

BLACKS AND LUPUS

HEALTH

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It has been known since the early 1900's that systematic lupus erythematosus (SLE, lupus) is much more common in women than in men and that most women who develop this disease are in the middle adult years, usually between ages 20 and 40. It was not realized until the pioneering epidemiologic studies of Siegel and colleagues in 1955, however, that lupus is more common in Black persons than in Caucasians.

Their studies, carried out in New York City and Jefferson County, Alabama, suggested that lupus was about three times as common in Blacks as in Whites. Most other studies of

the occurrence of lupus have confirmed these findings. In a large study in San Francisco, Fessel observed that lupus was present three times as commonly in Black people as Whites.

Data from Cleveland and Baltimore also confirmed these findings. Unfortunately, there are not enough data available to determine whether lupus is a more common illness in Blacks from other countries, particularly Africa.

It is of interest that similar studies of the occurrence of lupus have found that the disease also seems to be more common in several other races, including Orientals and possibly Hispanics, than in Caucasians.

The reason lupus appears to be more common in American

Blacks is not known. Although one might wonder whether lupus is more common in Black people for socioeconomic reasons, the study carried out in New York City found no evidence that socioeconomic factors were related to the occurrence of lupus. Nor have there been data from any other parts of the country to suggest that the cause of lupus is linked to any particular social or economic class of individuals.

Recently, it has been found that certain inherited genes are present more commonly than expected in persons with lupus. This finding indicates that heredity may play a role in the cause of lupus, and suggests that the increased occurrence of

lupus in Blacks (and perhaps other races) may be related to heredity. It is hoped that the research currently being carried out in this country, as well as in people of different races in other countries, will determine whether particular inherited genes account for the frequency of lupus in different races.

Although we don't know why lupus is more common in Blacks, we know that this is an important problem, because loss of life due to lupus (mortality) appears to be higher in Blacks than in Whites. This is probably not because lupus is a more severe illness in Blacks, but because it is just more common in Black

persons. Nevertheless, the substantial mortality of lupus in Blacks indicates that this is a major public health issue. Because of this, a number of steps have been taken to increase public awareness to lupus in Blacks and to promote research in this area.

Two government task forces have recently focused on lupus in the Black population. In addition, studies are being carried out to determine the frequency of persons with undiagnosed and untreated lupus in the Black community. Finally, a number of

community and public service efforts are underway to increase awareness of lupus nationwide. All of these efforts should serve to focus public and professional attention on the occurrence of this potentially serious disorder in American Blacks, and in other minority races in America and perhaps in various races throughout the world.

We hope that this increased awareness will lead to improved diagnosis and perhaps to earlier and more effective treatment for all persons with lupus erythematosus.

CLARK NAMED DEPUTY DIRECTOR OF HEALTH STANDARDS AT HHS

David C. Clark has been named acting deputy director of the health standards and quality bureau in the federal Health Care Financing Administration, William Toby Jr., acting HCFA administrator, announced today.

Clark replaces John Spiegel, who has accepted a position with the Centers for Disease Control.

Clark transferred from HCFA's Philadelphia regional office, where he had been the acting deputy regional administrator since May. Prior to that,

he served in Philadelphia for three years as the associate regional administrator for health standards and quality.

"David Clark will bring to HCFA's Medicare and Medicaid programs nationally the same outstanding service," Toby said. "His dedication to improving health care quality in increasingly important positions led to his current selection."

Clark, a commander in the U.S. Public Health Service's commissioned corps, was as-

signed in 1987 to HCFA's Chicago regional office, rising to direct the regional National Health Service Corps program, where he recruited and assigned health professionals to inner cities and rural areas.

Before joining the federal government, Clark worked for five years as a hospital pharmacist.

he received a bachelor's degree in pharmacy from the University of Illinois, in Urbana, in 1975, and a master's degree in business administration from the Illinois Institute of Technology, in Chicago, in 1986.

Clark was born in Chicago on Feb. 10, 1953, and graduated from Lindbloom Technical High School in Chicago.

Clark now lives in Baltimore.

He participates in professional organizations, among them the National Pharmaceuti-



DAVID C. CLARK

cal Association and the Commissioned Officers Association.

The health standards and quality bureau ensures the quality of care for Medicare and Medicaid beneficiaries through a survey and certification program, and the review of medical services received by patients.

GRANTS TO AID MINORITY MALES

HHS Secretary Louis W. Sullivan, M.D., today announced the award of 37 grants to initiate or expand community support projects for minority males at high risk of health, educational and social difficulties. The projects are located in 20 states, the District of Columbia and the Virgin Islands.


education, job-skill development and health education are among the strategies that these groups are using to make a difference for minority male youth across America."

Today's grants, totaling \$2 million, bring HHS spending on (See Grams, Page 18)


"Male children, adolescents and young adults from minority communities can successfully grow into mature, self-reliant and productive adulthood despite environments that all too often are riddled with violence, alcohol and drug use, sexually transmitted diseases, homelessness, neglect, educational failure or lack of employment opportunities," Secretary Sullivan said.

"The key is family and community support. The community groups that we have been supporting and the new groups we are funding today are showing minority youth that someone cares about them. Mentoring, counseling leadership training,

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