



HealthWeek No. 150



ANNOUNCER: Funding for HealthWeek is provided by the Howard Heinz Endowment and the Teresa and H. John Heinz III Foundation.

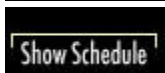


SHARYL ATTKISSON: Today on a special edition of Healthweek...

Your home and your health. It may look beautiful on the outside. But there could be hazards hidden within, hazards like mold that can kill young children.



CATHY ROGERS: "And all you could hear was Katelynn moaning. It was just a very deep, sad moan. It was the worse sound you could ever hear."



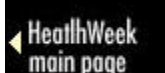
SHARYL ATTKISSON: What you can do to protect your family from this new threat.



Also, a more familiar problem: radon. Have its dangers been overstated?



LEONARD COLE, PhD: "I think we ought to be very frank with the public and say there's a lot about this we don't know."



SHARYL ATTKISSON: Find out whether your home falls in the danger zone.

And, can you "design away" sneezes and sniffles? Take a peek at a house that's built with your health in mind. All that and more on this special "home" edition of HealthWeek.

TAMOXIFEN

Hello. I'm Sharyl Attkisson. It's spring, and time for many of us to spruce up around the house. But while you're doing all that window-washing and closet-cleaning, you might also want to take a hard look at your house from a health standpoint. We'll help you do that today.

But first a landmark in the fight against breast cancer: the first drug to prevent it. This week, the National Cancer Institute stopped a large study of the drug Tamoxifen ahead of schedule because the results were so promising. At a news conference, researchers reported that Tamoxifen cut the risk of developing breast cancer by 45 percent in

women at high risk.

RICHARD KLAUSNER, MD, DIRECTOR, NATIONAL CANCER INSTITUTE: The results of this study are remarkable. It is not often that we get to present results of the magnitude of a 45 percent reduction, certainly not in this disease.

LESLIE FORD, MD, NATIONAL CANCER INSTITUTE: The decision to begin Tamoxifen therapy is a very complex one. There are no simple answers. And even for women that are at high risk for developing breast cancer, Tamoxifen may not be the appropriate choice.

SHARYL ATTKISSON: Here with more on Tamoxifen is Doctor Bernadine Healy, dean of the Ohio State school of medicine and editor of the Journal of Women's Health.

Dr. Healy, we've heard that Tamoxifen might not be for everybody. What are some of the things you can tell us about risk-wise?

BERNADINE HEALY, MD, OHIO STATE UNIV COLLEGE OF MEDICINE: Well, clearly Tamoxifen has great benefits, but we must not forget it is a powerful, powerful hormone and it affects a woman's total body. We have learned that uterine cancer is increased in women who take Tamoxifen. We also know blood clots in the legs, which can travel to the lungs, can be a side effect. And Tamoxifen can induce certain symptoms, side effects which include hot flashes, menopausal-like symptoms.

SHARYL ATTKISSON: And so it sounds like, with all those potential drawbacks, that women who are not at high risk shouldn't even consider the drug.

BERNADINE HEALY, MD: You're absolutely right. This is not for women without high risk.

SHARYL ATTKISSON: And so how do you define that? How does one tell if you're at high risk for breast cancer?

BERNADINE HEALY, MD: It's a combination of many things that come together that define your risk. In the Tamoxifen study, we were looking at risks that were greater than two times that of a normal woman. That includes being over the age of 60. It also includes women who have a strong family history of breast cancer, certain reproductive characteristics of their past history, whether or not they had an early menarche, whether they did not have children, had delayed childbearing.

SHARYL ATTKISSON: You've told us about risks and side effects. Does Tamoxifen have any other benefits besides the reduction of breast cancer risk?

BERNADINE HEALY, MD: And it has many significant benefits. On the one hand, we have seen that osteoporosis may be improved because it has a favorable effect on bone metabolism. We also know that heart disease may be favorably affected by Tamoxifen.

SHARYL ATTKISSON: Well, thanks for helping us put this study into perspective today, Dr. Bernadine Healy.

VITAL STATISTICS

Tamoxifen costs \$80 to \$100 a month.

TOXIC MOLD

Now, for our special look at your health and your home. We begin with news about a recently-discovered threat that even many doctors don't know about. It's a mold that can grow in damp basements, and if babies breathe it, it can kill them. HealthWeek

BETTINA GREGORY: Cathy Rogers spends lots of time these days looking at pictures of her little granddaughter Katelynn, the light of her life. Cathy recalls that just a few days after Katelynn was born she started bleeding from the nose.

