

STD ORGANIZATION 79 YEARS YOUNG; STILL FIGHTING MAJOR HEALTH THREAT

RESEARCH TRIANGLE PARK—January 18, 1914, saw the birth of the first national organization dedicated to the prevention of all sexually transmitted disease.

At a meeting in upstate New York, the American Social Health Association (ASHA) was created by the merger of several coalitions active on the venereal disease - or VD - front.

Key figures at that time included the late John D. Rockefeller, Jr., who helped with funding; Charles Eliot, president of Harvard University; Jane Addams of Chicago's Hull House; Dr. William Snow, Stanford University professor and secretary of the California Board of Health; and Dr. Thomas Hepburn, a family doctor active in the Connecticut social hygiene movement and father of future movie actress Katherine Hepburn.

ASHA — then known as the American Social Hygiene Association — opened its doors in New York City and was immediately faced with its first challenge: America was gearing up for war and VD was epidemic in the armed forces. Rates among those inducted were as high as one in five. ASHA proposed a comprehensive plan of action to the U.S. War Department, who adopted it and promptly commissioned all ASHA staff members as officers in the military.

The strategy was fairly simple and sex education formed its key component: Infection could be avoided if the public clearly understood the nature of the diseases and their routes of transmission.

At the end of the war, ASHA kept up its work throughout the nation educating people about the threat posed to public health by VD. In the early Forties, ASHA assumed much the same role in the

Second World War as it had in the first by serving on the VD Coordinating Committee for the U.S. Armed Forces.

With the advent of penicillin in the early 1940s and its widespread use in the treatment of VD, the rates of infection fell until, in the late 1950s, many observers felt that the problem of VD would soon become trivial.

However, by the 1970s, it was increasingly clear that even modern antibiotics would not vanquish the problem of sexually transmitted diseases. Syphilis and gonorrhea rose precipitously, as did the other known STDs. And the early 1980s saw the beginning of a syndrome never before experienced — AIDS. The fact that it was caused by a virus wasn't at first clear, but what was clear almost from the beginning was that it was spread sexually and was almost always fatal.

Fifty years ago, the phrase "Shadow on the Land" was the title of a book by Dr. Thomas Parran, then U.S. Surgeon General. Parran's thesis was simple: public health efforts to fight venereal diseases were blocked by society's refusal to discuss them.

Today, as we approach the mid-1990s, the epidemic of sexually transmitted diseases continues to flourish in the same dim atmosphere of denial.

With 12 million new infections each year and an ever-growing pool of persons infected with viral diseases like herpes or genital warts, hepatitis or even HIV/AIDS, STD is a major public health concern.

Yet the epidemic remains obscured in the shadows, seldom discussed on either the per-

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sonal or on the societal level. The numbers are large: one in five adults is afflicted with an STD — some 40 million Americans, estimates suggest. Each year, three million teens are infected.

As it celebrates its 79th birthday, the American Social Health Association is still the only national nonprofit agency dedicated solely to the prevention of all sexually transmitted disease.

Today, the agency operates three national STD hotlines — the National AIDS Hotline (800-342-2437) the National STD Hotline (800-227-8922), and the National Herpes Hotline (919-361-8488). In addition, ASHA funds STD research, and maintains a multifaceted public information effort, including the publication of a wide range of STD educational materials in English and in Spanish. As part of its advocacy program for sound STD public policy, ASHA chairs the Coalition to fight Sexually Transmitted Disease, a group of national organizations committed to improved funding and other program efforts to reduce sexually transmitted disease. Plans for the next 79 years include

more emphasis on support programs for those infected with viral STDs, including herpes and human papillomavirus (genital warts) and a nationwide public educational campaign focusing on chlamydia and other reproductive tract infections, as well as the national roll-out of the Askable Parents Program, a parent-child communication module designed to foster early education and open communication about human sexuality.

"It is our hope that the next 79 years will see much more education and understanding about human sexuality, sexually transmitted diseases, and the threat they pose to life and health," said Peggy Clarke, Executive director of the nonprofit health organization.

