

# Weak, sick, poor

## Ignorance, malnutrition add to disease among poor

By PAUL BARTON  
Special to The Battalion

Poverty means doing without — without adequate food, clothing and shelter. Unfortunately, it doesn't mean doing without disease.

All too often, there is a wealth of diseases among the poor in comparison to other strata of society.

If you're not only poor but also black — that's an incredible burden to work with," says Dr. David N. Murray, assistant professor of medical microbiology and immunology at Texas A&M Univer-

Some diseases are found more often among the poor than other groups, McMurray says. They include respiratory diseases such as tuberculosis, pneumonia and influenza; gastrointestinal diseases such as typhoid and intestinal parasites, and diseases related to nutri-

ANALYZING THE HEALTH problems of the poor in the Bryan-College Station area, however, is difficult by a scarcity of statistical data. Neither the Brazos County Health Department nor the Texas Department of Human Resources, which handles Medicaid cases, nor the Texas State Department of Health or the Central Texas Health Systems Agency have readily available statistics about disease frequencies in different socioeconomic groups.

"If you can't find statistics it's be-

cause health care is poorly managed and so often does not exist," says Clair Jordan, executive director of the Texas Nurses Association.

"The health care the poor do get comes from so many different sources, there is no central data bank for it."

Some help is available from the National Center for Health Statistics in Washington. For example, in 1970 there were 90,000 cases of tuberculosis in the South. About 59,000 of those were found among individuals whose household income was less than \$5,000 a year.

Statistics for 1973 in the South reveal similar trends. Out of the 869,000 cases of anemia, very much a nutritionally-related disease, 450,000 came from households with a yearly income of less than \$3,000.

OTHER STATISTICS RELEASED by the center for 1973 show that the majority of diabetes cases, thyroid problems and urinary problems in the South also occurred among individuals whose household income was less than \$3,000.

Although no statistics pertaining to the Bryan-College Station poor were available, Katherine Young, nurse coordinator for the Bryan Independent School District, says she sees more ear, teeth, and eye problems, more heart murmurs and more problems with cleanliness among children of poor families.

Why would there be more health problems among the poor? McMurray

cites several reasons. Among them are a lack of health education, substandard living conditions and a malnutrition.

Living in crowded conditions, sharing eating utensils, eating unclean food and failing to clean up after animals that live around the house are practices that contribute to the spread of disease, says McMurray. He also says malnutrition and the general state of poverty itself weakens individuals so that diseases like influenza can develop into pneumonia much more easily.

Others, however, blame many of the health problems of the poor on an attitude of indifference. Young, for example, says that many poor mothers don't care if their children eat the right foods or brush their teeth. She also says they are negligent about immunizations.

"THEY SHOULD HAVE started them at two months and here they are starting them at five years," she says.

Margaret Piononka, a nurse for the Brazos County Health Department, makes frequent field trips into poor neighborhoods. She adds concern as a problem among the poor. In one case, she says a mother brought her daughter to a free health clinic sponsored by the county where it was discovered the child was bowlegged. The mother, however, refused treatment offered her, insisting that the girl would outgrow the problem.

On the other hand, Dr. Ruth Schaffer, a specialist in medical sociology at Texas A&M, says that much of what is labeled nonchalance or unconcern is really something else.

Because of their lack of health education, she says the poor often have a hard time understanding the seriousness of a problem when it is told to them.

She also says that unless the problem is severe, the poor are reluctant to go to a doctor for economic reasons. "It's a choice of where to spend your money," she says, explaining that low-income families have to worry about food, clothing and shelter first.

EVEN WHEN medical services are offered free, they are hesitant to accept it. "I think it goes against the

culture of some people to accept anything free," Schaffer says. "Sometimes people mistrust the local health department. They think if the service is free there has to be something wrong with it."

Susie Feldman, nurse for the A&M Consolidated School District, also doubts that unconcern is the real problem. "What I see is not so much nonchalance as it is a lack of understanding about the importance of good health habits."

McMurray says the level of health education among the poor in this country is better than in most underdeveloped nations. However, he still thinks it could be improved. One suggestion he makes is for more media ads that tell the poor about simple things they can do to prevent disease. Examples include putting in screens to keep insects out and taking care of food properly.

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# Mind better than drugs

## at healing — psychologist

United Press International

ST. LOUIS — Psychologist Thomas W. Allen believes the power of positive thinking is stronger in fighting disease than all of the technology of modern medicine.

Allen preaches holistic medicine — the treatment of a patient as a whole person rather than treatment of specific symptoms of a disease. Even an illness such as cancer can sometimes be thwarted, he believes, if patients are taught to marshal their powers of mind for the at-

Medicine has been highly dependent on involving an outside technology in the fighting of disease, said Allen, a faculty member at Washington University. "A person has been called a patient, which on the one hand means one who suffers and on the other means one who just waits while the doctors do their shtick."

"Medicine has become too expensive and doesn't always work. Yet the resources of people have hardly been tapped."

Most of Allen's work has been in education, where the use of imagery to achieve goals long has been successful. Now, he said, techniques such as biofeedback show that even fighting disease, if a patient thinks in the right way, wishing may be able to make things happen.

"The use of imagery is very potent not only in helping people change their feelings but also in changing the way the body acts. If you think of an appealing food, your stomach may contract or you may begin to salivate. People shiver

when they think of going out into the cold.

"Our thoughts reverberate in our bodies. We sort of know that intuitively, but we've made an artificial distinction between our thoughts and our bodies. We've been made to distrust our common sense."

The views of Allen and others have been supported by experiments. He cited one in which cancer patients taught to use imagery techniques lived longer and better lives than their doctors had thought possible.

A key point in the use of imagery to fight cancer, he said, is recognizing that cancer cells are not overpowering invaders but can be conquered.

"Patients who use imagery picture their immune system as more aggressive and the cancer cells as relatively weak and confused. That's why radiology treatment works. You bombard the body and the cancer cells are overwhelmed."

"The survivors became more aggressive, questioning their doctors more and seeking alternative treatments to help hang to life. Those who died earlier were good patients who did as they were told."

Holistic medicine requires a sharp revision of conventional attitudes toward sickness and health, Allen said.

"We've tended to believe any type of healing or sickness has to happen from the outside in," he said. "Pasteur had a hard time getting his theory accepted, but once it was accepted, it was made the rule for every disease."

Allen believes the theories of

holistic medicine will make a big difference in the near future.

"General practitioners used to practice a type of holistic medicine — an attempt to mobilize the optimism of the individual with encouragement and personal contact. They just didn't have the tools we have now."

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