CATHY ROGERS, KATELYNN'S GRANDMOTHER: And all you could hear was Katelynn moaning. It was just a very deep, sad moan. It was the worst sound you could ever hear.

BETTINA GREGORY: Her family rushed her to Rainbow Babies &

Children's Hospital in Cleveland where Katelynn was diagnosed by Dr. Dorr Dearborn - with a condition known as pulmonary hemorrhage.

DORR DEARBORN, MD, RAINBOW BABIES & CHILDREN'S HOSPITAL: This is bleeding in the lungs, and most commonly the babies come in having had a major hemorrhage, a bleed, to the point where they were coughing blood or having a major nosebleed, blood coming u

BETTINA GREGORY: Two days later, Katelynn's lungs were clear of blood, so doctors sent her home.

CATHY ROGERS: Not even 12 hours of leaving the hospital she was ill again, so they rushed her back to the hospital.

BETTINA GREGORY: For four months Cathy and her daughter Christina went back and forth to the hospital, until last July.

CATHY ROGERS: I walked into the emergency room and Christina came out of one of the back rooms crying and said she's not going to

make it this time.

BETTINA GREGORY: That day, four-month-old Katelynn died.

She isn't the only victim, though. Fourteen other babies in northeastern Ohio have also died of this rare condition. Dr. Dearborn noticed a common cause in his patients.

DORR DEARBORN, MD: It was apparent that it was environment, because the children, when they returned to their homes after recovering from a bleed, would then have another bleed.

BETTINA GREGORY: Dr. Dearborn turned to Dr. Ruth Etzel and her team at the Centers for Disease Control for help with this medical detective work.

RUTH ETZEL, MD, AMERICAN ACADEMY OF PEDIATRICS: One thing that was very unusual was that the homes in which the babies with pulmonary bleeding lived were homes that had experienced chronic water damage, either from flooding or from plumbing leaks, and w

BRUCE JARVIS, PhD, UNIVERSITY OF MARYLAND: Just as it's growing in the laboratory media here, it will also grow in people's homes, and it grows on material like paper and wallboard and materials like this.

BETTINA GREGORY: The mold shoots spores into the air. Spores formed in the basement can be circulated throughout the house by some heating systems. Doctors say inhaling the spores may cause minor respiratory problems in adults and older children, but b

RUTH ETZEL, MD: These molds are particularly toxic to very young infants under a year of age whose lungs are not fully developed and are still growing quite rapidly.

BETTINA GREGORY: Inspectors from the Cleveland Health Department have fanned out in neighborhoods where the sick babies live -- checking for this toxic mold in water damaged houses. Sure enough, they find it.

HEALTH INSPECTOR: We're going to sample this location. We have the seemingly black mold on a nice cardboard box that's been waterlogged, and we have a nice environment for the growth of the mold on this box here.

BETTINA GREGORY: Experts are concerned this toxic mold is a growing problem and not confined to just Ohio.

RUTH ETZEL, MD: We've heard from doctors in about three quarters of the states indicating that they have treated about 125 infants with

bleeding lungs. What proportion of those infants might be linked to water damaged home environments or to these un

BETTINA GREGORY: The American Academy of Pediatrics has issued a statement alerting doctors who may not be familiar with the toxic mold and the related deaths to be on the lookout.

Experts say, even though they still need to do more research, they already know enough to avoid the problem.

DORR DEARBORN, MD: We can prevent it if the parents are aware of the water problems in the house and they take care of those, and if they get rid of the mold in the house, then they have a safe environment for their child.

"So, how's he doing?"

BETTINA GREGORY: That's certainly the case for 17-month-old Ryshon Johnson whose bleeding lungs are improving now that the toxic mold has been cleaned up from the basement of his home.

YVETTE ROPER, RYSHON'S MOTHER: I'm really thankful because I could have been one of those mothers whose babies could be gone right now.

BETTINA GREGORY: Cathy Rogers has built a shrine to Katelynn's memory. She's devoting her life to getting the word out that toxic molds can kill.

CATHY ROGERS: This disease is preventable. Katelynn Elizabeth Dartaris should not have died. She should still be here. She's not here, and I want to make sure she's the last baby that dies from this.

SHARYL ATTKISSON: As we've heard, it is possible to protect babies from the health effects of toxic mold. In its guidelines, the American Academy of Pediatrics recommends the following preventive measures: After floods or plumbing leaks, promptly clean

HEALTHFUL HINTS

NANCY SNYDERMAN, MD: Hello. I'm Doctor Nancy Snyderman with this week's Healthful Hint.

