

HEALTHWIRE

NOT IN OUR HOUSE...

H E A L T H

PART I

By Tara Roberts

A co-worker noticing the titles of my books and articles as I did research on domestic violence, asked innocently, "Isn't that a problem for white folks." I looked at her and thought here's a woman who's been working at an African American woman's magazine for a long time — a magazine that has covered this subject numerous times — and she's still under the impression that domestic violence doesn't reach African American homes. But it does.

According to Evan Stark, Co-Director of the Domestic Violence Training Project in New Haven, CT, African American women are more likely to be abused by their spouses or boy-friends than white women. The abuse is two to three times as common among African Americans as it is among whites. Additionally, approximately 90% of all African American females are murdered by acquaintances and family members — a higher rate than for white women and white males.

Believe it or not, battering may be the single most common cause of injury for which women seek medical attention, specifically African American women who seek medical help in higher proportions than other women. It accounts for more injuries than auto accidents, mugings and rapes combined (Family Violence Prevention Fund). Yet, despite the seriousness of these assaults, the health, shelter, justice and police communities often trivialize battering and refuse to offer adequate support services for women. For instance:

* Injuries battered women receive are at least as serious as injuries in 90% of violent felony crimes, yet under state laws, they are almost always classified as misdemeanors (Center for Women's Policy Studies).

* Compared to 3800 animal shelters in the U.S. there are only 1500 women's shelter's (Center for Women's Policy Studies).

* The average prison sentence for men who kill their part-

ners is two to six years while women who kill their partners - often in self defense - are on average sentenced to 15 years (National Coalition Against Domestic Violence).

* For every woman accepted into a battered women's shelter, two women and her children are turned away. In some urban areas where African Americans are over-represented, that number is as high as five to seven women (National Coalition Against Domestic Violence). State and local government's, attempting to address the inadequacy of these services, have introduced new legislation to increase police and judicial power in abuse cases, fund shelters, and offer training programs for professionals, specifically police officers who can intervene within the home and remove batterers or offer efforts to address battering, the initiatives made by and for the health care community seem to be the least developed of all.

Physicians have not been trained to recognize signs of battering and as a result, often fail to record abuse or list it as a diagnosis, particularly in emergency room settings where most African American women receive care. "Health [care] providers are more likely to apply traditional female labels [like] "hysterical" or "crock," or prescribe tranquilizers and pain medication or institutionalize these women in state mental hospitals," said Anne Fitchcraft, Associate Professor, Dept. of Medicine at the University of Connecticut and Co-Director of the Domestic Violence Training Project in New Haven. "Neglect, denial, [and] mistreatment [by the medical community]...increase a woman's risk and reinforce denial, minimization, abuse and victim blaming by the batterer," she says.

However, battering or at-risk situations can be readily identified by carefully reviewing women's medical histories and noting the frequency and sexual nature of the injuries. Battered women are 13 times more likely than non-battered women to be injured in the breast, chest and

abdomen and three times as likely to be injured while pregnant. Self-induced or attempted abortions, miscarriages, heavy uses of minor tranquilizers and sleep medication, multiple inju-

ries and persistent visits are other signs of battering. Yet physicians and nurses continue to ignore these very concrete indicators. Metropolitan hospitals have also closed and made access to

health care increasingly difficult for urban dwellers. Thus African Americans who are disproportionately represented among the estimates 30 million Americans who don't have private insur-

ance or Medicaid, have extreme difficulties obtaining care for their injuries.

To be continued.
Tara Roberts is on staff at Essence Magazine.

CHARCOAL USE A HAZARD IN IMMIGRANT AND MINORITY HOMES

Using charcoal as a heat source for cooking or warming a home when public utilities fail or are unavailable can cause the potentially fatal leakage of carbon monoxide (CO) gas in a poorly ventilated home. A study published in the January 5th issue of the Journal of the American Medical Association found that while unintentional CO poisoning declined in the U.S. during the 1980's because of aggressive public education programs, Latino and Asian residents currently suffer from CO poisoning at a disproportionate rate.

Survey on AIDS Medicines Shows Companies Searching for Treatments

Pharmaceutical companies continued their aggressive search for vaccines, treatments and new treatments for AIDS and AIDS-related infections with five new medicines released for marketing and 12 more medicines under development during the past year, according to the 1993 survey of "AIDS Medicines in Development," conducted by the Pharmaceutical Manufacturers Association (PMA). This represents the seventh consecutive year in which research-based pharmaceutical companies have increased the number of new medicines and vaccines in development.

Seventy-four companies helped increase the total medicines/vaccines in development to 103 and the total number of marketed medicines in the United States to 21.

"While AIDS remains an extremely difficult disease to conquer," says Gerald Mossinghoff, president of the PMA, "the industry's major efforts have produced substantial progress. New medicines have made some AIDS-related infections more controllable and thus have increased life expectancy. And, in some cases, new medicines have improved the quality of life for AIDS patients."

The leading producer of AIDS medicines, according to the survey, is Burroughs Wellcome Co., a research-based pharmaceutical company headquartered in Research Triangle Park, N.C. Wellcome has five marketed medicines and a number of others in development, a record unmatched by any other pharmaceutical manufacturer.

Wellcome's medicines include Retrovir® (zidovudine or AZT) for HIV disease; Daraprim® (pyrimethamine) for toxoplasmosis; Septra® (trimethoprim and sulfamethoxazole) for treatment of Pneumocystis carinii pneumonia (PCP); Zovirax®



(acyclovir) for herpes zoster and herpes simplex; and Mepron® (atovaquone) for treatment of mild to moderate PCP.

Of the medicines Wellcome has in various stages of research and development, the majority are from the antiviral group, historically an area of expertise for Wellcome. Each of these medicines are in clinical trials to determine efficacy and potential side-effects in patients.

Emphasis and funding towards research that focuses on antivirals and infectious diseases has allowed Wellcome to take the leadership position in the industry. Wellcome devoted 41% of its research and development investment to this area last year.

"We are proud to lead the industry in the push to find effective treatments for AIDS and AIDS-related infections," said Phil Tracy, president and chief executive officer of Burroughs Wellcome. "Wellcome has historically had success in this area and is committed to the search for even better treatments, which I think is evident in the results of the PMA's survey."

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NEW COMPUTER SOFTWARE FOCUSES ON AFRICAN HEALTH ISSUES

A California-based computer company — Afrisoft — has developed the first computer software package that is an interactive, Afrocentric, multimedia health program bringing users detailed information on how certain health issues affect people of African heritage around the world. Imhotep: The Canon of Black Health reports on medical research, treatments, epidemics, health care organizations and on health topics including: AIDS, Diabetes, Lupus, Cholera, and River Blindness.

The software brings together news from Africa, the Caribbean, the Middle East, and the United States, with updates available on individual topics and is designed for use by medical students, physicians, or the general public. FOR FURTHER INFORMATION, CONTACT: Kamal Al-Mansour, Afrisoft, Los Angeles, CA 213-731-5465.

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Se Habla Español

FIRST AID BASICS

The basics of first aid will be taught during an upcoming clinic at the Chuck Minker Sports Complex, 275 N. Mojave Road. Taking place at 6 p.m., Wed., Feb. 15, the session will be presented by CPR Plus and includes a one-year certification.

Registration continues through the day of the event, at a cost of \$15. The seminar is

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