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New Tool Against Cancer: GPS

GOOD SAMARITAN

Dr. Mark Schray

The American Cancer Society estimates that 29,412 men died from prostate cancer in 2008. Unfortunately, prostate cancer strikes African-American males at a higher rate than other demographics, as well as among those with a family history of prostate cancer.

Concerns about the benefits of screening blood tests called the PSA (prostate specific antigen) have been raised and in the news lately. I believe, however, that only through PSA testing can we detect prostate cancer in its earliest, most curable stages. When the PSA level is known, you and your urologist can make an informed decision about the need for a biopsy of the prostate to see if cancer is present, and, if so, to decide if treatment is necessary.

Studies have demonstrated that radiation treatment — delivered externally and internally — is as effective in treating the disease as surgical removal of the prostate. Although there are side effects associated with radiation, patients who choose this treatment often cite the risks of surgery — most notably incontinence and impotence. Further, because radiation can be delivered in an outpatient setting, most men are able to continue their normal daily activities during treatment. However, like all treatment regimens, radiation delivery is not without its challenges.

One of the biggest issues doctors

face in delivering external beam radiation to the prostate tumor is organ motion, a natural and continuous bodily function. Clinical studies have documented that organ motion is both unpredictable and variable. Each day the prostate may shift up to a centimeter and during treatment, it may shift several millimeters when a patient

exposure may often lead to side-effects.

If a tumor can be effectively tracked during treatment, the radiation can be delivered more accurately. Knowing the exact location of the tumor, in real-time, allows doctors to deliver radiation only to the tumor and less of the adjacent healthy tissue.

Nearly 100 leading medical centers worldwide, including Legacy Good Samaritan Medical Center in Portland have adopted a revolutionary technology called the

transponders send benign radio waves that allow physicians to precisely pinpoint the location of the prostate, even if it moves during treatment. If necessary, the physician can pause treatment and re-adjust the patient, thereby avoiding potential damage to the healthy tissue.

In May 2010, the results of a clinical study involving this technology were published in a medical journal. Researchers found that prostate cancer patients who were treated with radiation therapy and whose tumors were monitored by the Calypso System reported fewer bowel, rectal and urinary side effects than patients whose radiation treatments without GPS for the Body.

When treating the prostate, every millimeter matters. The Calypso System's ability to track organ motion ensures that the radiation beam hits its target — and nothing else — for the duration of treatment. My patients who have undergone radiation accompanied by this technology find confidence and reassurance in knowing that we are using cutting-edge technology to not only eradicate their cancer, but to do it in such a way that maintains their high quality-of-life.

Dr. Mark Schray is a practicing Radiation Oncologist at Legacy Good Samaritan Medical Center. For an appointment, please call 503-413-7135

When treating the prostate, every millimeter matters

breathes or coughs. Although this may seem like a small distance, it can produce some big problems. Unfortunately, conventional methods to locate tumors do not allow doctors to identify the exact location of a tumor in real-time during radiation therapy.

Doctors take organ motion into consideration by delivering radiation to an area surrounding the prostate, in case the tumor moves. However, that can also result in the unintended irradiation of healthy tissue. If that tissue is the urinary tract or rectum, this extra

Calypso System. This device, which is also known as “GPS for the Body®”, enables physicians to determine the exact location of the prostate in real-time during radiation therapy. Armed with this information, radiation to the surrounding healthy tissue can be reduced and side effects can be minimized.

This technology is driven by three electromagnetic transponders, each the size of a grain of rice, which are permanently implanted within the patient's prostate gland (the procedure is similar to that of a biopsy). The

Police Oversight is Back on the Agenda

COPWATCH

Dan Handelman

This Wednesday, Nov. 16, Portlanders will have a rare and important opportunity to ask City Council to improve oversight and policies of the Portland Police Bureau.

On Nov. 4, Mayor Sam Adams and Police Chief Mike Reese released a 44-page document (the “Report on Recommendations Regarding the Portland Police Bureau”) responding to at least four sets of recommendations to improve the Police Bureau and the city's oversight system (the Independent Police Review Division, or IPR).

On Monday of last week, Portland City Auditor Lavonne Griffin Valade released her own 45-page response to most of the same reports, as well as draft language to change the IPR ordinance, particularly parts revolving around the 9-member Citizen Review Committee (CRC).

Amazingly, even though there are over 150 recommendations for changes and improvements, the Auditor's proposal contains only six changes to the ordinance, only three of which are based on community concerns.

Portland Copwatch (PCW) analyzed many of the Mayor, Chief and Auditor's responses to over 100 recommendations about changing the police oversight system in Portland and 51 proposals for improving police policies. Some of the community demands date back to 2001 and earlier.

The Mayor and Chief claim to agree with 35 of 51 of the policy

recommendations (69 percent), though as with the police oversight issues, sometimes there are misinterpretations or parts of the recommendations that are not addressed. The major theme of disagreement which causes concern is the Police Bureau's insistence that they need “flexibility” to use various kinds of force,

plaint-handling and discipline processes, not to supplant those processes or relieve the Police Bureau of the responsibility of holding its own members accountable.”

We believe that the civilian oversight system was set up to supplement the Bureau's processes, not merely to increase transparency and/or review Internal Affairs investigations. People do not trust a system where police investigate other police, no matter how good it might be, it is funda-

People do not trust a system where police investigate other police, no matter how good it might be

including multiple Taser cycles, unleashing police dogs simultaneously with other force options, and firing “beanbag”

guns from less than ten feet. Here's an analogy: While many people oppose the existence of pornography, society has agreed to tolerate a certain amount of it, so long as it does not involve children. What the community is asking is that we don't want any police violence, but if they are going to use it, there have to be limits.

The City insists that the IPR and CRC were, in the Mayor's words, “established in an effort to increase the transparency and fairness of the Police Bureau's com-

mentally never going to gain community trust until the system is fixed.

Regarding the “Police Oversight Stakeholder Group,” which met from May to September 2010 under the auspices of Commissioner Randy Leonard (and included the Auditor, IPR Director, and Chief), the Mayor and Chief disagreed with 19 of 41 recommendations (46 percent) and “agreed” with just 14 (34 percent). The Auditor agreed with 16 of 41 of those recommendations (or 39 percent) while disagreeing with 13 (32 percent).

The public was told the IPR would be assessed one year after it was voted into being in 2001; that

assessment finally came in January, 2008. Then, the community watched as Leonard, Griffin Valade and IPR Director Mary-Beth Baptista made changes to the IPR ordinance behind closed doors that were passed in March, 2010. The Stakeholder group was created to ensure the changes to the CRC, and further changes to IPR, would have community input. To say the least, it is disappointing after a four-month process by the Stakeholder group, 10 years waiting for improvements to the IPR and CRC, input from the Albina Ministerial Alliance Coalition for Justice and Police Reform, multiple reports from the CRC itself, and one year waiting to enact the Stakeholders' 41 suggestions for change that of 150 recommendations, only six changes are being proposed to the IPR ordinance.

The proposals and Bureau policy issues will be discussed at City Council on Wednesday, Nov. 16 at 2 p.m. People of this community who have been mistreated by the police — and who do not partake of the civilian oversight system because of its weaknesses — have a rare chance to make a difference. PCW hopes to see a renewal of the enthusiasm for police accountability as was saw at Council in March, 2010, after the death of Aaron Campbell.

For more information, visit the PCW website at www.portland-copwatch.org.