

HEALTH

The Portland Observer

New Physicians Join Bess Kaiser Medical Center

Jean Marie Lien, MD, and Vicki Sands, MD, have joined the Kaiser Permanente medical group. Both will practice at Bess Kaiser Medical Center, 5055 N. Greeley Blvd.

Dr. Lien practices perinatology in the hospital's Neonatal Intensive Care Unit. She completed her medical education at Jefferson Medical College in Philadelphia and an internship and residency at the Medical Center of Delaware. She went on to serve a fellowship in Maternal-fetal medicine at the University of California, Irvine. A native of Taipei, Taiwan, Dr. Lien is board certified in obstetrics and gynecology.

Born and raised in Oregon, Dr. Sands practices at emergency medicine. She is a graduate of Oregon Health Sciences University and went on to complete an internship and residency at Stanford University and Kaiser Permanente Santa Clara Medical Center, both in California.

Bess Kaiser Medical Center is one of two Kaiser Permanente non-profit community hospitals serving more than 380,000 people in Northwest Oregon and Southwest Washington.



Dr. Jean Marie Lien is one of the new physicians at Bess Kaiser Medical Center.

Plans Announced For Phase II Clinical Trial

Of CPC-111 In Sickle Cell Crisis

Cyros Pharmaceutical Corp., a development-stage company, reported that it has completed its preclinical analysis of CPC-111's effects on sickle cell disease and has concluded that a Phase II trial of CPC-111 in patients in sickle cell crisis is warranted.

Paul J. Marangos, chairman and chief executive officer, commented: "This analysis is part of our ongoing efforts to investigate all of our patented indications of CPC-111. We believe that this drug can ameliorate the horrible effects of sickle cell disease. If this is borne out in our

clinical trials, then it will be possible for the company to market CPC-111 sooner than expected."

Sickle cell disease is a genetic disorder. A patient needs two genes to have the disease in its full-blown form. Patients with one sickle cell gene are carriers for the disease and can pass the disease on to their children, but do not have the crisis themselves.

Sickle cell disease is principally restricted to African Americans and some Americans of Mediterranean origin. It is estimated that up to 8 percent of African Americans are

carriers of the disease.

The disease is caused by defective red blood cells, which not only carry oxygen inadequately around the body, but also form an abnormal sickle shape. Sickled red cells then plug up small blood vessels, causing various degrees of ischemia (lack of oxygen) in the organs that those vessels supply.

A recent paper in the New England Journal of Medicine reported on an independent epidemiological study that showed the median life span is shortened in patients with two sickle cell disease genes.

Rising Gun Ownership May Lead To More Teen Suicides

More and more Oregonians are buying guns to protect their families against crime. The tragedy is that bringing a gun into the home may increase the possibility of a teenage family member succeeding in killing themselves.

In 1992, close to 700 Oregonians under age 20 tried to kill themselves. Most took sleeping pills or poison or tied slashing their wrists. Teenagers who tried those methods usually survived. However, when young people picked up guns, the chances they would die increased greatly. Of 34 teenagers who shot themselves, 28 died.

That frightens Kaiser Permanente pediatrician Virginia Feldman, MD, who practices in North Portland. "Firearms were used in only 5 percent of all reported suicide attempts in Oregon,

but they account for 70 percent of all suicide deaths," says Dr. Feldman. "The reason is sad but simple. Bullets are effective."

Youth suicide rates in Oregon have risen dramatically over the past two generations. From the late 1950s to the 1990s, the suicide death rate among high-school-age teenagers ballooned from 2.8 death per 100,000 teens to 17.8. For boys 15 to 19, the rate has climbed even higher, to 28.7 completed suicides per 100,000 teenagers.

Having more guns around can only worsen the situation, cautions Dr. Feldman. "Teens are impulsive. If there's a gun in the home, a suicidal teenager will be tempted to use it instead of a less lethal method. Instead of seeing their child wake up in the hospital with bandaged wrists

or their stomach pumped, parents will be mourning the senseless death of their child," says Dr. Feldman.

She advises parents of teenagers to:

- Remember that not all teenagers who attempt suicide show recognizable signs beforehand. Parents may be wrong if they think they can predict when a gun might pose a danger to their teenager.

- Keep guns out of the home, at least until teenagers have moved out. If you don't want to part permanently with a gun, store it with a friend or relative who don't have children or teenagers.

