. If you think your young child is worried or expressing excessive fear at one or many things contact your family doctor, or the local mental health organization in your area.

## Pregnant Women Have Special Needs

Pregnant women need to take special precautions against electric shock, warns an emergency medicine expert from Stanford University Hospital.

"Unborn children appear to be very vulnerable to electric injury and to be checked immediately by an obstetrician even if the mother feels fine immediately after a 'jolt' from household (alternating current) electricity," explains Dr. Robert L. Norris, assistant professor of surgery (emergency

medicine) at Stanford University.

The amniotic fluid, the liquid in the uterus that surrounds the fetus, appears to be an excellent conductor of electricity. Therefore it's quite possible that an unborn fetus can sustain extensive injury or even death from a level of current that leaves the mother unscathed and feeling fine, explains Norris, who serves as associate director of emergency services at Stanford University Hospital.

Although extensive research on

the topic of electrical injury to fetuses has not been conducted, Norris says the discrepancy between the relatively low level of pain or ill effects experienced by the mother and high risk to the fetus makes it important to be watchful and seek medical attention if an electric shock does occur.

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## Crime, Genes, Federal Grants And Your Health Concluded

BY PROFESSOR MCKINLEY BURT

Now, how did all that get mixed up with "COMMUNITY POLICING"? If you have been following this series of articles, you know very well how this situation has come about. There have been alarms sounded from not only the black media and universities (Howard, Southern), but also a "few" members of the white science establishment. However, this latter group, except for those previously cited, has joined with the criminal justice system in a frantic and outrageous effort to make up for the nationwide shortfall in funds which threatens jobs, institutions and programs at every level. A new battle cry "Minority Health."

It should not be surprising, therefore, that we find the more enterprising members of the law enforcement community, joining with physicians, psychologists, geneticists, sociologists, educators, anthropologists and politicians in a concerted effort to tap the gold mine of federal funds provided by Dr. Louis W. Sullivan's half-billion dollar "Health Initiative". Nor should it be surprising that I reported here on 3/31/93, "Sickle Cell Anemia Scanning Sidetracked" Funds Diverted To Screen For "Black Crime Genes".

It is in the context of that latter concern in particular, that I wrote several existing Washington agencies involved with African American health issues, and just got off a letter to black congress woman, Cardiss Collins (D.Ill). She recently, won approval for a "Federal Office on Minority Health" from the House Energy and Commerce Committee. Again, within that same context, you may also wish to get a copy of the following book: "Technologies For Detecting Heritable Mutations In Genes", No. 1875343, \$9/98, 2.50 shipping. Barnes and Noble, 126 Fifth Ave. N.Y., N.Y. 10011 (published by a FEDERAL task force--are you surprised?)

In all my exchanges with readers and others, I find little opposition to "Community Policing" as such. The residents of both African American and White communities are desperate to gain security in their neighbor-

hoods--and schools. Some be leagured citizens have even remarked on a successful use of this type law enforcement in England and Japan. But all of this tentative approval is almost universally combined with certain reservations, not only emphasized here the past month, but born of a long-term racial experience. It was the Arabs who warned of what to expect if you ever let the camel get his nose under the lap of the tent--The FBI and COINTEL PRO?

In a somewhat lighter vein (just a little bit) I have put together an alternative criteria to be used in screening for CRIMINAL GENES among populations that have "demonstrated a knack for wrongdoing": Congress people who write bad checks, savings and loan executives, Junk bond salesmen, Lobbyists, Ku Klux Klan members, skinheads, brutal policemen, Irish terrorists, Sicilians, Serbs, roofing and siding salesmen, used car dealers, etc.

You can see how stupid and ridiculous a genetic approach to law enforcement can become--and how dangerous when a legitimate process allows itself to be infiltrated by some of the same genocidal fraternity that introduced racism into the interpretation of IQs and the formulation of immigration quotas. Be sure to read "The Mismeasure of Man" by Stephen Gould. It is frightening to realize how many of our most highly educated and respected professionals can descend to the level of Hitler's Nazis--driven by greed, grants and garnishments (and need for prestige among peers). "Ethnic Cleansing" is not a foreign concept.

There seems to be some resurgence of national media interest in Sickle-Cell Anemia; probably prompted by that growing awareness among African Americans of the incredible bumbling we described last week. It is not as strong as it should be yet, but Sunday afternoon on "Family Practice Update", this disease was discussed by two experts, Dr. Felix Feldman and Dr. Melvin Gerald (black). Both emphatically cited a pressing need on the part of inner-city parents and physicians to better un-

derstand the protocols for screening and treatment. Throughout the discussion, there was a constant reference to an "Action calendar" in respect to prenatal, infant and childhood intervention (state laws and procedures differ).

Now, regarding that "Fascinating Japanese Sickle-Cell Anemia Survey". What is really "fascinating" is the fact that such a broad-scale, initially highly-publicized venture by the most reputable and well-intentioned scientists should suddenly have been aborted--dropping from sight like the Titanic. Originally, the screening was to have covered certain populations of Southeast Asia and some Pacific Island, and then move "westward" to the borders of a "Middle East" population whose blood had already been screened by westerners (this latter population definitely had the Sickle-Cell gene, from North African to the other populations surrounding the Mediterranean Sea and Persian Gulf). Circa 1978-79.

Undoubtedly, you readers have reached the same conclusions that I did about the source and kind of pressures that would have been brought by western nations to halt such an "embarrassing" screening process. This opposition would have come from beyond groups like these Jews who opposed the massive "Tay Sachs-carrier" gene screening that began in the U.S. in 1971 to detect a disease mostly found among East European Ashkenazi Jews and their descendants. The Japanese screening would have destroyed the increasingly shaky presumptions about a "European identity" for the developers of civilization and culture. Reenter African Genes.

Once again Sickle-Cells may have saved the African. Not from malaria this time, but from insidious attempts to banish him from his proper role in the historical scheme of things. "God works in mysterious ways!" Go back and read them again--Anta Diop, The African Origin of Civilization; J.S. Rogers, Sex And Race, I & II, Also, Chancellor Williams, The Destruction Of Black Civilization; Bernal, Black Athena I & II.