

Health & SCIENCE

Less Heat, More Light On Preventable Diseases

BY WINSTON GRINER, M.D.

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As we approach the 21st century, infectious and parasitic diseases remain serious problems. It's fine for President Clinton and other world leaders to discuss, even adopt, measures to combat distant threats like heat induced ailments from global warming, but the significant health problems facing the world today are not hypothetical. They are real, and require attention now.

Last year the World Health Organization reported that 17 million people, mostly in developing countries, died from preventable infectious and parasitic diseases. Nowhere is this problem more critical than in sub-Saharan Africa—49 countries whose populations are likely to double over the next 25 years.

This is tragic, but it is equally grievous that we have within our power the ability to prevent these deaths, but fail to act on it. The prescribed cure seems deceptively simple: provide basic medical services, improve sanitation and nutrition, and invest more money in public health and vaccine programs. All of the above will be necessary.

But now global warming is in the spotlight, and President Clinton is spending a lot of political and economic capital to control it. His environmental advisors want us to believe that the alleged climate change will cause hundreds of thousands to die yearly due to heat related ailments and increase the spread of tropical infectious diseases. One of the arguments they

use in support of the global warming treaty that came out of the conference in Kyoto, Japan, last December is that limiting emissions from the burning of fossil fuels will save the lives of humans. But such an approach may have the reverse effect—worsening the already dire state of human health in developing countries.

Contrary to the Clinton Administration's belief, the significant health problem facing the world is not global warming. A recent report by the American Council on Science and Health points out that up to 500 million cases of malaria occur each year, 90% of them in Africa, and there are up to 2.7 million deaths annually. The simple fact is, malaria kills more people each year than have died from AIDS in the last 15 years. Most of the victims are children.

The global warming doomsayers are concerned that a rise in temperatures may greatly increase the incidence of malaria and other diseases that are carried by mosquitoes. They say the answer is to place immediate caps on industrial sources of greenhouse gas emissions.

This thinking is dangerously misguided. Of course, we must be environmentally responsible in our approach to global warming. But climate science is rife with uncertainties as are the allegations for health effects. The worst course of action would be for unsettled science to lead to bad policy. Economists say that draconian cuts in the use of fossil fuels in the United States are unrealistic and would cripple the economy. If our economy is compromised, international aid and public health programs will be underfunded, placing more lives at risk of preventable diseases.

As for an increase in the incidence of malaria, rising temperatures may shorten the incubation period of mosquitoes carrying the disease. However, the warming of the earth alone will not increase the disease. It is not the climate, it is the existence of a public health program that controls the disease.

Given the continuing threat to life from infectious and parasitic diseases, we must recognize the importance of international cooperation in building the public health infrastructures in developing countries, not invest in proposals that will disrupt economies and cost Americans millions of jobs.

Policy makers would be wise to enable funding and technology for vaccines to flow from affluent countries to the rest of the world. A cooperative, international approach to public health offers a win-win for all nations.

Study Volunteers Needed HIGH BLOOD PRESSURE

African American volunteers are needed for a 30 week hypertension research medication study. If you are 18 years or older with high blood pressure and in general good health, you may qualify. Volunteers will be thoroughly screened by the research team and their private physicians consulted. Study medication, study-related clinic visits and testing will be provided at no charge for those who qualify. Reimbursement for travel will be given. For information call 228-3217, Mon.-Thur. 9 to 4, Fri.- 9 to 1.

Clinical Research Group of Oregon
1221 S.W. Yamhill, Suite 303
Portland, Oregon 97205

Lowest Birth Weight Infant Ever to Survive in Oregon

Records from neonatal intensive care units (NICUs) across the state indicate that a baby born at Providence St. Vincent medical Center in early January is the lowest birth weight baby to ever to survive in Oregon.

William Steven Hunicutt of Southwest Portland was born on January 8, 1998, at 27 weeks gestation and weighed only 365 grams—that's 12.8 ounces, or about the weight of an ordinary can of soda. Unlike many premature, very low birth weight babies, physicians say baby William survived because his critical organs—lungs, brain, heart—were mostly developed, despite his low weight.

