

## Swimming 'Safety First'

CHICAGO, May 22 /U.S. Newswire/ — Americans are returning again to a summer landscape of pools, lakes, rivers and ocean beaches. Summer is for fun — but only when you put safety first for yourself, your friends and loved ones.

America's 2,493 YMCAs, which have pioneered swimming and lifeguard instruction for 120 years, have prepared this list of tips for a safer and more carefree summer 2003, in and around the water.

### YMCA 'Safety First' Tip List

- Children must have adult supervision at all times.
  - No one, not even adults, should ever swim alone.
  - Be prepared by learning lifesaving, First Aid and CPR techniques.
  - Always have a stocked First Aid kit, cordless phone, emergency numbers and sunscreen close at hand.
  - Backyard pools should have posted rules, life-rings and security fences with self-closing gates and child-proof locks.
  - If you have an above-ground pool, secure and lock the steps or remove them completely when not in use.
  - Follow the posted rules in any water environment.
  - Before diving, know the depth, incline and any underwater obstructions.
  - Never dive in an above-ground pool.
  - Children should use inflatable toys only under strict adult supervision.
  - Avoid inflatable armbands or "swimmies" • they can be dangerous while giving a false sense of confidence.
  - And everyone should learn swimming and basic water safety skills.
- "Remember," said National Executive Director Ken Gladish, YMCA of the USA, "drowning took the lives of more than 4,000 people nationwide, last year, nearly 1,000 of them children. Knowing a few, basic water safety tips can mean a fun-filled, worry-free summer for the entire family."
- For more information on local swimming classes and introductory YMCA "Splash" events, call your local YMCA or, toll free 888-333-YMCA. Or visit [www.ymca.net](http://www.ymca.net).

(One) Gloria Lewis, MA, director, Minority and Multicultural Health, Minnesota Department of Health. "Health is everything. You cannot buy good health."



(Two) The lunch speaker Nguyen Ngoc Bich, Scholar, Educator, and former President of the National Vietnamese Social Services encouraged guests to "Voice Your Health Care Needs".



(Three) Trinh Nguyen, pharmacist, spoke on the "Changing Health Needs in the Vietnamese Community".

(Four) Bui Diem, who was the last Ambassador of the Republic of Vietnam to the U.S., and at 82, remains an active consultant in Washington. Bui spoke on the "Changing Aspects of the Vietnamese Community in the U.S."

# Vietnamese community looks at health issues

## Conference on Tobacco and Chronic Diseases

MINNEAPOLIS (May 17, 2003) — The Tobacco and Chronic Diseases among Vietnamese-American's Conference was held on May 16 and 17 at the Lucky Dragon Restaurant in Minneapolis Minnesota. Organizers said the conference helped to increase awareness in the community about the effects of Tobacco on health, and other at-risk chronic diseases, such as diabetes, breast and cervical cancer, hypertension, and cardiovascular disease.

A Friday evening reception and dinner drew nearly 200 people, many of them leaders in the community to hear guest speaker Bui Diem, who was the last Ambassador of the Republic of Vietnam to the U.S., and at 82, remains an active consultant in Washington. Bui spoke on the "Changing Aspects of the Vietnamese Community in the U.S."

Bui outlined the history and struggles of an emerging Vietnamese American community. Beginning just more than 25 years ago as immigrant refugees with little more than the clothing they were wearing, the community is now looking past day-to-day issues of raising families and of educating children. First and second generation Vietnamese American families are now taking a deeper look at the social and health concerns that have sadly gone unnoticed, and many times the diseases and conditions are preventable.

"It is now 27 years already after they came to this country," said Bui. "They settle down and there is a young generation of Vietnamese coming up right now...and they've become interested in other issues (becoming American citizens and participating in the political process)."

"The health issue...is a reflection of the new interests of the Vietnamese community, you see, and so I think that it is very, very helpful in the sense that up to now living in Vietnam, in very difficult conditions, sometimes they didn't pay enough attention to the problem of health the way we here in this civilized society, in this consumer society," he added. "We got interested, and so this kind of meeting...is just the beginning, but a good beginning for getting the Vietnamese community involved, and to understand the importance of the health issues for

themselves, and sometimes for the community around them too, you see."

