

Health & Science

Drop in U.S. SIDS Rate Gives Hope

Sweet dreams...It's what every parent says to their little one before he or she drifts off to sleep.

Safe sleep...It's what every parent silently hopes for, not wanting to think about their baby falling victim to the tragedy of Sudden Infant Death Syndrome (SIDS).

For parents who experience the loss of their infant, the pain can be unbearable. All those who welcomed and loved this child must deal with grief, guilt, and the question of why this happened to their child.

SIDS death produce intense and traumatic reactions among surviving family members, friends and health care providers. There are multiple victims of SIDS—the deceased infant and surviving family members.

What is SIDS?

SIDS is the sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of an autopsy, examination of the death scene, and a review of the clinical history.

SIDS may claim tiny lives, but it is no small matter. Suddenly and unexpectedly, over 6000 infants die each year—that's one baby in every 500 births—one baby every hour of each day. Many more infants die each year from SIDS than all children who die from cancer, heart disease, pneumonia, child abuse, AIDS, cystic fibrosis, and muscular dystrophy

combined over a 14-year period.

SIDS strikes families from all races, ethnic and socioeconomic backgrounds.

SIDS is the major cause of death in infants after the first month of life.

SIDS victims appear to be healthy prior to death.

At this time, SIDS cannot be predicted or prevented, even by a physician. There appears to be no suffering; death occurs very rapidly, usually during periods of sleep.

The highest incidence is between 2-4 months of age, and occurs more frequently in fall, winter and early spring months.

SIDS can occur anywhere—in the crib, couch or bed at home, at day-care centers, and in the homes of friends and relatives.

What SIDS is not:

SIDS is not caused by external suffocation.

SIDS is not caused by vomiting and choking.

SIDS is not contagious.

SIDS does not cause pain or suffering to the child.

SIDS is not caused by child abuse.

Recent progress noted:

For many parents and parents-to-be, the risk of this tragedy has decreased 30% in the last 3 years largely due to the national Back To Sleep Campaign. Back To Sleep follows the American Academy of Pediatrics recommendation that

babies should be placed on their backs to sleep.

October is National SIDS Awareness Month, timed to coincide with the advent of the cold winter months and the peak incidence period for SIDS.

As Oregon's Chairperson for SIDS Awareness Month, Sharon Kitzhaber states: "While deaths are declining, the numbers are still too frequent. Each death represents the lost dreams and hopes that all parents have for their children. If all of us take steps to learn about ways that can reduce the risk of SIDS, we can collectively work together toward the ultimate elimination of this tragedy."

We join Mrs. Kitzhaber's efforts to educate parents and child caregivers about steps to reduce the risk of SIDS, and help us elevate SIDS to a level of concern appropriate to one of our nation's major causes of infant mortality.

Reducing the Risk of SIDS:

Altering parenting practices can reduce an infant's risk of falling victim to SIDS. However, it is important to realize that this is not a "cure" for SIDS. Risk factors alone do not cause SIDS. Researchers still do not know what causes infants to die suddenly. Even if parents follow all of these guidelines, there is no guarantee that their infant will not fall victim to this silent killer.

Body, Mind, and Spirit

Healing myself and others is where my love lies.

At the age of 17, I met a nutritionist who gave an informal talk about her work. She painted a picture of True Health. According to her, being healthy meant having high energy throughout the day, glowing complexion, bright eyes, clean blood free of impurities, clarity of mind, inner peace and a loving disposition. That intrigued me enough to want it. Ms. Harrington was the very catalyst that started me on the path of self-healing. I asked her to show me how.

She started by removing heavily processed foods from my diet. As a replacement, I was ordered to eat organic fruits and vegetables and drink distilled water. There were a lot of strange herbs to take with it. She also prescribed regular walking, meditation and yoga. It was different, but I persisted with the program.

Within a few days, I noticed remarkable changes. I experienced strength and a sense of well-being as never before. It was a wondrous transformation! I exuded health and just 'glowed' it. Ms. Harrington gave me enough guidelines to make staying healthy a lifestyle.