"Human sexuality is nothing to be ashamed of — a national epidemic of sexually transmitted disease is."

For a free brochure on STD, readers may send a self-addressed, stamped envelope (long) to: ASHA, P.O. Box 13827-STD, Research Triangle Park, NC 27709.

A.H.A. ASKS NATION'S HEALTH-CARE PROVIDERS TO GIVE SMOKERS MORE HELP IN KICKING HABIT

DALLAS — The American Heart Association is challenging physicians, dentists and other health professionals to work harder to help their patients stop smoking.

"Health care delivery settings, including physicians' and dentists' offices, provide a special opportunity for prevention of smoking or intervention with smokers," the AHA says in a position paper published in the November issue of its scientific journal *Circulation*. "Seventy-five percent of the adult population sees a physician at least once a year, and the average is five visits per year."

Because tobacco use is both physically addicting and psychologically habit-forming, the most effective anti-smoking programs combine patient education, behavioral counseling and medicinal treatments such as gums or patches containing nicotine, said statement co-author Charles Hennekens, M.D., Dr. P.H., professor of medicine and preventive medicine at Harvard Medical School and Brigham and Women's Hospital in Boston.

The paper cites tobacco's enormous public health toll as the nation's leading avoidable cause of all deaths, including both cardiovascular disease and cancer deaths. Smoking accounts for more than 230,000 deaths from heart and blood vessel disease each year, compared to 140,000 fatal cases of cancer.

The document discusses the increasing number of studies that link smoking to stroke, particularly the most deadly kind of stroke, called subarachnoid

hemorrhage. That type of stroke, caused by bleeding from the vessel into the brain, often kills before its victims can reach the hospital. Just as with heart disease, there are increased risks for smokers at all ages although the relative risk of stroke is greater among younger smokers.

Research indicates a three-fold increase in stroke risk among smokers younger than 55. In a study of female nurses, heavy smokers had three to four times the risk of all types of strokes and a tenfold increase in the risk of subarachnoid hemorrhage.

The paper also points to startling changes in the makeup of the smoking population. Although smoking has declined from 42 percent of the adult population in 1965 to 25 percent in 1990, the overall rate of cigarette smoking among high school senior girls has been higher than that of senior boys every year since 1980. As a result, smoking rates among men and women ages 18-25 are now comparable and the authors predict a major public health burden as those young smokers age and develop heart disease and cancer.

"Lung cancer is overtaking breast cancer as a leading killer of middle-aged women," Hennekens notes. "This also reflects the large number of women who are smoking over periods of time."

Data indicate that public health efforts have reduced smoking rates among college graduates but have had little effect among high school dropouts.

"Smoking cessation campaigns must, therefore, increas-

ingly be designed and especially targeted to young women and those with lower educational levels, whose smoking rates have not decreased significantly in the past 25 years," the position paper says.






Now the good news: A year after they kick the habit, former smokers decrease their heart disease risk by more than 50 percent. And within several years their risk approaches that of people who never smoked.

Studies show that health professionals can significantly influence smoking behavior in their patients. In particular, they can help smokers gain confidence in their ability to quit and realize that quitting is a long-term process in which relapses are common but can be overcome, Hennekens said. They can also remind smokers of the large and almost immediate decreases in cardiovascular risks even in elderly people who successfully kick the habit.

The "Statement on Smoking and Cardiovascular Disease for Health Professionals" is the third in a series of AHA reports documenting the health risks related to smoking.

The association issued its first such statement in 1977 and updated it in 1985. Other co-authors of the new report are Michael Jonas, B.A., medical editor, Brigham and Women's Hospital; John A. Oates, M.D., chairman of medicine at Vanderbilt University School of Medicine, Nashville; and Judith K. Ockene, Ph.D., director of the division of preventive and behavioral medicine, Univ. of Massachusetts Medical Center, Worcester.

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