- Be aware that gun safety rules for children -- keeping your gun in a locked place with bullets stored separately -- may not deter an older youth. Teenagers are more resourceful.

Smoking Reduces The Chances Of Becoming Pregnant

Women who smoke are three times more likely than nonsmokers to have high levels of a hormone that indicates that they have fewer eggs available for pregnancy. In the study, supported by the National Institute of Child Health and Human Development (NICHD), Dr. Fady Sharara and his colleagues studied 210 infertile women between the ages of 35-39; 65 of the women smoked and 145 had never smoked. The investigators

discovered that infertile smoking women have a "significantly increased risk of diminished ovarian reserve" -- an indirect measurement of the number of eggs remaining in the ovaries. They ascertained the number of ovarian eggs by testing the women with the clomiphene citrate (or CC) challenge test, which causes the body to produce follicle stimulating hormone (commonly known as FSH), and is used to gauge

the ability of a woman to become pregnant.

The evidence that smoking impairs fertility corresponds with other known risks of smoking to women, including irregular menstrual cycles, and an earlier-than-average onset of menopause. Contact: Dr. Fady Sharara, (312) 996-7430; Judy Folkenberg, (301) 496-1766. (Fertility and Sterility, Vol. 62, NO. 2, August 1994, pp. 257-62)

Volunteer Opportunities Available

Portland Multnomah Commission on Aging is looking for volunteers to serve as S.A.F.E. Ombudsman (Special Advocates For Elders). These volunteers assist seniors living in housing projects resolve concerns over housing issues. There are 15 public housing projects in Multnomah County. A one year commitment is required, with a need to visit clients once a week. Professional training will be given in areas such as elder abuse, conflict and problem resolution, effective communication, etc. This is a first in the nation -- will provide nationwide model.

Portland Adventist Medical

Center's "Health For Life" Department needs assistants in their Health Van which goes to various locations in Portland. Volunteers help by greeting and registering people, talking to them about health issues, if possible, and making them feel comfortable. Any medical knowledge or experience will help but is not a requirement. Choose your own hours and days.

Oregon Health Division - Primary Care Program is looking for Phone Surveyors to call physicians' offices to get answers to a two-page survey which is designed to measure the availability of physicians through-

out the state to serve special populations. These special populations include low income, Medicaid clients, seasonal migrants and homeless people. This phoning can be done at the volunteers' homes and/or at the State Building, 800 NE Oregon St. any morning or afternoon shift, Monday through Friday.

If interested or seeking more information, please contact Helen Wahl, RSVP, at 229-7787. RSVP is a part of the Corporation for National and Community Service and is sponsored locally by Legacy Health System at Good Samaritan Hospital & Medical Center.

Health Tips For October, 1994

Kids are back in school. For many children, this means being home alone after school while their parents are at work. For many parents, it means concerns about how safe their children are when they're home on their own.

"The American Academy of Pediatrics recommends that children under 13 should not be left alone," says Virginia Feldman, MD, chief of pediatrics for Bess Kaiser Medical Center in North Portland. "Even teens are at greater risk for poorer health when they're unsupervised. Studies show that such teens are more likely to be involved in sexual activities and drug use. Well-orga-

nized after-school activities, such as sports, can reduce these risks."

What's a parent to do when such programs aren't available? "How you talk with your kids when you're not there has a lasting effect when you're not there," says Dr. Feldman. "The same studies show that teens have lower rates of drug use and pregnancy when their parents discuss their values with them, and know where they are and what they're doing."

To help your children be safe when you aren't there:

- Stay in touch -- call them frequently from work.
- Have them call you if they go to a friend's house or make some other

change of plans.

- If there are guns in the house, keep them locked up and store the ammunition in a separate place.
- Have them take a "home alone" safety class -- many school offer them.

"It's also important to have an exit plan in case of fire," says Dr. Feldman, "and to make sure they know how to reach 911, relatives or neighbors, and how to give their complete address. Practice with your youngster. Many kids, even older ones, don't know how to give essential information, yet it's as important for help to reach them as it is for them to call for help."

Oregon Receives Cancer Prevention Grant

Lives of women in Oregon will be saved, thanks to a \$7.5 million federal grant that recently was awarded to Oregon Health Division.

The Centers for Disease Control grant will provide breast and cervical cancer screening to thousands of women who have low incomes and have no public or private insurance coverage. Health Division will distribute the funds in conjunction with the Oregon Breast and Cervical Cancer Coalition at a rate of \$1.5 million per year for five years.