I have shared this story because



WRITTEN BY JOY RAMOS

it was a turning point for me. It is my purpose to inform and teach healthful ways of being. As an important reminder, I am not a medical doctor and cannot prescribe or make any medical claims. I am a student of the Health Sciences. If you have a health concern, please consult with a licensed medical practitioner.

Trying to stay healthy is an ongoing, conscientious process. I am excited to write about it, especially during these times when our society is collectively undergoing a transfor-

mation for its own health and mental well-being.

I chose the path of the healer and received formalized training in Oriental Medicine. The schooling was remarkable. My education was in Acupuncture, Herbs and Nutrition.

A holistic healing involves the Body, Mind and Spirit. This is a more 'whole' approach. Healing in one area directly affects other dimensions of our being. Throughout this month and the coming year, I will be introducing many kinds of healing practices, interviewing healers and addressing health issues. A new book will also be featured monthly. My writings will cover such topics as Eating According to the Seasons, Mindfulness, the Power of Prayer, Voluntary Simplicity, etc.

I value my role at the Portland Observer. It is my responsibility to relate as a writer in helping to heal what you deem necessary in your life. My job is to encourage the process. It is my hope that the energies you spend nurturing yourself out of self-love and discipline would in turn profoundly affect your family and community.

I openly welcome any comments and suggestions. Your feedback is important.

Enjoy Holiday Eating Without Guilt

Follow the Ten Habits of Naturally Slim People

By JILL H. PODJASEK MS RN
AUTHOR OF THE TEN HABITS OF NATURALLY SLIM PEOPLE...AND HOW TO MAKE THEM PART OF YOUR LIFE

Holidays and Overeating...are They Really Synonyms? It is a tradition all over the world: Festivals, Families and Food. They go together. Oftentimes at holiday celebrations the emphasis seems to be more on Food, and mass quantities of it, than anything else! Food preparation may begin days or weeks in advance. We sometimes place our entire sense of self-worth on whether our families or friends like the dish we made. Mother knows (or thinks she knows) our favorite dishes from childhood and appears suicidally morose if we refuse a second or third helping of them.

Let's face it. For those of us who have or have had any type of eating disorder, or those of us just trying to watch our weight, the holidays can be Hell.

This year, do yourself a favor. Don't enter the holiday season with dread, stoic martyrdom or resignation to stuff yourself and diet in January. With a little mental preparation, you can enjoy food over the holidays without becoming overwhelmed. The mental preparation I am talking about involves changing your attitude about who you are and how you handle food and eating.

You are not Your Diagnosis

Our society is very good at naming things: people, places, symptoms, disorders. However, often times labels meant to help people, become crippling to their power to recover. This crippling is mental, not physical and it can be overcome. Some of the labels we are familiar with that have to do with food, weight and body issues are: obese, fat, compulsive overeater, binge eater, anorexic, bulimic, low self-esteem and

more. These labels or diagnoses are quite helpful in summarizing a group of symptoms, or a physical state of health. Especially when seeking specialized treatments. The problem occurs when people start identifying themselves as a diagnosis such as: "I am a compulsive overeater" instead of "I compulsively overeat", or "I am a bulimic" instead of "I have bulimia". This may sound petty but it is a practice that violates our ability to identify with our Self and our wholeness.

We are all, regardless of diagnoses, three dimensional human beings. We are a spirit, a unique and perfect soul. This soul resides in a physical body and possesses a powerful mind. Three dimensions, spirit, mind and body. As three dimensional beings we may have physical, mental, or spiritual problems... but we are not the problems. Who we are transcends those problems.

We are All Natural Instinctive Eaters by Birth

Underneath your problems and issues is an inherent wholeness that you can tap into. In regards to food and eating it is imperative that you know that you were born, naturally slim and that you were born a natural instinctive eater. As a baby you knew when, where, what and how much to eat without anyone telling you. You have all the raw material to be at peace with food and to reach a healthy body size right inside yourself! You just need to be reminded of those natural instincts. And, like someone who has been paralyzed for years, you will need to take slow, small steps, to regain your confidence in these natural instincts.

First, however, you need to know what these natural instincts are. And, what better time to learn them than now? Consider them a holiday gift to yourself!