Another Friday speaker, Steve Foldes, Ph.D., senior research investigator, Center for Tobacco Reduction and Health Improvement, Blue Cross Blue Shield of Minnesota, delivered a talk on "How the Tobacco Industry Targets Communities of Color", emphasizing how the tobacco industry is targeting people of color including the Vietnamese, with a wealth of marketing data. The future of tobacco prevention may very well begin to mirror the same approach that the tobacco industry has taken to get people starting to use their products.

Trinh Nguyen, pharmacist, spoke on the "Changing Health Needs in the Vietnamese Community". He described the difficulty and necessity in data gathering as the categorical definitions often lump the 45 diverse Asian and Pacific Islander groups together.

"They have different motivations, different problems, both physically, mentally, everything," said Nguyen. "We mention the distinction and differences, and at the same time there is a need for unity, all of us as one."

Nguyen described another duality in the growing number of Asian Americans, expected to double, and reach 20 million by 2025. At the same time, immigrant Asians remain grouped categorically with established Asian community, with entirely different needs. He also questioned the accuracy of counting new Americans, which impacts funding for grants and services.

He added that the diverse subpopulation groups have critical needs and that the Census issues of undercounting must be addressed, as that affects funding for critical support.

"Whether we have money, education, houses, cars, land, status among our peers, without health we don't have very much," said Gloria Lewis, MA, director, Minority and Multicultural Health, Minnesota Department of Health. "Health is everything. You cannot buy good health."

Lewis said that it takes policy decisions to improve health practices and access to everyone, and at the same



(Left) Ashley Tuyet Nguyen, Vietnamese Social Services, who handed out a "Breast and Cervical Cancer questionnaire, and educated guests about the two most serious diseases facing Vietnamese women. (Right) Emily Williamson, Asian American Health Coordinator, MDH-OMH.

time for communities at-risk to be aware that their own lifestyle choices make the biggest difference in their health. She encouraged better diets and exercise above all for the reduction of the rapid growth in diabetes, hypertension, stroke and cardiovascular disease and heat attack.

She emphasized the need for better cultural competency to ensure 100 percent immunizations, cervical and breast cancer screenings for women. To do this, culturally competent care is essential.

"We need to work with the health industry and communities in developing strategies of prevention and intervention of disease," she said. "Most of all, (caregivers need to) be respectful of, and recognize the cultural differences and identify cultural partners within everyone's community. No way can we address health issues unless we address cultural issues."

Mildred Hunter, MSW, M.P.H., coordinator, Regional Minority Health, USDHHS, came from Chicago to speak on the "State and Federal Health Programs Targeting Vietnamese Communities."

Hunter encouraged everyone present to visit the Asian American Health website at the National Library of Medicine (<http://asianamericanhealth.nlm.nih.gov/>) and the CDC-OMH page for Asians at ([www.cdc.gov](http://www.cdc.gov)).

She said that access to healthcare, transportation, insurance, cultural and linguistic training, and OMH data collection of racial and ethnic minority

populations, and disaggregated in terms of subpopulation groups, were all priority issues. She advocates for inclusion of diversity requirements in the grant guidelines that are used to apply for funding, to ensure compliance.

Hunter defined cultural competency as, "the ability of health organizations and practitioners to recognize the cultural and religious beliefs and attitude and language preferences and health practices of diverse populations, and to apply that knowledge at the systems level to produce a positive health outcome."

She emphasized collaborations with sectors of the community that do not normally incorporate health information into their agendas. She said business and social activities often draw more people for an event than does a public health fair. She said people will listen attentively to a brief health presentation, take part in free screenings and immunizations when the part of separate event.

"We at the Dept of Health and Human Services, and the Office of Minority Health, are committed to the elimination of health disparities by the year 2010," she said. "But, we need you to help us in this effort, so that you, you're family and friends that cannot be at the conference today, will go back and share with them the information reported during this conference."

