

# STOP THE SILENCE International HIV/ AIDS Awareness

This week, Rev. Jackson continues his mission to Nigeria as Special Envoy for the Promotion of Democracy in Africa. He has met with President-elect General Olusegun Obasanjo, military ruler General Abdulsalami Abubakar, and Obasanjo's defeated rival Olu Falae seeking to resolve remaining issues from last week's democratic elections in Nigeria. While there, Rev. Jackson will also seek to raise HIV/AIDS awareness.

Rev. Jackson said, "AIDS has reached a level of horror not witnessed since the Bubonic Plague of the Middle Ages that wiped out a quarter of Europe's population. The calamity is so unimaginable that it has virtually gone without notice."

In the thirty-four nations south of the Sahara in Africa, as many as one in four adults is infected with HIV. With only 10% of the world's population, these nations have 26 million of the 30 million infected with HIV across the world. Ninety-one percent of the world's AIDS related deaths have occurred in

these 34 countries.

In Botswana, the hardest hit country in Africa, life expectancy stood at 61 years only five years ago. Now it has dropped to 47 years and is expected to drop further to 41 years between 2000 and 2005. In Zimbabwe, nearly one of every five adults is currently infected. South Africa, relatively isolated in the years of apartheid, is now the epicenter of the plague. 3.2 million people are estimated to be infected, including a staggering 45% of the military by South African government estimates. One of every five pregnant women tests HIV positive.

It is possible to turn the tide. In Uganda, an aggressive program of public education dramatically reduced the incidence of infection. Thailand also implemented an aggressive program that dramatically reduced the number of AIDS victims. Now South African and the other nations of southern Africa face the same challenge.

There is ample evidence that aggressive early treatment of HIV/AIDS

can produce positive results. Anecdotally, one need look no further than Magic Johnson to see that a good diet, exercise and access to the best drugs and medical care can make living with HIV a productive, quality life.

The unfortunate reality is that we cannot let the good news lull us into a false sense of security. We are a long way from defeating this disease. We must remain vocal and continue to do whatever it takes to make the latest wonder drugs (that can keep people who are infected with HIV healthy for years but cost between \$10,000 - \$15,000 per year) available to the greatest number of people who need them.

U.S. Surgeon General Dr. David Satcher will be the guest speaker at Rainbow/PUSH Headquarters on Saturday, March 13, 1999. He will discuss the state of health in America and the war against HIV/AIDS. If you are unable to attend the forum, you can listen to the broadcast live over the Internet at [www.rainbowpush.org](http://www.rainbowpush.org).

# Chew Related Cancer Survivor Tells Story In New Spot

Rick Bender lost half of his face from the use of chew tobacco and now he is helping the Oregon Health Division with its efforts in reducing the use of this dangerous product.

"Smokeless tobacco use among young males in Oregon schools is dangerously high," Katrina Hedberg, M.D., O.H.D.'s Chronic Disease Epidemiologist said. "Our most recent Oregon survey shows over 20% of 11<sup>th</sup> grade male students and 9% of 8<sup>th</sup> grade males use chew tobacco products. This is a tragedy." Thirteen percent of 46,000 of 18-34-year-old males use chew tobacco.

OHD is releasing two new chew tobacco radio ads, the first anti-tobacco media to be created specifically for Oregon's program. Previous ads were created in other states and revised for Oregon use. These new radio ads are designed to get the attention of users and potential users and motivate them to quit or not start. Rick Bender provides the voice and his story in "Lucky Rick," one of the ads. He tells listeners he started using chew when he was 12 and had much of his face removed when he was 27. The cancer that ate away his face

was caused by the use of chew tobacco.

The Oregon Health Division's Tobacco Prevention and Education Program kicked off the latest ads in its effort to reduce tobacco use. The radio spots use humor and personal stories to raise awareness about the dangers of chew tobacco, and encourage users to quit.

To help tobacco users quite, the State also offers a toll-free quit line. Anyone ready to quit should call 1-877-270-STOP.

Heb Severson, an internationally recognized expert on chew tobacco from Oregon Research Institute in Eugene, pointed out chew is not a safe alternative to smoking.

"Smokeless tobacco contains a witches brew of toxic and cancer causing chemicals that no person should be exposed to. Many believe that smokeless tobacco manufacturers manipulate the nicotine in chew to hook young users," Severson said. "Starter products contain relatively small amounts of nicotine while products for the experienced user contain extremely high levels."

The other radio ad uses western music to set the stage for a disturbing and humorous description of facial parts that are removed as oral cancer surgery become necessary.

Bender is currently conducting a speaking tour in six Oregon counties about his addiction to chew, and how it changed his life. Bender in the past has worked with the Office of the Surgeon General, Professional Baseball and has testified at congressional sub-committee hearings. Clatsop, Columbia, Lincoln, Polk, Tillamook, and Yamhill Counties have worked together to bring Bender and his story to tell in their local communities.