Volunteers Need To Lead

Health Decisions '98 Community Meetings

Believing that every Oregonian has a vital interest in health care and how health policy in Oregon will be shaped in the future, Oregon Health Decisions (OHD) is presenting a series of statewide community meetings that began this month and end March, 1998. The meetings will take a "for, with and by the community" approach with citizens in cities and towns across the state leading and participating in the health care discussions.

Volunteer leaders are being recruited to facilitate the Health Decisions '98 meetings. "We are seeking interested Oregonians to lead the meetings", says Garland, OHD board member and project leader. "They will be trained and given the tools to facilitate meetings in their communities. With their help, we will be able to bring together a broad cross section of Oregonians to participate in the dialogue. We want everyone to have a voice in shaping the future of

health care policy in Oregon. Our slogan, 'Speak Out, Oregon,' says it all." Garland emphasizes, "as Oregon health reform broadens in scope, citizen involvement will be vital to the health policy decisions that must be made. Only Oregonians," he adds, "can tell us what they think is fair."

Garland sees Health Decisions '98 as "an opportunity for all Oregonians to talk about what's working and what isn't, and discuss their values about sharing the cost of health care

coverage. We'll be asking everyone to tell us where they think we should go from there."

The organizers hope to cover all demographic groups in each community including business people, the elderly, low income families, racial and ethnic minorities. After the meetings, leaders will report back on issues and values pinpointed at their meetings and help coordinate an interim report to present to the Oregon Health Council.

Holiday Stress Relief

Although everyone gets excited about Christmas and no one wants to be a grinch, we have to face the reality—Christmas, Hanukkah, New Year's can be distressing, depressing, and disappointing.

We begin the holiday season with too much to do—unfulfilled expectations, time pressures, financial responsibilities, and memories of holidays gone by (some are wonderful and some painful). We are reminded of family members no longer here and family and friends far away. Unfortunately, the unpleasant memories of our past last longer and take a greater toll on us than the good memories.

This all leads to tremendous stress and wear and tear on our bodies.

We rush too much. We eat and drink too much. We sleep too little.

The results are: headaches, sleeplessness, anxiety, depression. We need to understand that everyone is feeling the pressure. Some just hide it better than others.

So what can we do about holiday stress? First, recognize that this is going to be a period when there will not be enough hours in the day.

We will have pressures at work, such as year end reports and making calls to people who may be difficult to reach because of their holiday

schedules.

We will have family pressures, family members will want that little extra attention from us—shopping for gifts, decorating the home, cooking the holiday feasts, sending holiday cards, and cleaning up after the parties.

You will have your own pressures—wanting to leave the office early to shop for family and friends, attending holiday parties, and visiting friends and relatives.

Second, realize that everyone is under the same pressures that you are. Everyone wants to get finished quickly and avoid the aggravation of waiting—conversations should be kept to a minimum and remember that tempers are likely to be shorter especially if you've had to wait for something.

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Do You Have These Symptoms?

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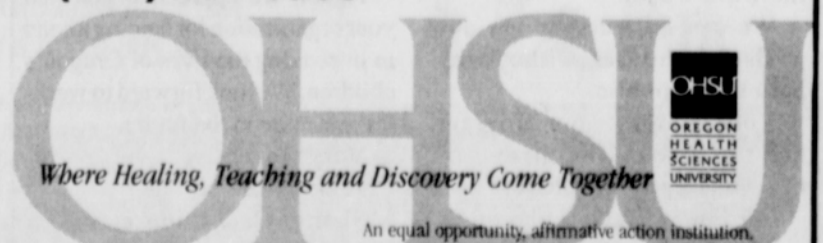
Participate In A New Free Research Study

You may qualify to participate in the Oral Health Enhancement Study being conducted by the Russell Street Dental Clinic, a part of OHSU. Volunteers must be HIV positive, 18 to 65 years of age and have at least 15 teeth.

Benefits

Participants will receive free root canal treatment, free CD4 counts and viral load blood tests, free check-ups, and \$125 for participation. Participants will also be helping to improve the quality of life for people with HIV.

For more information, call: (503) 494-6300



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