

Health & Science



African American Women Heads National Medical Association

Yvonne Smith Veal, M.D., today, began her reign as the 94th President of the 100 year old National Medical Association (NMA). Affiliated with the National Medical Association since 1966, Dr. Veal has served in various elected and appointed positions locally and nationally, including: member and the only female to serve as Chairman, Board of Trustees; member of the House of Delegates since 1975; Region I Chair; first Vice President; Executive Secretary; Chair, Ad Hoc Committee to Reorganize the House of Delegates; and Co-Principal Investigator NMA/Center for Disease Control Breast and Cervical Cancer Project.

Dr. Veal is currently the Senior Medical Director, United States Postal Service for the New York Metropolitan area, one of ten such positions nationwide. She is also an Occupational Medicine Certified Medical Review Officer. From 1975 to 1981, Dr. Veal served as Medical Director of Medical Affairs of the East New Neighborhood Family Care Center, Brooklyn, New York. In 1981, she returned to Queens as Medical Director of the Carter Community Health Center. In 1984, she began her employment with the United States Postal Service, first as a contract physician, and in 1985, as the Long Island Field Division Medical Officer.

In her address to the assembly at the NMA Centennial Convention in Atlanta, Dr. Veal stated, "the NMA must do all it can to make a difference in the numbers of African-American physicians who can, and will serve our communities with compassion and excellence." In response to recent court rulings on affirmative action, Dr. Veal challenged NMA members to loudly protest the reversal and erosion of opportunities that minorities deserve and fought for during the 1960s. "We must become stronger and more aggressive advocates for what is just and right. The NMA must be vigilant and continue

to play a pivotal role in representing our physicians and the patients we serve." Dr. Veal announced that her goals for 1995-96 are to: Develop membership initiatives aimed at recruitment, retention, and reclamation of members; Continue education and leadership efforts in managed care; Continue to advocate for passage of health care reform legislation which includes universal coverage that is affordable, accessible, portable and provides quality care and choice; Enhance the visibility of the NMA; and Address gender and racial disparities in the health care industry.

Dr. Veal concluded by offering the means in which to implement her initiatives, "together, we must foster a spirit of networking, a spirit of cooperation, partnership agreements, and a vision for the future." The House of Delegates also elected Randall Morgan, M.D., President-Elect; Nathaniel Murdock, M.D. Vice President; Purnell Kirkland, M.D., Speaker; Niva Lubin, M.D., Vice Speaker; Lawrence Sanders, M.D., Secretary; Guthrie Turner, M.D., Treasurer; Francis Blackman, M.D., Corporate Trustee; Donna Green, M.D., Region I Trustee; Gary, Dennis, M.D., Region II Trustee; Eric Buffong,

M.D., Region III Trustee; Javette Orgain, M.D., Region IV Trustee; Sandra Gadson, M.D., Region IV Trustee; L. Natalie Carroll, Region V Trustee; and Michael LeNoir, M.D., Region VI Trustee. The National Medical Association, founded in 1985, is the oldest National African-American professional organization. It represents the interests of more than 22,000 African-American physicians in more than 23 specialties. Headquartered in Washington, D.C., the NMA has over 120 chapters throughout the United States, Puerto Rico, and the US Virgin Islands.

Agency Says Second AIDS Virus Rare

A type of AIDS virus most commonly found in western Africa remains "extremely rare" in the United States, federal health officials said last week.

The Centers for Disease Control and Prevention said HIV-2 has been

found only twice in an estimated 74 million blood and plasma donations screened over the past three years. In both cases, the infected blood was destroyed or discarded, and the virus did not enter the nation's blood supply.

In 1992, the Food and Drug Administration ordered that all blood and plasma donations be tested for HIV-2 as well as HIV-1, the common form of the AIDS virus in the United States.

Dr. John Ward, the CDC's chief of HIV/AIDS surveillance, said that not only is HIV-2 "extremely rare" among blood donors, it is also less likely to cause AIDS.

"It appears that HIV-2 may not be as virulent as HIV-1 in the sense that people do not appear to progress as readily or as quickly to AIDS," he said.