The Oregon Tobacco Prevention and Education Program is a comprehensive effort to reduce the use of tobacco and exposure to secondhand smoke. It includes programs in local communities, schools, businesses, media and special populations. The program is funded by a tobacco tax increase approved by voters in 1996. Ten percent of the new revenue is allocated to tobacco use prevention and reduction.

## The Rick Bender Story

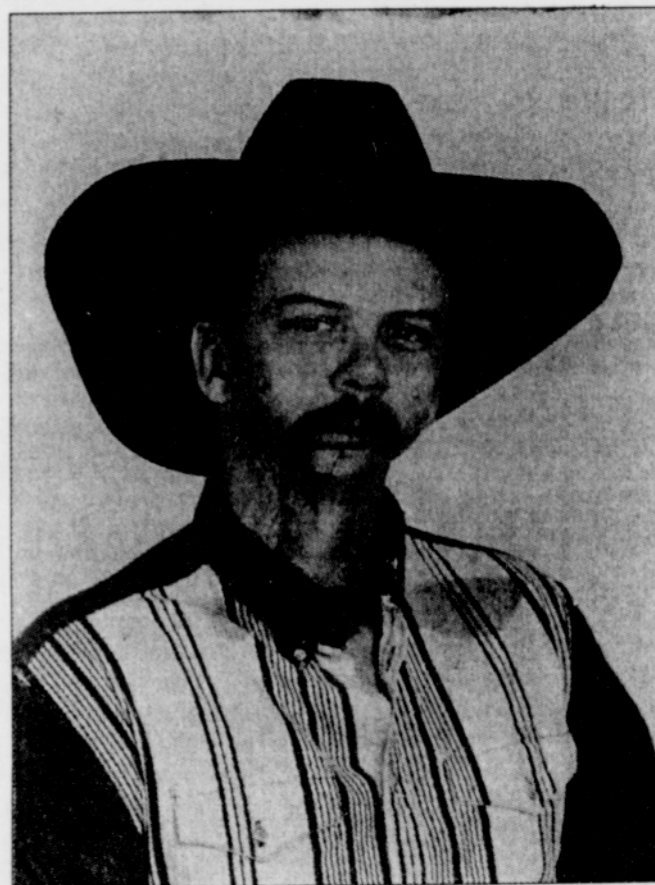
My name is Rick Bender, and they call me the man without a face. I guess there is a good reason behind it. Let me tell you a little about myself.

I was born in San Diego in 1962 and now live in Roundup, Montana. At the age of 12 I started using "spit tobacco" (commonly known as chew tobacco). There were several things that influenced me to use tobacco, probably the biggest was the game of baseball and the ads on TV.

At the age of 26 I was diagnosed with cancer because of my use of spit tobacco. In the month of April 1989, I underwent my first surgery to remove the cancer. During the next 2 years I underwent 3 more surgical procedures. The end result was the loss of 1/3 of my tongue, 1/2 of my jaw and partial use of my right arm as well as almost my life. I am still fighting the effects of all this to this day.

Since my last operation in June of 1990, I have devoted my life to educating others about this tobacco product that widely thought of as a safe alternative to smoking. I have worked with the Office of the Surgeon General of the United States and professional baseball. I have testified at a Congressional sub-committee hearing on the subject and have appeared on the "Today Show", "Nickelodeon" and many national and local news broadcasts. This has become my life's work.

You see, I shouldn't be here. My doctor, after seeing the extent of my cancer did not expect me to see my 30<sup>th</sup> birthday. But I am still here and have a second chance at life. The way I look at it we're all here for a reason and



maybe mine is to go out and educate people about spit tobacco. If I can get just one person each day to quite using or not start using spit tobacco it will make my second chance at life worthwhile.

# Juvenile Injustice

By MARIAN WRIGHT EDELMAN

"Race is the most important underlying issue in all juvenile justice discussion," Mark Soler said recently at a Children's Defense Fund/Black Community Crusade for Children sponsored action forum in Detroit. "If the United States were incarcerating White children to the same extent it is incarcerating children of color, there would be protesting in the streets," he told us. Soler is the president of the Youth Law Center in Washington, D.C. and served as the moderator of the fifth forum of our series on children, race, and poverty.

More than 200 judges, child advocates, and concerned community members gathered at the Hartford Memorial Baptist Church in Detroit recently to discuss why minority youths are disproportionately confined and how communities can address the injustices occurring.

"Poverty is a critical factor, but it doesn't account for everything that we're seeing," Soler said, adding that middle-class Black parents live with the threat that "their sons can be stereotyped just like the poorest Black youths in the inner city are."

Children of all races who are poor are

disproportionately represented in the juvenile justice system partly because they are usually represented by lawyers whose crushing caseloads do not allow them to dedicate adequate time to the children's defense. The American juvenile justice system is becoming increasingly two-tiered, Soler explained. "There is a private psychiatric system for middle- and upper-class children and a public incarceration system for poor children."

