Preemies step out for March of Dimes

The usual image of a premature baby isn't very pretty. Inside a hospital's neonatal intensive care unit there are incubators inhabited by frail-looking infants, tethered to ventilators, tubes and monitors.

Parents are waiting nearby, counting the hours, days and maybe weeks before they can actually hold their loved one. Hard-working, attentive primary care nurses are not far away, caring for these tiny fighters as they battle to eventually breathe on their own, open their eyes and be freed from the lifelines made necessary because of being born far too soon.

TIM SMITH

But as is underscored by the March of Dimes, which for this year's WalkAmerica is using "Be a Hero for the Tiniest Babies" as its theme, quite a welcome fight is being waged to alter that image.

Walks on Saturday in Plymouth and next Sunday in Troy, Detroit and at Metro Beach (all beginning at 9 a.m.) will be populated with the usual walk teams. There will be teams from corporations, health-care groups and volunteer-minded folks who just want to do their part to help March of Dimes raise research money to reduce problem pregnancies and enhance the health of all babies.

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But given this year's walk focus, a very fitting team will get together at Hines Park in Plymouth: 20 former preemies and their families, who make up the Preemie Stars.

Among those families will be the Blackers of Livonia, whose children Katie and Danny were regional ambassadors for WalkAmerica during the 1990s. My daughter, Elizabeth (born at 1 lb. 14 oz. at 25-weeks gestation in 1994), also will help put face and a smile on the proceedings.

Admirable as it is, it's one thing for Compuware or Little Caesars employees to collect pledges, wear T-shirts and take on the walk route. It's another, according to Laurie Blacker, for actual beneficiaries of March of Dimes research to get out there, too.

With the Preemie Stars, believed to be the only walk team of preemies, that mission becomes "much more personal," she added.

Please see MARCH OF DIMES, C6

Making connections

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer newsworthy information including Medical Datebook (upcoming calendar events); Medical Newsmakers (appointments/new hires in the medical field); and Medical Briefs (medical advances, short news items from hospitals, physicians, companies).

We also welcome newsworthy ideas for health and fitness related stories.

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Distrust and fear

Patient's story, coordinator's experience tells truth about minorities and organ donation

BY NICOLE STAFFORD
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The story of Nina White's kidney transplant has tremendous emotional power.

More than that, it topples myths that contribute to low organ donation levels among African-Americans.

Blood type generally determines whether there's a match between donor and transplant candidate.

In some cases, a genetic match — something that's greater in individuals of the same race — is medically necessary or preferable. Such a match may be required to avoid rejection with kidney transplants, for instance.

And, because there's a higher incidence of certain illnesses in African-Americans, the need for particular organs can be greater. Of the 1,762 people currently waiting for a kidney transplant in Michigan, 843 are African-American, according March 2002 statistics compiled by the Gift of Life Agency, the state's organ recovery organization.

"At no point did I consider that race would be an issue with me getting a transplant," says White, a 38-year-old African-American who received a new kidney almost three years ago.

But White, who lives in Southfield, has an optimism not all African-Americans share.

Distrust of the medical community is common among African-Americans and often blamed for low levels of organ donation by the ethnicity.

Urban myths

"I believed some of the urban myths," says Richard Chenault II, an African-American and donation specialist at the University of Michigan Health Systems in Ann Arbor.

Chenault says when he began working as a transplant coordinator, he had the impression African-Americans were "always being asked to donate organs, but very rarely received an organ."

A common myth among African-Americans is the belief they won't receive exhaustive medical treatment in the emergency room, if they're registered organ donors.

Another is the idea that particular socio-economic groups receive priority on organ transplant lists, says Chenault.

Fueling suspicion is history: In the 1930s, a group of African-American men were injected with syphilis and not treated in the name of government medical research. The event is known as the Tuskegee incident.

Richard's transformation

"There is ignorance, a lot of ignorance," says Chenault, whose own misguided beliefs brought him to the brink of leaving his profession.

But a chance course of events at the medical center transformed his perspective. Chenault coordinated a transplant in which the donor was a young Caucasian girl and the recipient, a young African-American boy. The juxtaposition, "changed my mind," he says.

"I had an epiphany. And from that, I said, 'Richard, not only do you need to educate yourself about organ donation, but also, you need to educate more minorities.'

"Another thing," adds Chenault. "Organ donation is positive for all people, and I think all people need to understand that. All people benefit from organ donation."

