

Stem cell debate becomes personal

By George E. Curry
Special to Sentinel-Voice

President Bush's decision to veto stem cell research legislation is personal with me now. He recently vetoed a bill passed by both the House and Senate that would have allowed federal funding for research that could lead to life-saving cures.

On the day I was supposed to depart for Abuja, Nigeria, last month with the Leon Sullivan Foundation, my cousin Audrey Livingston died in Johnson City, Tenn. She was 47 years old and had been living with scleroderma, a chronic connective tissue disease, for eight years. Of course, I cancelled my trip to be with my family in Tennessee.

Scleroderma or systematic sclerosis is a rare disease for which there is no cure. According to information distributed by the Scleroderma Foundation and the Mayo Clinic, the disease is progressive and leads to the hardening and tightening of the skin and connective tissues, the fibers that provide the body's framework and support.

"In addition to thickening and hardening of the skin, scleroderma can cause skin to lose its elasticity and become shiny as it stretches across underlying bone," the Mayo research states.

Essentially, the body's immune system turns against itself by overproducing collagen, a fibrous type of protein that makes

up the body's connective tissue. Unfortunately, there is no treatment to stop the overproduction of collagen.

But if a cure is to be found, it could well come from stem cell research. That's why President Bush's decision to veto stem cell research legislation has become personal with me.

Research posted on the site of the National Institutes of Health reflects the excitement medical experts have about this new research — using stem cells to cure diseases and treat severe injuries.

"Stem cells have the remarkable potential to develop into many different cell types in the body," basic information on the site observes. "Serving as a sort of repair system for the body, they can, theoretically, divide without limit to replenish other cells as long as the person or animal is still alive. When a stem cell divides, each new cell has the potential to either remain a stem cell or become another type of cell with a more specialized function, such as a muscle cell or a red blood cell or a brain cell."

After doctors in Tennessee failed to identify Audrey's disease accurately, they sent her to the Duke University Medical Center in Durham, N.C., where they finally diagnosed



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scleroderma. Not surprisingly, Duke is now leading a national study to test whether stem cell transplants can reconstruct defective immune systems.

If successful, the study could reverse the disease rather than merely alleviating the symptoms. It is funded by a \$20 million grant from the National Institute of Allergy and Infectious Diseases. Dr. Joseph Shanahan, a Duke University rheumatologist, told reporters that investigators wanted to determine whether the immune system could be suppressed for a year in order to take control of the disease or whether it would be necessary to repopulate the immune system with purified stem cells.

As part of this fascinating study, patients are given drugs that stimulate the release of stem cells into their bloodstream. Stem cells are then extracted from the blood, processed and stored for later use. Chemotherapy and radiation are used to destroy the immune system, which is then repopulated or replaced by the patient's stored blood stems.

To be fair, President Bush does not oppose all stem research, and it appears that he might not object to the research being done at Duke — the kind that would have directly benefited Audrey. However, the president

vetoed the bill — his first and only veto after more than five years in office — authorizing certain types of stem cell research.

Although the proposed legislation would have prohibited federal funding for the creation of embryos to be used solely for research, it would have allowed research by using embryos stored at federal fertility clinics that are donated by couples who no longer need them.

My cousin Audrey endured pain for several years. I watched as her extremities were removed one by one. First, a finger, then another finger, then one toe and another toe and still more fingers and still more toes. In the end, she could hardly grip a fork, but she never lost her grip on life.

She didn't let her illness prevent her from being places she felt she had to be. Over the past year alone, she and I have lost three uncles on the same side of the family. Audrey attended every funeral because, above all else, she was a person with a deep love for her family. For those who claim to be pro-life, this is an opportunity to prove it by allowing the research. Stem cell research may lead to cures and alleviate suffering for many with diseases. It won't bring back my cousin Audrey, but it might spare some families needless pain.

George E. Curry is editor-in-chief of the NNPA News Service.

Program offers uninsured kids health care

By Marian Wright Edelman
Special to Sentinel-Voice

As children get ready to head back to school, parents everywhere are checking off their lists of the things they're going to need — backpacks, notebooks, pencils. But this season, many adults are helping to cover some much bigger basics for children. The Robert Wood Johnson Foundation Covering Kids and Families Initiative has been sponsoring a Back to School campaign in eight cities aimed at enrolling more children in the Children's Health Insurance Program known as CHIP. The Children's Defense Fund's Texas office is one of the organizers of this campaign in Houston. That CDF office's campaign includes advertisements in local media, outreach events throughout August, and a kick-off press conference and enrollment event with speakers including Grammy-winning gospel singer Yolanda Adams, all designed to let uninsured children and families know that they may be eligible for help.

