

HEALTH WIRE**AN AGE OLD EPIDEMIC RETURNS FULL FORCE**

By Dolores Kong

Once thought to be a disease of the past in America that had long been conquered, Tuberculosis has returned with a vengeance in the U.S., particularly among minorities, the poor, immigrants, and migrant workers.

Nearly 70% of the active tuberculosis cases reported in 1990 occurred among minorities, yet these communities make up less than 25% of the total U.S. population (Census Bureau).

The racial disparity is even greater among the young (under 15 years of age). In 1990, about 86% of all active TB cases in children occurred among minorities who make up less than 30% of all U.S. children.

Tuberculosis—which once afflicted the likes of Henry David Thoreau, Fredric Chopin, Napoleon Bonaparte and Eugene O'Neil,—is today a disease that mainly affects Asians and Pacific Islanders, African Americans, Latinos, Native Americans, Immigrants, refugees and migrant workers.

Why are these groups disproportionately affected? Minorities, the poor and other socially disadvantaged groups in this country face persistent barriers to medical care, decent housing and proper nutrition and as a result are more likely to develop the disease.

An estimated 10 million U.S. residents are infected with the rod-shaped bacteria, called tubercle bacillus, but that is not the same as having active, contagious TB.

For active TB to develop, a person's immune system must be weakened by such things as poor nutrition; other illnesses or drug use. Active TB is particularly prevalent among people with AIDS.

While the bacillus travels through the air when a contagious person coughs or sneezes, another person becomes infected only after spending hours of close contact in a poorly ventilated space with a person with

active TB. Transmission does not occur as a result of standing on a bus or in a subway next to someone who is coughing.

Compared with whites in 1990, Native Americans and Alaska Natives had 4.5 times the risk of active TB; Asians and Pacific Islanders, 9.9 times; African Americans, 5.1 times, according to the Centers for Disease Control (CDC) in Atlanta, Georgia.

There is a little bit of good news in the statistics for Native Americans and Alaska Natives. Between 1985 and 1990, the number of reported cases among Native Americans dropped by 6.5%. That decrease, however,

is not as big as the drop among non-Hispanic whites. Their rate decreased by 7.3% in the same time period.

For other minority groups, the numbers hold nothing but bad news.

Between 1985 and 1990, the number of active cases reported among Asians and Pacific Islanders increased by 19.6%; among African Americans, by 26.9% and among Hispanics, by 54.7%.

Between 1986 and 1990, the number of TB cases among the foreign-born increased from 4,925 to 6,262 and the percentages of total cases among immigrants increased from

21.6% to 24.4%.

According to the CDC, one third of the world population is infected with TB. It seems likely then that many people who were born in other countries may have been exposed and thus carry the dormant bacteria.

No good statistics are kept for migrant farm workers, but a 1985 to 1989 survey of TB cases in 29 states found that farm workers appeared to be at six times the risk of TB than the general population of employed adults.

The best news about Tuberculosis is that it is preventable and curable. Both active and dormant TB can be effectively

treated with antibiotics that must be taken for six months to a year, but that's easier said than done.

Because the treatment takes so long, and even though symptoms may appear, people often stop taking the antibiotics too soon.

That has created the problem of drug-resistant TB that has plagued places like New York City. By not taking the full course of treatment, people allow the bacteria to develop resistance to the antibiotics necessary for treating TB.

While the numbers appear overwhelming, there are many things that community leaders and local health officials can do to prevent and treat the disease. Information and resources are available through state public health departments, the federal Centers for Disease Control and Prevention (CDC), and local chapters of the American Lung Association (see resource listing).

Last year, the federal Advisory Council for the Elimination of Tuberculosis made special recommendations to prevent and control TB in at-risk communities and among the homeless.

"Empowerment of at-risk groups in the community is a crucial element in TB control," according to the Council's report, published in the April 17, 1992 issues of the CDC's Morbidity and Mortality Weekly Report.

"This step begins with the public awareness campaigns... because it is vitally important for members of at-risk populations to understand TB; its impact on the community; how it is diagnosed, treated and prevented; and what services are available. These populations should also be able to influence the TB programs directed toward their communities," the report stated.

In addition, the Council called for the make-up of health departments' TB-control staff to reflect the diversity of the communities they serve. Council recommendations suggest that all staff should be culturally and linguistically competent and sensitive to the populations being served."

Tuberculosis was just a memory in America only a few years ago. With perseverance and patience it can be eliminated in all of our communities once again.

HEALTH**PANEL DISCUSSION ON OVARIAN CANCER**

This year, 11,600 women will die of epithelia ovarian cancer. That's one death every 50 minutes. The disease is the cause of more deaths than any other female genital tract cancer.

National statistics also state that 19,000 new cases (one out of every 70 women) will be diagnosed this year.

To explain the many aspects of this disease, an Ovarian Cancer Update Panel has been

scheduled from 7 p.m. to 9 p.m., Wednesday, March 31, at the Sunrise Hospital and Medical Center Auditorium.

Dr. John M. Nowins, an obstetrician and gynecologist, will moderate the discussion. The panel includes: Dr. Robert Futoran, a gynecological oncologist; Dr. Nafees Nagy, hematologist and oncologist; Dr. Ritchie Stevens, a radiation oncologist; Dr. Steven Davies, a

radiology specialist; and Dr. Ronald Slaughter, a pathologist.

Topics of discussion include ovarian cancer risk factors, screening guidelines, the pathologist's role, and the role of ultrasound, CAT scan and MRI in diagnosing the disease.

Preventative measures, surgical treatments, chemother-

apeutic treatments and radiation treatment will also be explained.

Questions from the audience are encouraged.

Seating at the seminar is limited. For reservations or information, call 731-8188, Monday through Friday, between 8:30 a.m. and 4:30 p.m.

NATION'S TOP 500 BLACK HEALTHCARE LEADERS LISTED IN NATIONAL DIRECTORY

The 1993 edition of the **NATIONAL BLACK HEALTH LEADERSHIP DIRECTORY** provides a comprehensive listing of the nation's top 500 Black healthcare leaders. The directory is the only nationally distributed publication that identifies Black healthcare professionals in leadership positions in both the public and private Health sectors. Listed in the Directory are executives and officials of the U.S. Department of Health and Human Services, public health departments, hospitals and hospital systems, health associations and voluntary agencies, educational institutions and programs, managed care organizations, nursing homes, community health centers, health policy, planning and research programs.

In its third edition, the directory has been recognized as a valuable networking and recruit-

ing tool for persons seeking professional advancement opportunities as well as for executive recruiters. The 272-page publication features three special sections for 1993. One section lists the office designations and contact persons for state offices of minority health. Another section features pertinent information on twelve major Black health associations, and the third feature is a listing of health professions' educational programs offered by historically and predominantly Black colleges and universities.

The **NATIONAL BLACK HEALTH LEADERSHIP DIRECTORY** is published by NRW Associated, a Washington, D.C. based health management consulting and publishing company. The company's president, Nathaniel Wesley, Jr., is former association director for the National Association of Health

If You're Dabbling In Drugs...
You Could Be Dabbling
With Your Life.



Skin popping, on occasion, seems a lot safer than mainlining. Right? You ask yourself: What can happen? Well, a lot can happen. That's because there's a new game in town. It's called AIDS. So far there are no winners. If you share needles, you're at risk. All it takes is one exposure to the AIDS virus and you've just dabbled your life away.

For more information about AIDS, call 1-800-842-AIDS. Nevada AIDS Hotline



This is a message from the U.S. Centers for Disease Control.