BARBARA ROBINSON FOR NAACP PRESIDENT

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We want to bring respect, integrity and purpose back to the Las Vegas NAACP. Barbara Robinson will fight to represent us with conviction. Please join us in voting for Barbara on November 10, 1996 from 7am to 7pm at the Las Vegas NAACP chapter office, 600 West Owens.

Yvonne Atkinson-Gates, Chair, Clark **County Commission** Frank Hawkins Thomas & Gerri Leigh - Retired Lt. Col. Verlia Davis Marzette Lewis Deborah L. Jackson Yolanda McKinney-Arrington Attorney Art Williams **Rev.** Tyrone Seals Ida Gaines Dave and Marsha Washington Sam Smith (Native Son) Drs. Linda and Bill Dougan **Booker Burney** Dr. Linda Young J. David Hoggard Sr. Ken Evans Gloria Despenza Dr. Wilda Chevers Dr. Bob Bailey Martina Callum, M.D. Beverly Neyland, M.D. **Faye Duncan-Daniels** Dora Harris-La Grande Marta Fernandez **Ray Willis**

Paid for by the Coalition to elect Barbara Robinson, J.D. for NAACP President.

出 E A L T H NMA opposes recommendation to change U.S. polio immunization policy

Association (NMA), the nation's oldest and most influential organization of African-American physicians, just passed a resolution opposing a proposal to change the country's longstanding polio immunization policy from a system of all-oral vaccine to a system that calls for greater use of injected vaccine.

Citing several reasons for its opposition, including concern that additional injections may lead to a significant decrease in overall childhood immunization rates, the NMA urged Dr. David Satcher, Director of the Center for Disease Control and Prevention (CDC), to reject any change on polio immunization policy until the public health impact can be studied and appropriate education campaigns mounted.

The proposed policy change, recommended in June by the CDC's Advisory Committee on Immunization Practices (ACIP), calls for replacing an infant's first two doses of oral polio vaccine (OPV) with two injections of inactivated polio vaccine (IPV), to potentially reduce the approximately eight cases per year in the U.S. of vaccineassociated paralytic polio (VAPP).

The last two doses of polio vaccine in the four-dose immunization series would continue to be OPV, which provides superior intestinal immunity against polio and is the vaccine credited with eradicating polio from the U.S.

Among the reasons stated for NMA's objection to a sequential IPV/OPV schedule: • No data exist documenting

the proposed sequential schedule with decreased VAPP.

 Reduction in passive immunity, which accounts for as much as 40 percent of immunization in under-served populations, by greater use of IPV (OPV confers immunity not

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The National Medical sociation (NMA), the nation's dest and most influential panization of African-American only to the individual vaccinated, but often close contacts of the child who is vaccinated as well). • Additional injections (as

many as four may be required at some well-baby visits) or visits may decrease compliance with the entire childhood immunization schedule, risking a resurgence not only of polio but of other vaccine-preventable diseases as well.

• The ACIP has not addressed the public health impact of the proposed change in policy.

• A change in U.S. policy may interrupt global polio-eradication initiatives (OPV is the vaccine of choice in the World Health Organization's global polioeradication program).

The NMA resolution calls Organizations.

upon Dr. Satcher to reject adoption of the proposed IPV/ OPV sequential schedule. Other points of the resolution recommend a "massive educational effort" for health care providers and consumers to support an alternative option of parental choice of IPV or OPV. The NMA resolution on polio

immunization policy will be presented to Dr. Satcher, joining a growing list of opposition statements already presented to CDC from health-related organizations such as the National Black Nurses Association, MAP International, Health Watch Information and Promotion Service, and the National Coalition of Hispanic Health and Human Service Organizations.

families, and their doctors,

recognize the early signs of

Alzheimer's disease, and

distinguish Alzheimer's-which

is non-reversible - from other

types of treatable dementias. For

example, depression is the most

common psychiatric illness in

older people, and can be difficult

to distinguish from Alzheimer's

health

care

or other dementias.

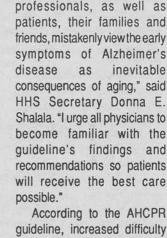
"Many

Government issues new guidelines for early detection of Alzheimer's disease

Special to Sentinel-Voice Dementia is a condition in which a person's mental abilities deteriorate so severely that it interferes with his/her's everyday social and occupational activities. An estimated five to 10 percent of the U.S. adult population ages 65 and older is affected by a dementing disorder — and the incidence doubles every five years among people in this age group.

Alzheimer's disease is the most common form of dementia in the United States. It and related dementias affect at least 2 million, and possibly as many as 4 million, U.S. residents. But despite its prevalence, Alzheimer's disease often goes unrecognized or is misdiagnosed in its early stages.

The U.S. Agency for Health Care Policy and Research (AHCPR), an agency of the Department of Health and Human Services, has released guidelines to help patients, their



guideline, increased difficulty with activities such as learning and retaining new information, handling complex tasks, reasoning, and spatial ability and orientation might be symptomatic of Alzheimer's disease. If you notice any of these symptoms, you should go to your doctor immediately for a thorough clinical examination. Also, if you have a family history of dementia and/or Down Syndrome, you are at possible risk of developing Alzheimer's disease.

You should have your doctor conduct an initial assessment for Alzheimer's disease as soon as these symptoms are present rather than attribute signs of

(See Guidelines, Page 7)