Lolly Champion, Co-Chair of the Oregon Breast & Cervical Cancer Coa-

lition emphasized the importance of this grant. "This is one of the largest grants for women's health the state of Oregon has ever received. Our hope is that it will make breast and cervical cancer screening a reality for all women in Oregon."

Screenings will begin early next year in Marion, Multnomah and Union Counties and will expand to other counties over the next five years. In addition, the Health Division will collaborate with the Northwest Portland Area Indian Health Board to make screening services available to Native American women. The grant funds will also be used to expand public and

professional awareness of the value of early detection & screening.

At least 17% of Oregon women age 50 and older have never had a mammogram. Approximately 17% of women age 18 and older have not had a Pap test in the past three years.

During 1994, an estimated 2,100 women will be diagnosed with breast cancer and an estimated 170 women will be diagnosed with cervical cancer. However, regular screening increases the possibility of early detection and saves lives. If these diseases are found in time, the cure rate approaches 100%.

The Portland Observer
welcomes health articles from the community.
If possible, please include photos.



HEALTH FOCUS

James L. Phillips, M.D.

Baylor College of Medicine in Houston

Make organ donation a life-saving responsibility

When it comes to organ donation, many African-Americans have serious misgivings.

Because of a hesitancy to donate organs, the African-American community is suffering from a lack of compatible organs. For example, in 1993 here in the Houston area, 26 percent of people on waiting lists for organs were Blacks, while only 10 percent of organ donations came from African-Americans.

This is important since graft survival (how successful the organ "takes" to the recipient) is higher when organs are transplanted within the same ethnic group.

The best "match" for African-Americans are organs from African-Americans. Unfortunately, this more desirable match does not occur often enough.

Why are we so reluctant to donate organs?

Perhaps it's a misunderstanding of the organ removal process itself. Many people believe that organ removal will disfigure the body or that the deceased has "suffered enough."

In truth, organs are only removed upon consent of family members or with pre-arranged consent of the donor through the signing of an organ donor card or some other document that conveys consent. That's why it's important for you to discuss your wishes with your family. You can explain that removal of organs does not disfigure and open casket funeral services can still be held.

Family members of people who have suffered long illnesses may see organ donation as "continuing the pain." While this seems illogical, I

certainly understand the family's concern in not wanting additional complications. But in truth, organ donation can vastly improve quality of life, and often saves lives of the recipients.

Given the facts, it's easy to see why organ donation is necessary. Nationally, African-Americans are the largest minority group on waiting lists for donor kidneys. Even though we make up only 12 percent of the U.S. population, we account for 34 percent of all kidney failure patients.

According to the United Network for Organ Sharing, black patients who suffer from kidney failure wait twice as long as their white counterparts for a kidney transplant. In most cases, African-American organ recipients depend on kidneys from cadavers instead of living donors.

That's why knowing the facts about organ donation is crucial. Here are a few common questions about organ donation:

Why should I donate my organs? Many diseases that hit African-Americans especially hard can lead to a need for transplantation. For instance, high blood pressure can eventually cause kidney failure. In fact, blacks with high blood pressure are seven times more prone to kidney failure than their white counterparts. It's possible you may be the one to benefit from a donated organ.

What will it cost? There is no charge for donation.

Will signing a donor card affect medical treatment I receive while alive? No. It would be extremely

unethical and illegal to offer you anything but the best of care just because you have demonstrated a willingness to donate organs upon your death.

Which organs can I donate? You can donate organs and tissues including the heart, lungs, liver, kidneys and pancreas, as well as the corneas, bones and skin.

Does organ donation really make a difference? You have an opportunity to bring happiness out of a time of grief. By donating your organs, you can make it possible for others to live healthy, productive lives.

Will it conflict with my religion? Most mainstream Protestant and Catholic churches support it. Donating your organs is an individual decision. However, if you have some concerns, talk to your clergyman.

What do I have to do to become a donor? Discuss it with your family and sign an organ donor card in the presence of two witnesses. You can indicate your wishes when you renew your driver's license. Talk to your local motor vehicle license bureau, or an organ donation group in your area.

The reasons for not donating organs are many and usually result from fears, misunderstandings and lack of information. April 17-23 is National Organ Transplantation and Donation Awareness Week. Take the time to find out more about this precious gift. Organ donation is one of the most generous acts of kindness that you can do for another.