Allison Rick, M.P.H. Minnesota Diabetes Program, spoke about "Diabetes in Vietnamese and other Southeast Asians in Minnesota"

MDH provides resources in eleven Asian languages, including a series on how to take care of your diabetes for life. She said diabetes is fast becoming the epidemic of our time. Not only do minorities show the fastest rise in acquiring diabetes, the figures also show that those living below the poverty scale, including many new Americans, also show a higher tendency toward diabetes.

Diabetes is a serious diseases that is the leading cause of blindness, lower leg amputations, kidney disease and failure, and contributes to heart disease and stroke.

Linda Ngoc Nguyen, MA, Minnesota Diabetes Program, spoke the issue of cultural experience of diabetes, with regard to nutrition and the power of discipline to control the health impact of the disease on the body, with a daily regimen of exercise and nutrition.

The lunch speaker Nguyen Ngoc Bich, Scholar, Educator, and former President of the National Vietnamese Social Services encouraged guests to "Voice Your Health Care Needs".

"This is 28-years overdue," said Nguyen, who added that since the Vietnamese have come to the U.S. since 1975, it is just now that the community is turning to the demographic and health data, also just now becoming accurate and useful, to assess problems that sorely need attention.

Ashley Tuyet Nguyen, Vietnamese Social Services, who handed out a "Breast and Cervical Cancer questionnaire, and educated guests about the two most serious diseases facing Vietnamese women.

Other speakers at the conference included Win Terrell, RN, on "Nutrition for Better Health", Nina Alessci, M.P.H., Research Project Manager, Center for Tobacco Reduction and Health Improvement, BCBS and Yanat Chhith, M.A., DREGAN Project Manager. They addressed the Diverse Racial and Ethnic Groups and Nations, DREGAN, Project and "How Culture Influences Tobacco Use" which showed guests how their daily living can influence tobacco use and what is being done to address and reduce tobacco use in the Vietnamese Community.

Hung Nguyen, President of the National Congress of Vietnamese Americans, offered the closing remarks. □

## Japan researchers hope robots will save lives

By Masayuki Kitano

TOKYO, May 19 (Reuters) - They look like something out of a science fiction movie, but they are real.

One resembles a giant spider; another calls to mind a stubby snake or a worm.

But Japanese researchers think robots like these, built to detect landmines or search rubble for earthquake survivors, may soon save human lives.

"Give us about five years and I think we can show the world something pretty impressive," says Tokyo Institute of Technology professor Shigeo Hirose.

His state-funded work is an example of efforts to develop robots for use outside factories, where most now operate.

Officials and researchers in Japan, home to almost half the world's 756,000 industrial robots, hope a new robot industry will give the stagnant economy a boost.

But designers of rescue and mine detection robots stress they are not working for profit.

"To be able to save people like those who didn't survive the (1995) Kobe earthquake — that's the aim of our research," says Satoshi Tadokoro, chairman of the International Rescue System Institute, a non-profit

organization developing disaster relief technology with state funding. Japan is not alone in this field.

Rescue robots helped search through the rubble of the World Trade Center after the September 11 attacks in the United States.

Remote-controlled, unmanned vehicles have helped clear mines in countries such as Cambodia.

Japanese researchers want to advance the technology by improving mobility or making robots more autonomous.

"In terms of fieldable (rescue) robots, the U.S. is far ahead," Robin Murphy, director for U.S.-based Center for Robot-Assisted Search and Rescue said in a telephone interview.

But researchers in Japan are looking at "advanced concepts that will pay off in five or 10 years," said Murphy, whose centre organized the use of rescue robots at the World Trade Center.

Souryu, or blue dragon, is a 1.16 metre (45 inch) long remote-controlled robot designed by Tokyo Institute of Technology's Hirose.

The snake-like Souryu crawls using six tracks, two on each side of its three-part body. It is equipped with a camera and microphone to search for victims, and can bend at the joints or roll over on its side to maneuver

through rubble.