Panelists at the forum included Frank Zimring, professor of law at the University of California at Berkeley and author of *American Youth Violence*; Jerome Miller, author of *Search and Destroy: African American Males in the Criminal Justice System*; Bernardine Dohrn, director of the Children and Family Justice Center at Northwestern University and an international advocate on behalf of children and families; and Constance Rice, formerly the regional director of the NAACP Legal Defense Fund, Inc., and one of the most experienced civil rights litigators in the country.

Participants learned more about juvenile law in Michigan and examined alternatives to incarceration,

including prevention and intervention programs for youths that have been succeeding in Detroit.

Six young adults, several of whom had been involved in the juvenile justice and foster care system, told inspirational stories of their hardships and triumphs. Their individual experiences included sexual and physical abuse, neglect, abandonment, untreated mental health conditions, confinement in youth detention facilities, and more, all from an early age. All have risen above their life's challenges with support from others and are currently successful high school and college students as well as young professionals. They bravely shared their stories about how they were ultimately able to beat the odds through the kinds of support systems that must be made available to all children all over the country.

"Building prisons is becoming a major industry in this country," Jesselyn McCurdy, BCCC's program coordinator of the Juvenile and Family Court Judges' Leadership Council, told the forum. "But prisons don't generally produce productive young people. Community-based prevention and intervention programs do." Instead of investing more and more money in the prisons and punitive measures called for by those who subscribe to the myth of the "superpredator," we need to promote prevention programs we know work, like after-school and mentoring programs that keep children out of trouble.

It is way past time to get serious about saving young lives ruined or snuffed out by poverty-induced violence and crime. And we are long overdue in seriously examining America's juvenile justice system that often metes out injustice to young people of color. If you want to help, contact Jesselyn McCurdy at the Black Community Crusade for Children, 202-662-3577.



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## Age-related vision changes

### HEALTH FOCUS

lege of Medicine in Houston say that these conditions are part of the normal aging process. As we age, the lens of the eye begins to lose its ability to focus on close objects.

If you aren't unusually nearsighted or farsighted and don't have a significant astigmatism, over-the-counter reading glasses may solve problems related to focusing on materials up close. The slightly magnified lenses are often all that is needed to help the eyes focus on fine print and relieve eye stress.

Reading glasses are made for the average face, so they might not line up properly with your eyes. An eye-care professional can make the necessary adjustments.

Even if reading glasses solve your vision problems, you should still have

a complete eye examination each year. Middle age is when the most common form of glaucoma begins to appear.

Baylor ophthalmologists recommend annual glaucoma screenings beginning at age 40 for most people. Since the disease is more common in persons with a family history and in African-Americans, these groups should begin annual glaucoma screenings at 30.

Exams can also uncover other possible eye problems that are more common as we age, such as macular degeneration and diabetes-related vision complications.

Good vision is important whether you are 40, 60, 80 or older. Don't let undetected problems rob you of your sight. See an ophthalmologist or optometrist each year.

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## TRI-MET NEWS

### TRI-MET buses fly directly to PDX

Traveling to Portland International Airport (PDX) becomes more convenient today as of (Monday, March 1) when Tri-Met buses begin providing direct service to the terminal.

Passengers on Tri-Met bus route 12-Sandy Boulevard can use a new bus stop located on the outside lane of the upper roadway. Passengers previously transferred to an airport shuttle bus to reach the terminal.

"With the use of Portland International Airport growing dramatically, we're pleased to provide travelers and area employees with a viable option for getting to the airport," Fred Hansen, Tri-Met General Manager said. "We applaud the Port of Portland for helping make our service more convenient for our customers."

Tri-Met's route 12-Sandy Boulevard travels between the airport and downtown Portland daily from about 5:30 a.m. until 11:30 p.m. MAX light rail trains connect with route 12 buses at Hollywood Transit Center. For more exact schedules or Tri-Met trip-planning information, contact 238-RIDE or [www.tri-met.org](http://www.tri-met.org).



How we get there matters.

TTY 238-5811 • [www.tri-met.org](http://www.tri-met.org)



## Public Vehicle Auction Saturday, March 27th: 10 AM

**Preview 1**  
Friday, March 26th  
2 PM - 6 PM  
Saturday, March 27th  
Open at 8 AM

**Directions**  
I-84 East: Exit  
14 Left to Sandy  
Bldv. Right 1.5  
Miles. Auction  
on Left.  
I-84 West: Exit  
16B. Ahead on  
Right .5 Miles.

**Over 200 Units From  
Volunteers of America  
National Kidney Foundation  
Pacific Power & Light  
Northwest Natural Gas**

**700+ Units!**  
Trucks, 4x4's, Vans,  
Economy Cars, Utility Trucks  
**200+ Lots of Seized Property**

- ◆ 200 Pure Sale Units With No Minimum!
- ◆ Free Bidder Packages!
- ◆ Consignments Welcomed!
- ◆ DMV Trip Permits Available Day of Sale!
- ◆ Mechanical Service Contracts Available!

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