CHIP and Children's Medicaid provide

low-cost or free health coverage to uninsured children in working families that cannot afford private health coverage. CDF has already developed a children's health insurance outreach and training initiative with the Houston Independent School District. The district asked about students' health insurance status on its 2005-2006 enrollment form to learn more about the need. They discovered that 22.4 percent of students in Houston are uninsured.

CDF is now working with school nurses and parent support specialists at each school to follow up with uninsured children and link them with coverage by training school staff to help parents apply for CHIP and Medicaid. Starting this month, a new partnership is going to allow CDF to expand this program to all 20 Harris County school districts, reaching more than 700,000 students in Texas.

CDF is also reaching out to find uninsured



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children and families in places besides schools. In August, CDF is holding its 15th citywide outreach drive at 20 Houston supermarkets. Together, the 14 previous drives have helped over 18,000 children apply for CHIP and Medicaid. A week later, CDF will hold another citywide enrollment event at 15 McDonald's restaurants, and McDonald's

will also be distributing CHIP trayliners at 260 Houston-area locations this month. Clear Channel has donated 100 billboards promoting CHIP enrollment, and the Houston Dynamo, the city's major league soccer team, is placing CHIP announcements on their tickets and banners being displayed at their games. CDF is coordinating similar outreach activities and enrollment events in other cities and towns in Texas, and these innovative marketing methods are going to reach thousands of families whose children need health insurance.

The needs in Texas provide a quick snapshot of the needs of children in the rest of the country. Texas has the highest rate of uninsured children in the nation. More than one in five of Texas's children — 1.4 million — lack coverage.

Nearly 90 percent of uninsured children have at least one working parent, but health coverage is often too expensive for families to afford, averaging \$933 a month for family coverage, according to the Texas Department of Insurance. But for many of these children and families, there could be an alternative: Of the 1.4 million uninsured children in Texas, more than 700,000 are eligible for, but not enrolled in, CHIP and Children's Medicaid. That's where efforts like the Back to School campaign come in.

I am so grateful for all that CDF's Texas office is accomplishing headed by Executive Director Barbara Best who was recently profiled as one of 15 outstanding international health care advocates, and the only American, by the World Health Organization as part of the "Voices from the Frontline" Web series for her work in enrolling Houston children in health coverage.

The Back to School Campaign is just one more step in CDF's efforts to make sure every child in Texas and America gets a healthy start, and it is a model for the kinds of successful outreach and enrollment efforts that could make a difference for uninsured children in cities and states across the country.

The Back to School program is active in all 50 states. More information and local resources can be found on the website at <http://coveringkidsandfamilies.org> or by calling the toll-free hotline, 1 (877) KIDS-NOW.

Marian Wright Edelman is president and founder of the Children's Defense Fund.

Morial

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minimum wage above \$5.15 an hour or have ballot initiatives in the works for the upcoming November elections. Draining revenue from the U.S. treasury while at the same time giving the working poor a raise sounds like voodoo economics to me. This is just another example of legislators' inability to address economic disparities seriously between Whites and minorities in this nation.

In 2004, nearly 23 percent of Black families of four earned incomes near or below the poverty line, compared to almost 10 per-

cent nationwide. And almost 28 percent of single Blacks fell near or below the poverty line, compared to 19 percent nationwide.

However, according to the Bureau of Labor Statistics, a higher percentage of White hourly wage earners work for minimum wage or less compared with Blacks — 2.5 percent vs. 2.2 percent. This indicates that we cannot rely solely on a minimum wage hike as the panacea for the economic ills facing African-Americans. But it's a good start.

As I said in my keynote during the convention last month, our nation must send a

message to its citizens that work is valued. If we want Americans to value work, work must compensate them in a fashion where they can afford to, at least, pay some bills. What's the point of working if you can barely lift yourself above the poverty line?

I can only hope that the U.S. Congress decides for once and for all to confront the issue head-on and without veiled agenda — in a stand-alone bill when lawmakers return in September.

Marc H. Morial is president and CEO of the National Urban League.