The COMET III, a spider-like robot designed by Chiba University professor Kenzo Nonami, is part of a state-funded project to develop demining technologies for Afghanistan.

Four metres (just over 13 feet) long and weighing one ton, the COMET III walks on six sturdy metal legs. An additional limb in front is equipped with a metal detector and radar to find mines, a second sprays paint on the ground to mark the spot.

"My belief is that people shouldn't have to do dangerous tasks," says Nonami, whose aim is to make an autonomous robot that can move and spot landmines on its own.

Nonami hopes to test a new version of the robot in Afghanistan this year, if the Afghan government asks for such testing and Japan's cabinet approves.

Researchers are concerned their robots might be adapted for military use.

"We need to publicize the fact that our research is intended for rescue activities and not for war," says Fumitoshi Matsuno, a professor at the University of Electro-Communications.

It's a dilemma, especially since the U.S. military is showing signs of interest in their work.

Tokyo Institute of Technology's Hirose says that in April he met an adviser from the Tokyo-based U.S. Army Research Office Far East that promotes joint research between the army and scientists in the region.

Hirose says the adviser raised the possibility of joint research on robot technology related to de-mining. Hirose replied that he might be interested if the aim was humanitarian.

A U.S. Army official said the meeting was "exploratory."

"Of course robotics in Japan is of keen interest to the U.S. armed forces, not just the U.S. Army," said Colonel Richard Ryles, head of the U.S. Army Material Command's Office for International Cooperative Programs Far East at Camp Zama near Tokyo.

"Anything a human can do, we're investigating how an intelligent machine can replace, augment or supplement human behaviors and workload."

Robots are playing a growing role in the U.S. arsenal, with devices that scout enemy positions, sniff for chemical and biological warfare agents and slither down sewers or under doors to collect intelligence.

"Eventually we may see fully-automated tanks... I think it's just a matter of time before we see a robot war," predicts Nonami. □

## Obesity epidemic set to get worse

HELSINKI, May 29 (Reuters) - Obesity has spiraled into a worldwide epidemic affecting 250 million adults but a leading nutritional expert believes the worst is still to come.

Overweight adolescents are on course to fuel an even bigger global health problem as they mature into obese adults, he says.

"The younger generation, the generation after us, will be even more obese than we are, which doesn't make the future look very promising," Dr Mikael Fogelholm said in an interview.

The chairman of the 12th European Congress on Obesity, which begins in Helsinki on Thursday, said the prevalence of obesity among adolescents has increased more rapidly than among the middle-aged population.

"We can't expect that the present generation will die and we will have a lean generation," added Fogelholm, who is also the director of the independent UKK Institute for Health Promotion Research in Finland.

A steady, and in some cases life-long, diet of high-fat fast foods and idle hours in front of the television and computer, has taken its toll on children.

"Most obese adults now had not been obese children," Fogelholm said. "They obtained their extra kilos (pounds) after they were 25 or 30 years old. But now we have more and more people who are already obese at the age of 10, 15 or 20.

"If the trend goes on, the future

doesn't look better. It looks worse unless we can find a way to prevent obesity."

Along with expanding waistlines, being overweight or obese increases the risk of type 2 diabetes, heart disease, strokes and certain cancer. In the United States, where over half of the adult population is obese or overweight, obesity costs about \$93 billion a year in medical expenses.

Elsewhere obesity rates range from two percent in some developing countries, to 80 percent on remote Pacific Islands and about 20 percent in Western countries.

Fogelholm believes the solution to the problem must begin with changes that encourage people, and particularly youngsters, to get more exercise and to make healthy food choices. But he stressed that must include changes in how city centres are planned, how food is marketed and the sizes of portions in which it is served.

Ministries of transport, environment and education should be involved in health policies, he added.

"If you think of smoking — people either smoke or they don't smoke. But everyone has to eat and what they eat, how much and the amount of exercise they get make weight control a very complex behavior."

About 1,500 doctors, nutritionists, researchers and geneticists are attending the conference which runs to June 1. □