When you're a child, taking a fall is usually no big deal. But as we grow older and our bones grow more brittle, even minor spills can lead to fractures and other serious injuries.

Most falls happen at home, so that's where prevention should start. Push obvious "stumbling blocks" like coffee tables and footstools out of the line of traffic.

And while you're at it, throw out your "throw" rugs and tape down the edges of larger rugs. Tape also comes in handy for securing cords that could trip someone up.

Then there's the bathroom. Place non-skid mats or abrasive strips on the floor of the shower or tub. If there's an older person around, install grab bars near the toilet and tub.

And don't forget about lighting. Falls often happen because people can't see where they're going. Bedrooms should have night lights or a light switch within reach of the bed.

As an extra precaution, try putting some glow-in-the-dark tape on the top and bottom of stairways, a touch that should entertain the kids while protecting their elders.

With Healthful Hints, I'm Doctor Nancy Snyderman

RADON

SHARYL ATTKISSON: Now, a home health risk that scientists have warned about for years. You can't see or smell it. But it's thought to be the second leading cause of lung cancer: radon. Despite all the research that's been done, there's still a controver

ROBERT DAVIS: Suburbia, quiet streets, manicured lawns and homes that serve as havens from a dangerous world.

But lurking in the ground below, there's an insidious threat, a colorless, odorless gas that's seeping into houses and killing as many as 30,000 Americans every year -- at least that's what the Environmental Protection Agency is telling us, with ads

PUBLIC SERVICE ANNOUNCEMENT: Radon attaches itself to these common dust particles that your family breathes in by the millions.

ROBERT DAVIS: Such warnings are based largely on studies of underground miners who were exposed to huge amounts of radon on the job, and have high rates of lung cancer.

JAN STOLWIJK, PHD, YALE MEDICAL SCHOOL: "A lot of radon is undoubtedly very dangerous. There's no question about that."

ROBERT DAVIS: The question is whether small amounts of radon, amounts people are typically exposed to in their homes, are also dangerous.

Radon is measured in units called picocuries per liter. The miners in those studies were blasted with hundreds or even thousands of

picocuries. By comparison, the average home has a level of only about one picocurie. The EPA says that no level of

LEONARD COLE, PhD, RUTGERS UNIVERSITY: "The pronouncement leaves a lot to be desired in terms of evidence and justification."

ROBERT DAVIS: Leonard Cole is the author of a book which questions the EPA's scientific conclusions and its policies on radon.

LEONARD COLE, PhD: "I think we ought to be very frank with the public and say there's a lot about this we don't know. And we certainly do not know that at 4, 6, or 8 picocuries per liter that we can be sure you're risking anything. It's a theoretical r

ROBERT DAVIS: For Cindy and Rob Greer, the theoretical risk from radon had a real price tag of \$600. That's what they had to pay to lower their radon level when selling their home.

CINDY GREER: "They came in and did a radon test which came back at 5.6, I believe, picocuries per liter, and that then told us that it was a little bit high and in order to complete the sale of the house, we had to put in a radon mitigation system."

ROB GREER: "I think the adjective I best could describe it is just more frustration because I recognize it more as a waste, because it's something that we're paying to do that we don't think is adding any value to our home or the home itself for futur

ROBERT DAVIS: The Greer's were lucky, because reducing radon levels typically costs \$1200, twice what they paid. Radon testing and remediation are not required by law, but they're automatically included in many home sales. And the cut off level is alwa

Mary Nichols heads up the EPA's radon program.

MARY NICHOLS, ENVIRONMENTAL PROTECTION AGENCY: "We are always looking at the new science and we are certainly prepared to change our recommendations if the consensus in the science community supports making such a change."

ROBERT DAVIS: But much of the new science flies in the face of the EPA's current recommendations. Study after study measuring radon exposure in people's homes has failed to find any link to lung cancer.

JONATHAN SAMET, MD, JOHNS HOPKINS SCHOOL OF PUBLIC HEALTH: "These are tough studies and they haven't given us a real strong answer."

ROBERT DAVIS: Radon expert Jonathan Samet is one who believes low amounts are probably dangerous. But even he admits more research is needed to reach any definitive conclusions.

JONATHAN SAMET, MD: "There are studies ongoing, some very important, very large studies still to be completed. About the year 2000, all the data from around the world will be put together into one very large analysis and then we'll get our very best picture."