The CDC estimates that 62 people in the United States have become

infected with HIV-2 and five have died. The first case of HIV-2 infection was diagnosed in West Africa in 1986 and two-thirds of those infected with the virus in the United States were born in western Africa.

"HIV-2 appears to continue to be localized in countries of western Africa," Ward said. "In cases where it's diagnosed elsewhere, most of those people will have some type of contact with western Africa, either through sexual contact with someone from western Africa, or actually having lived there."

Both of the contaminated donations occurred last year, the CDC said. One involved an American woman who did not know if her sexual partners were HIV-infected. The other involved a Frenchman who had lived in western Africa for six years, had numerous sexual partners and had twice been vaccinated with needles that were reused with other patients.

Study Finds Surgery Not Always Needed

Many older men with low-grade prostate cancer may expect a normal life span without undergoing potentially debilitating radiation or surgical treatment, researchers said last week.

Scientists studying the medical records of 451 Connecticut men in whom localized prostate cancer was diagnosed from 1971 to 1976 found that those who received little or no treatment for the condition were no more likely to die sooner than healthy men of the same age group, which was 65 to 75 years.

But among men in the same age range with more aggressive, higher-grade prostate cancer, the study found, life expectancy was six to eight years less than that of the healthy group when the malignancy was treated conservatively with hormone therapy or no intervention.

Dr. Peter C. Albertsen of the

University of Connecticut Health Center in Farmington and his colleagues from other institutions said men examined in their study with low-grade prostate cancer showed no cancer mortality before seven years of follow-up. And their 15-year cumulative mortality from prostate cancer was 9 percent.

The report, published on Wednesday in *The Journal of the American*

Medical Association, said the findings suggested that more aggressive treatment of these slow-growing and spreading tumors in older men was unwarranted.

"Men aged 65-75 years diagnosed as having low-grade prostate cancer face no apparent loss in life expectancy compared with a relevant general population," the report said.

Albertsen said in an interview

that the study was the first survival analysis of conservatively treated prostate cancer in the United States in which general population figures were used for comparison purposes. The value of the study, he said, is that it provides a conservative baseline for predicting survival if the cancer receives little or no treatment.

He said the information was valuable for judging the effect upon survival of the more aggressive treatments being used today, including radiation and surgery to remove the tumors. While many doctors assume those therapies improve survival, studies to assess their effects, particularly with early, slow-growing tumors, are still going on, he said.

Dr. Gerald W. Chodak of the University of Chicago described the Connecticut research as a well-designed and thorough study that lent support to the practice of "watch-

ful waiting" with low-grade prostate tumors in older patients. "This study is important for reinforcing information we can provide patients about how to treat prostate cancer," Chodak said. "It will help show patients what to expect from having aggressive treatment now, or delaying or forgoing it in some cases."

Some early or slow-growing prostate cancers can take 10 to 15 years to become life-threatening.

For several years, doctors treating elderly patients have debated whether to simply monitor the progress of these cancers and provide symptomatic treatment, or to attack the malignancy aggressively. In most patients, surgery and radiation treatment can result in impotence or incontinence, for years or the rest of life, and some experts say there is little evidence that aggressive treatment adds years of survival to the very old.

Prescription Drug Info Campaign Proposed

Federal health officials have proposed a voluntary program to give patients more and better information on the proper use of prescription drugs.

The proposal calls for clearly-presented leaflets to be handed out with drugs giving such information as the drug's approved uses, circumstances under which it should not be used, side effects, and cautions related to proper use.

"Consumers deserve clear, readable information to help them use drugs correctly," Health and Human Services Secretary Donna Shalala said in a statement.

She said the program would give patients more control over their health care and be especially helpful to older people, who often need to know the importance of using drugs according to prescribed use and about

possible drug interactions.

The Food and Drug Administration, the Department of Health and Human Services agency overseeing the program, said a survey showed that about 55 percent of people using drugs received substantial information about the drugs, but the quality of the information appeared to vary greatly.

The FDA said that, working with health providers, it hoped that 75 percent of patients would receive the leaflets by the year 2000 and at least 95 percent by 2006.

It added that if the goals were not met, one option was to require

FDA-approved patient leaflets or to seek public comment on how a mandatory information program should be established or whether other steps could be taken to reach the agency's patient information goal.



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