

# COMMISSION CLOSES AFTER 4 YEARS; FINAL REPORT FAULTS GOVERNMENT LEADERSHIP

## PART II

The Commission, which has issued 15 reports over its life span targeted to most of the principal issues of the HIV epidemic, felt that the most effective way to complete its legislative mandate was with two overarching recommendations:

### RECOMMENDATION 1

**"Leaders at all levels must speak out about AIDS to their constituencies."** This starts with the President but includes all those at the federal, state, and local levels of responsibility in both the public and private sectors. The panel emphasized that each of us, as individuals, must also ask, "How can I be of help?"

### RECOMMENDATION 2

**"We must develop a clear, well-articulated national plan for confronting AIDS."** This calls for a presidentially appointed "AIDS policy coordinator" to oversee development, with cabinet secretaries, of a carefully crafted national strategic plan to address the issues of prevention, care, and research. The report said the two rec-

ommendations "will not be unfamiliar to those who have followed our work, but we believe they are central, vital, and critical to launching a more adequate national response to the central human crisis of our times."

While the report is based on a national perspective with long term relevance, David E. Rogers, M.D., Vice Chairman of the Commission, said the Commission's findings have special importance to Washington in June, 1993.

"We're pleased that the Clinton Administration has finally started its engine on AIDS," Dr. Rogers said.

"Kristine Gebbie is a very fine choice as AIDS policy coordinator. We're pleased that the President's 1994 budget proposal to Congress has a genuine increase for AIDS-related work.

"I hope the Clinton Administration will now begin to talk to all Americans about the nature and magnitude of the problems posed by AIDS, and use its leadership to encourage those

who need to continue the hard work of prevention, treatment, and research," Dr. Rogers added.

In another section of the report the Commission lists seven "Principles to Guide the Future Response to the Epidemic." The general principles apply to the HIV epidemic, but also have universal applicability to other epidemics or health crisis.

The recommendations include the crucial importance of leadership, universal access to basic health care, rebuilding of the public health infrastructure, the value of science to public policy development, partnerships across all segments of society, and respect for personal dignity.

This final summary report contains the Commission's cumulative recommendations and a guide to its reports, statements, letters and other technical or working documents.

The National Commission on AIDS is an independent body created by federal statute (Public Law 100-607) to advise Con-

gress and the President on development of "a consistent national policy" concerning the HIV epidemic.

The statute created the Commission for a period of up to four years, which expires on September 3, 1993. During its tenure the Commission produced 15 reports plus analytical or policy statements on a number of issues including HIV and drug abuse, HIV in rural areas and correctional facilities, biomedical and behavioral research, immigration policy, prevention and education of youth,

communities of color, financing, and safety in health care setting, among others.

The Commissioners visited hospitals and clinics, public schools, prisons and shelters for the homeless, migrant worker facilities, laboratories, Native American communities, "shooting galleries," barrios and board rooms, to talk directly with experts as well as people living with AIDS, their families and their friends.

Commissioners have met with President Bush, Cabinet Secretaries, members of Con-

gress, mayors and local officials as well as those who provide care and services to people with HIV disease in community-based organizations across the country.

The Commission has sometimes been critical of various aspects of the government's response to the HIV epidemic. It has made recommendations including those in its major 1991 report, America Living With AIDS, which have been cited by former President Bush and many times by Bill Clinton during his presidential campaign.

Beyond specific policy proposals, the Commission has sought to sensitize and educate Congress and the White House. The Commission has consistently pushed, prodded, and encouraged government agencies to do more, and worked to maintain a high public profile for AIDS consistent with the virus' threat to the nation's public health. The Commission has also sought to focus attention on small towns, rural areas, and population groups that were slow to recognize the epidemic in their midst.

## HEALTH

### HEALTH TIPS MEN GET BREAST CANCER TOO, ONCOLOGIST WARNS

One out of every 180 breast cancers occur in men, who are often in greater jeopardy than women, because both patients and physicians tend to overlook signs of this potentially lethal malignancy in males, says a cancer expert.

"Breast cancer in men tends to be discovered at later and less treatable stages, often because men aren't alert to the warning signs, and occasionally, because of embarrassment at what they might regard as a 'women's disease,'" says Dr. William M. Rogoway, a clinical professor of medicine at Stanford University Medical Center.

"Tragically too many men wait until cancer has spread and is not easily curable. However, breast cancer is every bit detectable in men and equally curable when discovered early," says Rogoway, who practices oncology at Palo Alto Medical Foundation.

Rogoway says men should be alert in the breast's appearance, including enlargement, altered shape, or the appearance of a nodule or lump. "Point these warning signs out to your physician, and don't be hesitant about suggesting the possibility of breast cancer. The changes, by the way, are actually often more noticeable in men, because they typically have less tissue in the breast," Rogoway explains.

Screening for cancer can usually be performed in the doctor's office, and as is the case with women, lumps most

often will be found to be non-cancerous. However, if the lump is found to be malignant, the treatment is the same for men as for women and can include radiation. (See Health Tips, Page 21)



## HEALTH FOCUS

Donald Wesson, M.D. Baylor College of Medicine in Houston

### OVERWEIGHT? TIME TO GET DOWN

By Donald E. Wesson, M.D.

It is a serious health problem that is, pardon the expression, all around us.

Being overweight or obese is one of this nation's most common health problems. An estimated 25 percent of Americans carry too much fat. It is so common that many of us fail to notice it, particularly in ourselves and in loved ones.

African Americans as a group have a greater proportion of overweight people than other American population groups. The National Center for Health Statistics reports that about 35 percent of African American men ages 35 to 64 are overweight, compared to about 28 percent of white men. Even more striking is that more than half of African American women in the same age group are overweight, compared with about 30 percent of white women. The reasons for these differences are unclear, but socioeconomic, cultural and genetic factors are possible contributors.

Studies have shown that overweight people live shorter lives as a result of health problems that go beyond concerns for appearance. They are more likely to suffer from heart disease, high blood pressure, diabetes and arthritis. Weight loss can reduce or eliminate these risks.

Why are some people more susceptible to becoming overweight?

Body fat is made up of calories eaten but not "used up" by the body through physical activity like aerobics. People become overweight when they

eat more calories than the body can burn.

The amount of energy your body needs depends on your metabolic rate and your level of physical activity. Although some people have a higher metabolism than others, the best way to avoid gaining too much weight is to balance calorie intake and exercise. If you maintain a sensible diet and exercise regimen, you can burn extra calories and increase your metabolism.

If you are less active and overweight, limit your intake of high-calorie foods, like pastries, and "fill up" on low-calorie foods like vegetables and fruits.

Before entering a weight-loss program, consult your doctor. Nutrition experts at Baylor College of Medicine state that fad or "crash" diets often provide inadequate nutrition and can be harmful. In most cases, the weight is regained when resuming old eating habits. Also, choose an exercise program that matches your level of fitness. An inappropriately vigorous exercise program can be harmful.

You can successfully lose and maintain your ideal weight by eating well-balanced, low-calorie meals daily and performing modest exercises, such as walking. Such a strategy can become a life-long habit and will help you achieve your goal while making you feel better and live longer.

HealthFocus is a monthly medical column written by Dr. Donald E. Wesson, an associate professor of medicine at Baylor College of Medicine in Houston.

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