ROBERT DAVIS: Until all the facts are in, families like the Greer's say they shouldn't be pressured or forced to take action when common sense tells them it's not necessary.

ROB GREER: "When we put our kids in the car every day, we accept a much greater risk of potential harm to them. And I think also I mean we live a pretty safe lifestyle. No one smokes in the family, we don't drink to excess, we exercise and we do those things."

CINDY GREER: "And we certainly wouldn't put our children at any risk."

SHARYL ATTKISSON: Keep in mind there is agreement that high levels of radon are dangerous. To help figure out whether your home falls in the danger zone, here's some advice from Ray Johnson, president of the American Association of Radon Scientists and Technicians.

RAY JOHNSON, AM ASSOC OF RADON SCIENTISTS: There are several devices which a homeowner could use themselves to conduct a radon test, and you can find these typically in a hardware store.

The first thing a homeowner should do is to do a short-term test, meaning two to five days, with an activated charcoal detector.

However, because radon varies from day to day and week to week and during different seasons of the year, it would be helpful to follow up that initial test with a long-term test that would then determine the average radon level in the home over the period of a year.

If you would like to hire a professional to do the radon test for you, you may want to check that person's credentials with the state health department, which maintains lists of people that are qualified to do radon testing.

HOME SAFETY

SHARYL ATTKISSON: Most homes don't have high radon counts or toxic mold. But there are more common health threats that affect nearly every home. And joining us to review some of these is Chuck Hurley of the National Safety Council.

Let's begin with lead, which has been a problem, especially in homes built before 1978 where the older paint was used. What do you recommend?

CHUCK HURLEY, NATIONAL SAFETY COUNCIL: Well, it's essential in older homes that the houses be properly tested for lead, that the work to remove the lead be done by certified contractors, and that anytime a child is exposed to lead that they be properly s

SHARYL ATTKISSON: What about carbon monoxide? It's something that has really come to the forefront in recent years where we're told we need carbon monoxide detectors. Who does need those in their home?

CHUCK HURLEY: Well, anyone that has a fireplace or a gas appliance in the home or a kerosene heater where incomplete combustion can occur. A detector really is available for in the \$30 range. And the most important thing is to remember to change t

SHARYL ATTKISSON: Do you need one on every floor, a carbon monoxide detector?

CHUCK HURLEY: A carbon monoxide detector on every floor.

SHARYL ATTKISSON: What about smoke detectors? We're talking about fire safety now.

CHUCK HURLEY: The same for smoke detectors. Smoke detectors provide the most critical advantage, and that is time to get out of the house, get the family away from the fire, call the fire service from next door. Again, the most important piece of i

SHARYL ATTKISSON: Would you recommend that every home have a fire extinguisher? Is this really necessary?

CHUCK HURLEY: Well, we do recommend that homes have fire extinguishers for small fires only, and that they be placed at the door so that you never have the fire between you and the exit, and that it should be used properly according to the instructi

SHARYL ATTKISSON: I noticed this one says ABC. What does that mean?

CHUCK HURLEY: That's for multiple purpose fires, which would be a good choice for a home fire extinguisher.

SHARYL ATTKISSON: What are some other major risks? If you're looking, for example, to child-proof your home, some other things that we haven't touched upon.

CHUCK HURLEY: Well, it's important to lock up all of the poisons in the house, all the household cleaners that might be very toxic to young children. Keep them out of the way. And also, to make sure the kids are protected from stairwells, that ther

SHARYL ATTKISSON: Because stairs are a huge cause of accidents.

CHUCK HURLEY: Oh, stairs, particularly for the young and the elderly, are a major risk in the home and should be treated with respect.

SHARYL ATTKISSON: We have time for a final word of advice from you.

CHUCK HURLEY: Well, the National Safety Council really would like to get rid of the word accident. Aristotle stated that accidents are without cause. We know these risks are preventable. That's why this information is so important.

SHARYL ATTKISSON: Well, if you would like more information on home safety or any other HealthWeek story, you can call our toll-free number shown at the end of the program.

Thanks, Chuck Hurley.

CHUCK HURLEY: Thank you.

DOCTOR'S CORNER

DR. BRUCE DAN: I'm Dr. Bruce Dan. When it comes to your health, it seems puttering around the yard would be one of the safest activities.

