NATIONAL ASSOCIATION FOR SICKLE CELL DISEASE, INC. ELECTS NEW BOARD CHAIR

The Honorable Cain J. Kennedy, Circuit Court Judge, 13th Judicial Circuit in the State of Alabama was elected Chairman of the Board of Directors of the National Association For Sickle Cell Disease, Inc. during its recent annual convention at the Grand Hyatt Hotel in Washington, D.C.

Approximately 300 people attended the convention and had the opportunity to congratulate Judge Kennedy on his position with the Association.

Judge Kennedy has been involved in the sickle cell movement for many years after serving as the Board Chair for the Sickle Cell Disease Association of Gulf Coast Alabama, which is a member chapter of the National Association For Sickle Cell Disease; he has been Chairman of the Alabama Association For Sickle Cell Disease; and, he has served on the Advisory Board of the University of South Alabama Comprehensive Sickle Cell Center.

Judge Kennedy brings a wealth of experience and knowledge to his new position after serving his local community in other ways throughout his career.

He has also served on the Boards of several Civic Organizations in the Mobile area, including Friends of the Library, Penelope House, Volunteers of America, Association of Family and Conciliation Courts, Mobile United Way, and the South Alabama Humanitarian Foundation. He is a member of several State and National professional organizations.

Judge Cain J. Kennedy was appointed to the court in 1979 and was then elected for a six year term in 1982 and 1988. He also served two terms in the Alabama State House of Representative in 1974-78. He is a graduate of the California State University, Los Angeles, the National Law Center, George Washington University, National Judicial College, University of Nevada and American Academy of Judicial Education, Orlando, Florida.

The National Association For Sickle Cell Disease, Inc. has its office in Los Angeles, California and more than 75 local chapters throughout the United States. The NASCD recently celebrated 21 years of service - providing screening, research, educational materials and patient services throughout the United States.

Lynda K. Anderson, the Executive Director of the National Association For Sickle cell Disease, Inc. commented on Judge Kennedy's new role with the organization by saying, "We have chosen the right person at the right time.

I have confidence that Judge Kennedy will be a progressive and innovative leader who will assist the National Board and staff in moving toward the 21st century with new ideas, new materials and new research in hope of finding a cure for sickle cell disease.

We will work cooperatively, as a family, to increase community awareness about the facts of this disease and to increase funding to make the lives of sickle cell patients more comfortable. Our new chairperson has the vigor and the vision to lead us in our continued efforts to resolve problems created by this inherited, incurable condition which affects so many African Americans

Honorable Cain J. Kennedy

HEALTH

EARLY DETECTION CAN REDUCE RATE OF COLORECTAL CANCER

HOUSTON— Adopting a "new attitude" about nutrition and early detection could reduce the rate of colorectal cancer deaths in African-Americans, says Dr. John I. Hughes, a gastroenterologist at Baylor College of Medicine in Houston.

"An important first step is making a simple change in dietary habits," said Hughes, a clinical professor of medicine at Baylor. "Preparing meals with high-fiber foods instead of fried and other fatty foods may actually lessen the chances of getting colorectal cancer."

Although traditional foods prepared in many African-American households may be well-balanced, certain fatty foods can increase the risk of colorectal cancer. It's no secret that adding more "roughage" to the diet can significantly reduce the risks, says Hughes.

One in 10 Americans eat the recommended daily allowance of fruits and vegetables, according to the National Cancer Institute (NCI). African-Americans appear to eat even fewer fruits and vegetables each day than whites. Hughes recommends eating more fiber-rich foods like broccoli, cauliflower, whole grain breads, bran cereal and other foods rich in fiber, calcium and vitamin A. Such bulky foods could inhibit the production of cancer-causing agents.

Colorectal cancer involves the lower part of the digestive system or colon, interfering with storage and elimination of waste. More than 60,000 Americans die of the disease each year.

Although colorectal cancer deaths have declined significantly for whites, according to the NCI, there has been an increase in deaths from this disease among black men.

Studies have shown that a high-fat, low-fiber diet is linked to colorectal cancer because it may trigger production and concentration of dietary cancer-causing agents. A diet low in fat and high in fiber could reduce the chances of getting colorectal cancer by more than 50 percent.