"The odds are against babies of this size surviving," says John McDonald, M.D., NICU medical director. "We are very concerned in the first weeks after William was born that his lungs might not be able to support him or that he might suffer

a serious brain hemorrhage. But William's relatively advanced gestational age worked to his advantage."

Since his birth, William has resided in the NICU and now weighs 3 lbs., 15 ounces. He is 16 inches long—about 6 1/2 inches longer than at birth. "He was born very thin so he had a lot to fill out on," says William's dad, Geoffrey. "In the early pictures he looks like a different baby!"

"We're really happy with the care that we got from the hospital," says Geoffrey. "The staff was wonderful!"

Nearly 5,000 babies are born each year at Providence St. Vincent—about 1 in 9 of all babies born in Oregon and more than any other hospital in the state. Because of the high risk obstetrical care offered at Providence St. Vincent, about 10% of all babies born at the hospital are admitted into the NICU.

OHCSA Drops Home Loan Interest Rates To 5.95%

The Residential Loan Program, administered by Oregon Housing and Community Services Department (OHCSA), has dropped the interest rate from 6.125% to 5.95% for first-time homebuyers.

"The lower rate which goes into effect June 1, has not been this low since October of 1993," said Bob Repine, Director of Oregon Housing and Community Services Department. "We wanted to do something special to kick off June, which is National Homeownership Month, and to help first-time homebuyers realize their dreams of homeownership."

Jon Gail, the new manager of the Residential Loan Program, added "Rates for our program have not been this low for four and one-half years. To

add to the excitement, we have over \$29 million in bond proceeds to purchase home loans from the approved lenders in our program." In addition to the lower rate Gail added, "thanks to Dee Taylor (the program's former manager), we now have higher acquisition cost limits for many parts of Oregon.

The new acquisition cost limit in the Portland area (including Clackamas, Columbia, Multnomah, Washington and Yamhill Counties) is \$142,836 for an existing property in a non-target area."

The acquisition cost limits for non-targeted existing homes in Marion & Polk, Lane and Benton Counties have also been increased to \$100,572, \$111,643 and \$135,712 respectively.



You've spent your whole life paying into Medicare.

Here's how to make sure you get something back.

\$0 Plan Premium

No Deductibles

100% Medically necessary hospitalization

\$10 Office visits

Preventive services

You worked, you paid, you worked, you paid, and on it went. And all the while, you expected that a comprehensive health plan

would be there to take care of your needs upon retirement.

Fortunately, there is such a plan. It's called Secure Horizons. And Secure Horizons specializes in the health care needs of Medicare recipients. In fact, we actually provide more benefits than traditional Medicare does.

How? As a Medicare contracting plan, we provide health care coverage—hospitalization, physician visits and vision care—to Medicare recipients. In exchange, the U.S. Government pays us to provide benefits above and beyond those offered by traditional Medicare. You simply designate your Medicare premium to be applied to your Secure Horizons plan, and that's it.

Secure Horizons is offered by PacifiCare which is a federally qualified HMO with a Medicare contract. Anyone with Medicare may apply. Members must use contracting plan providers. Plan premiums and benefits vary by county. Beneficiaries must continue to pay Part B premium or Medicare premium.

HealthFirst Medical Group - Broadway
Conference Room
265 N. Broadway
Portland
Wednesday, June 17
1:30 p.m.

Legacy Emanuel Hospital
Conference Room
East Medical Office Building
501 N. Graham
Portland
Tuesday, June 23
1:30 p.m.

Midland Library
Meeting Room
805 S.E. 122nd
Portland
Friday, June 26
10:00 a.m.

All locations are wheelchair accessible. Please contact us at least 72 hours in advance if you have specific needs. A sales representative will be present with information and applications.

Questions? Call 1-800-728-8158 (TTY 1-800-257-5799)

Refreshments will be served.