

# SEPTEMBER IS SICKLE CELL MONTH FOUNDATION OVERVIEW

# HEALTH

Until a breakthrough is achieved, many citizens of our community will suffer the effects of jaundice, recurrent episodes of "pain," and an increased susceptibility to certain infections, growth retardation, and frequently a shortened life expectancy.

Some of our members, friends, and persons of this community will require hospitalization several times a year. At present, medical therapy can only focus on the relief of pain and treatment for the associated health problems related to Sickle Cell Disease.

For the past twelve years the Sickle Cells Disease Association of Nevada has been providing support to persons, families, and those directly involved with Sickle Cell conditions. The organization has worked to bring together individuals and groups who are involved in advocating for mandatory testing of newborns and establishing contact with health care professionals for the

comprehensive treatment of children and adults are all major goals of Sickle Cell Disease Association of Nevada.

The Sickle Cell Disease Association of Nevada is a non-

profit organization who began addressing problems surrounding Sickle Cell Disease form 1982 to date. Working out of a community based office located at 330 West Washington Street

we have been able to reach thousands of persons relating to Sickle Cell Disease and conditions.

Our mission has been a tough one, but we continue in our efforts

to advocate for the needs of all clients and families suffering from Sickle Cell conditions. Through programs and services in education, screening, counseling, social support,

dissemination of research, and advocating with other health agencies, we are succeeding in making sure persons with Sickle Cell Disease live a full and uncompromising life as possible.

**YES,**  
Caring is sharing. I would like to join in the fight against Sickle Cell Disease. Enclosed is my tax deductible donation of \$ \_\_\_\_\_

Sickle Cell Disease is a hereditary form of a blood disorder primarily, but not exclusively, in persons of African descent. 1 of 400 African Americans has Sickle Cell Disease. All African Americans of child bearing age should be tested for the Sickle Cell trait. Please help stop this killer disease! Your pledge could save lives in Nevada.

Company/Organization Name \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_



Sickle Cell Disease Association of America  
Nevada Chapter, Inc.  
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FOR MORE INFORMATION, CALL (702) 646-8422

## HEALTHWIRE

# MEDICAL RESEARCH: THE RACE FACTOR

PART I

By Lynne Taylor

The role of race and ethnicity in medical research can be a controversial topic. In the past, medical research involving minority populations often attempted to find links between ethnicity and behavior (often perceived as deviant) that would result in disease. In addition, past atrocities, including the Tuskegee Study (a U.S. government sponsored study in which African-American men with syphilis were purposely left untreated), have, for many, cast lasting suspicion on physicians seeking minority participants in research.

But playing a role in medical research, especially projects assessing new treatments, is important for people of all races "Minorities need to be informed about clinical trials," said Dr. Charles Thomas, an oncologist at the University of Washington School of Medicine. "The existing standard of care for many diseases, including most cancers, is 'sub-optimal', therefore [current] clinical research is [not] state-of-the-art, for minorities or anyone."

The faces of researchers have also changed dramatically since the days of the Tuskegee tragedy. Many of today's studies

are conducted by physicians of color seeking to unlock the mysteries of diseases that have long affected people from their own communities. A wide range of illnesses are currently being studied, but work in three key areas will probably have the most impact on the lives of African Americans, Latinos, Native Americans and Asian Americans — heart disease, cancer and diabetes.

Statistics reveal that race often plays a role in who gets a particular disease or dies as a result of it (1990 survey of U.S. health statistics, Health and Human Resources Administration). External factors such as poverty, diet and access to health care definitely contribute to these differences in disease rates. Lower socioeconomic status alone, has been proven a risk factor for many diseases,

regardless of ethnicity.

In recent years, however, many prominent physicians, scientists and the National Institutes of Health's Office of Research on Minority Health have begun to seek other clues to the illnesses that appear more frequently, and take more lives, among people of certain cultural and ethnic groups.

### HEART AND VASCULAR DISEASE

Heart disease is the number one killer in the United States. That fact cuts across ethnic lines to include men and women of African American, Latino and Native American descent. Risk factors for heart disease include obesity, hypertension, diabetes and high cholesterol. African Americans have the highest incidence rates of heart disease and hypertension, while the rates

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## ASTHMA SUPPORT GROUP

Parents/Families of Asthmatics Support Group will meet Tuesday, September 20, 1994 at 7:00 p.m. at the Rehabilitation Hospital of Nevada, Las Vegas, 1250 S. Valley View. Babysitting and refreshments will be available. Please call 644-8202 for more details.

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