But if you're one of those people who's always piling mulch around your flowers and shrubs, here's something to consider: In a recent study in the *Journal of Occupational and Environmental Medicine*, researchers asked six people to shovel wood chip mulch for an hour or two. The volunteers didn't use any special tools, just the shovels and pitchforks familiar to any home gardener.

After completing the chore, three volunteers reported health problems. Not the blisters or back strain you might expect, but chest tightness, muscle aches, and fever. The diagnosis? "Inhalation fever" a flu-like syndrome usually seen among farmers and others who work around plant dust.

Researchers don't know exactly why the mulch triggered the illness. But they note wood chips are a prime breeding ground for bacteria and mold.

Fortunately, inhalation fever isn't life threatening and usually goes away within 24 hours. But knowing about it may come in handy if you're looking for an excuse NOT to tidy up the yard.

With Doctor's Corner, I'm Dr. Bruce Dan.

HEALTHY HOME

SHARYL ATTKISSON: You probably have a long list of things you'd like in your dream home, like lots of windows, maybe a big kitchen or a stone fireplace. But what about the quality of air? With that in mind, the American Lung Association of Virginia rece

JIM SLADE: This may look like an ordinary house, but in reality, it's quite different. Like all energy efficient buildings, it's sealed up tight. But new technologies and products have been added that keep its inside air as clean as a whistle. And th

GARY THOMPSON: We liked the idea that it has air recirculated and it is filtered and fresh air comes into the house.

RENAE THOMPSON: We get a lot of colds, and knowing that the air is clean and that some of that bacteria is being killed is a real plus for us.

JIM SLADE: The Thompson's home is a disparate collection of new products pulled together by Virginia builder Dick Collier.

RICHARD COLLIER, R.E. COLLIER BUILDERS: Well, it was a challenge at first. It really just took a lot of time and research before we started the house because, actually, the products are available; however, it is a matter of locating and finding them.

JIM SLADE: Interior paint is a special formula.

RICHARD COLLIER: It is a paint that has been developed for the healthy house in that the paint does not give off any volatile organic chemicals.

JIM SLADE: Rugs are recycled nylon with no chemical effect from the adhesives.

"Wow, this is a beautiful kitchen. Are you here to tell me this is healthy too besides what good cooking we're going to see here?"

RICHARD COLLIER: "Oh, absolutely, absolutely."

JIM SLADE: There is no particle board in the counters or cabinets to release fumes, and tile on the floor is chemical free. But the real secret to improving air quality is two machines in the basement: the first circulates air in and out of

SLATOR TURNER, ENERTEC CORP: The other integral part is the Hepa shield air filtration system and that's a high performance. It keeps about 99.7% of all the particulate matter out of the air.

JIM SLADE: But for it to do that, the house, including all of its ductwork, has to be sealed as tight as a drum. Does it work?

Kathy and Howard Burnette just moved into their healthy house because Kathy has asthma.

HOWARD BURNETTE: We're planning on being in this house until we go to the graveyard, so we wanted to have a very efficient home and then also one that would deal with her asthma.

KATHY BURNETTE: The air just seems lighter and easier to breathe.

JIM SLADE: Bottom line -- how much more does it cost to build?

RICHARD COLLIER: It runs about 1.5% of the cost of the house to achieve the indoor air quality and probably another 1.5% to get the high efficiency.

JIM SLADE: Or, in this case, an extra \$4500.

RICHARD COLLIER: However, the silver lining is that the cost of doing this is actually paid back over three to four years with the energy savings on the house.

JIM SLADE: Gary and Renae Thompson think it's worth it. They can't wait to give it a try.

SHARYL ATTKISSON: And healthy homes aren't available just in Virginia. Other local chapters of the Lung Association are building their own versions across the country.

That's all for this special edition of HealthWeek.

Remember you can visit us throughout the week at our "home" on the World Wide Web. To reach us, go to PBS Online at the Internet address on your screen. That address is www.pbs.org.

Next time on HealthWeek, we'll give you the latest on how to make sure your doctor is "up to snuff." We'll also look at the controversy over human growth hormone. The drug was designed to help short children grow taller. But now many older adults think it may be their "fountain of youth." Find out if that's really true or just a lot of wishful thinking.

Until then, I'm Sharyl Attkisson. Be well!

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Funding for HealthWeek is provided by the Howard Heinz Endowment

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[Mold](#): Its hazards and how you can protect your family

[Radon](#): Are its dangers overstated?

[Designing away](#) health troubles

Creating the "[healthy home](#)"

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