Other groups

The medical community sees low levels of organ donation among other minority groups, including Native Americans, Hispanic- and Arab-Americans, says Remonia Chapman, director of Gift of Life's minority organ tissue transplant education program.

While distrust of the medical community and poor access to health care contribute to the problem, cultural and religious beliefs often play a role, too, she says. "For Native-Americans and Hispanic-Americans, we have found the idea that, if you talk about death, you invite death, that it's taboo to talk about death and organ donation."

The reality is nobody likes to discuss death. But the absence of such conversations is the core issue for organ transplant professionals. Family consent is required by the law in Michigan for organ procurement, so talking about the gift of life is crucial, regardless of race, says Chapman. "When people have talked about it ahead of time, we have found that the family is more likely to give consent."

STAFF PHOTOS BY TOM HOFFMEYER

Thankful: *Above, Nina White of Southfield sits in her living room among her 5-year-old daughter's toys nearly three years after having a kidney transplant. Top, White can now put an extraordinarily difficult period in life behind thanks to Greg Posey of Detroit. A friend of White's husband, Posey decided to donate one of his kidneys.*

Nina's story

White learned her kidneys were failing at about the same time she found out she was pregnant. Although she was able go through with the pregnancy and give birth to her first child, Gabrielle, now 5, doctors know she would eventually need a transplant.

"They knew my condition would continue and not reverse itself, but they didn't know how long it would take to lead to dysfunction," says White.

Unfortunately, White's family members — the best candidates for a genetic match — were ineligible to donate. White's mother was suitable but had high blood pressure. Doctors ruled out her sister because she, too, suffered from high blood pressure. And White's father was himself undergoing dialysis at the time. White's husband had a different blood type.

About a year after giving birth to Gabriella, White's kidney's could no longer

Please see GIFT OF LIFE, C6

RAISING AWARENESS

April is Michigan Donor Awareness Month, and the week of April 21-27 is National Organ and Tissue Donor Awareness Week.

To educate the public about organ donation and draw attention to the cause, the Gift of Life Agency, the state's recovery agency, has planned several special events including:

- Introduction of local organ donation heroes to state legislators on April 18 at the state Capitol in Lansing.
- Symbolic green ribbon displays set up by various community groups across the state. For a participating group in your area or to get involved, call Amy Olszewski at (800) 482-4881.

There are a variety of resources for those who have questions or want to learn more organ donation including:

- Gift of Life Agency, call (800) 482-4881 or visit www.tsm-giftoflife.org on the Internet.
- United Network for Organ Sharing (UNOS), visit www.unos.org on the Internet.
- Coalition on Donation, visit www.shareyourlife.org on the Internet.

TALK ABOUT THE GIFT OF LIFE

- It's crucial to talk about organ donation and share your wishes with your family.
- In Michigan and most states, family consent is legally required for organ donation, regardless of whether the deceased has declared their wishes formally.
- To declare your wish to be an organ donor, register on the Michigan Donor Registry or sign the back of your driver's license.
- Michigan Donor Registry cards are available at all Secretary of State offices or through the Gift of Life Agency by calling (800) 482-4881.
- Formal declarations of your wish to be an organ donor do influence a family's consent decision, but prior discussions make the decision easier.

Small businesses get relief on workplace injury costs

The Michigan Chiropractic Association has obtained a grant to offer free workplace safety training to small businesses throughout Michigan. The chiropractors are partnering with the Michigan Manufacturers Association and two other industry groups to make ergonomic on-site safety training available to small businesses. The WorkSafe program is open to companies with between 70 and 200 employees in the manufacturing, road building, and nursing home industries throughout the state of Michigan.

Funding and guidance for this program is provided by the Michigan Department of Consumer and Industry Services. Dr. Pat Chelenyak of Novi Chiropractic Clinic will conduct the first of 100 training events that will take place this spring and summer.

The WorkSafe program, in its debut year, will allow local MCA doctors to conduct 100 free on-site training sessions for employees in the three industries on the proper ways to lift and move in the workplace. The program targets companies with between 70 and 200 employees.

Ergonomic and spinal issues in the work place result in an estimated $8 billion in medical bills, legal bills and lost product days each year nation-wide. For this reason, many larger companies have incorporated ergonomic and spinal safety training into their regular employee training. Smaller companies of 200 or fewer employees lack the resources needed to offer this type of training. The WorkSafe program was designed to reduce the number of health and safety risks taken by employees and reduce the skyrocketing cost of compensation claims.

Interested companies should contact Colleen Grimes at the MCA's communications and research department at (517) 333-3133.