Colorectal cancer can develop without warning. Hughes says that blacks over age 50 are frequently diagnosed with advanced colorectal cancer, leaving little hope for cure.

"Many older blacks with signs of colorectal cancer usually hesitate or cannot afford to see a doctor until it's too late," Hughes said.

People who are age 40 and older or who have a family history of the disease are especially at risk for colorectal cancer and should have an annual rectal exam and blood test to check for the disease.

Colorectal cancer warning signs include:

- Rectal pain or bleeding.
- Frequent narrowing of the stools or bloody stools.
- A change in bowel habits or a feeling of incomplete emptying after bowel movements.
- Unexplained weight loss, paleness and tiredness.

"Colorectal cancer can be successfully treated and cured," Hughes said. "The choice is up to each individual to get screened for early detection of the disease, which can save lives."

CANCER TREATMENTS WORK BETTER THAN EVER. THEY JUST DON'T WORK FROM 50 MILES AWAY.

Through the American Cancer Society's Road to Recovery program, you can volunteer to drive a cancer patient to and from treatment.
For more information, please call your American Cancer Society at 1-800-ACS-2345. Call today.
And help bring a cancer patient closer to a cure.

VIEW FROM HHS

by Louis W. Sullivan, M.D.

Can violence be treated as a public health problem? Are there public health techniques which can be used to help us *prevent* violence before it happens?

Over the past decade, community leaders and public health agencies have increasingly been asking these questions. And their answer today is—*yes*, we should try applying public health approaches to help prevent violence . . . *but*, we must take care that all such efforts involve community partnership. Indeed, community initiative and leadership are the keys to success for any violence prevention effort.

What do I mean by public health techniques to help prevent violence? I mean a step-by-step approach, the classic method that is used to confront other widespread health problems:

1) Study the problem scientifically and in detail to understand it better. Who is most affected by violence? When, where, and why does it occur? In truth, we know little today about the many factors which might explain our high level of violence in America.

2) Identify the factors which put individuals at risk. As we understand more about the causes of violence, we should be able to pinpoint specific factors which put an individual at risk of being either a victim or a perpetrator of violence.

One very important research need is to understand why so many individuals survive difficult conditions and avoid violence, while some others succumb to violent behaviors.

3) Identify "intervention" points. "Intervention" is the public health goal—the action that can be taken to prevent injury or disease. But "interventions" to prevent violence cannot be the same kind used for many other health conditions.

For example, vaccination is the intervention that prevents many diseases. But there is no vaccine against violence, nor can there ever be. We cannot look to drugs or medical treatments to solve the problem of violence.

Instead, we must use broader approaches, which fit the problem and the need. Some examples include:

- *Mentoring*—providing one-on-one contact between model adults and young people at risk of violence;
- *Family counseling*—providing help to the entire family when potential problems are seen in one family member;
- *Skills training*—teaching individuals, especially young people, the social skills of resolving disputes without recourse to violence.

Of course, the problem of violence is not going to be solved by public health or social service programs alone. Violence arises from frustration and hopelessness, and a whole range of social factors are involved: economics (including poverty, unemployment), discrimination, lack of opportunity, education and cultural examples, including media portrayals.

But public health approaches can help—*if* they are handled correctly. That means:

First, we must examine violence comprehensively. Violence is not confined to homicide. It includes child abuse, sexual assault, spousal battering, elder abuse and indeed suicide. We are learning that the perpetrators of violence are often those who were themselves previously the victims of violence. We need to understand violence in its entirety.

Second, we must not let the study or prevention of violence be contaminated by racial stereotypes. Violence is a problem of humankind, not of one race or another.

Third, and most important, we must put communities in the driver's seat of violence prevention. No effort to confront and reduce violence can have any chance of success unless it is *understood* by the community, *supported* by the community, and indeed *led* by the community. The best programs today for preventing violence started not at the federal or state levels, but in cities, towns and neighborhoods.

The federal government can support research and help share ideas. But if violence is to stop, our communities must continue to lead the way.

(Dr. Sullivan is U.S. secretary of health and human services.)