

Shouldn't you be doing something else right now?

The power of the Internet.

• news  
April 21, 1999

[news](#) | [a+e](#) | [sf life](#) | [extra](#) | [sfbg.com](#)

[sfbg.com](#)

## Gasping for air

Bay Area kids in low-income neighborhoods are dying of asthma -- and San Francisco, Alameda County, and California are doing far too little about it.

By [A. Clay Thompson](#)

**ON A TUESDAY** afternoon I find Prisca Gayles as far west as you can go in residential West Oakland. At the corner of Eighth and Pine Streets, in a run-down building that once housed the offices of Independent Iron Works, Gayles and nine other Oakland teenagers are planning to save lives.



All 10 have asthma. All are African American. For the past six weeks they've spent two afternoons a week here in the conference room of the West Oakland Healthy Start Program, preparing to teach younger children about the disease. If they don't, it's likely that no one else will.

The lot catty-corner to the building is fenced off and unused. Weeds poke through the pavement where the iron foundry once stood; abandoned and burnt Victorians lean lonely beside the fence. Across Pine Street, a beige cinder-block wall marks the end of the neighborhood. Beyond it screams the rebuilt Cypress Freeway, and beyond that freight trains spew soot as they trundle along. The supersize dockside cranes of the Oakland port loom above the city's auto and rail arteries.

The long-neglected neighborhood, with its history of heavy industry, is a repository of toxic chemicals. Not surprisingly, it's also the heart of the East Bay asthma belt. From 1994 to 1996, the number of asthma hospitalizations in Alameda County was eight times higher than federal goals. West Oakland was one of the sickest sectors.

Asthma is increasing in all demographic groups, but it's growing fastest among poor, urban youth. Young people living in largely African American communities in polluted zones such as West Oakland, Richmond, and Bayview-Hunters Point are suffering the worst effects.

"You know how when you say 'AIDS' it sort of startles you? It should be like that with asthma," 16-year-old Gayles tells me. "It's just as important."

The Holy Names High School sophomore was nine years old when her asthma was diagnosed. Since then, she's put herself at risk of an attack by behaving like any other kid.

She tells me about one bout. "We had just come from ice-skating," she says. "It was night, and I was cold. My asthma was bothering me, but I didn't really think about it. I hadn't taken my medicine with me."

When the attack hit, Gayles says, "I was crying because my chest hurt really bad. My mom sat me down and tried to find my medicine." Gayles's bronchial passages had seized up, and muscles were constricting the airways.

Gayles found herself in the hospital for 12 hours, strapped to a machine to help her breathe. For a while her basketball coach benched her, afraid she'd fall down and die on the court.

Research on the illness isn't conclusive, but it's likely that some people have a genetic predisposition toward asthma. That susceptibility can be triggered by pollutants -- and most often once the disease is activated, it can never be fully shut off. Thirty percent of children outgrow childhood asthma; the rest remain vulnerable throughout their lives to the airborne allergens that cause attacks.

The toxic substances that set off asthma aren't limited to airborne industrial gases, smoke, and smog. Indoor pollutants that plague many houses -- dust, cockroaches, mold, mildew, cigarette smoke -- may be even more responsible for the epidemic.

Asthma hits children the hardest. Last month the Oakland Tribune reported the death of 13-year-old Steven Lindsay Glass Jr. The Coroner's Office hasn't released a verdict yet -- but Glass suffered from asthma and dropped dead while running laps in the school gym. When Gayles hears of youthful asthma fatalities, she says, "I pray it doesn't happen to me."

But even nonfatal attacks take their toll -- by keeping kids out of school and off the playing field, cutting them off from their education and their peers.

To prevent this, Gayles and her comrades, with help from nonprofit groups Summit Medical Center's Ethnic Health Institute and the Regional Asthma Management and Prevention Initiative (RAMP), are prepping for a one-day teach-in on the disease. They'll be schooling youths ages 5 through 12 and their parents on asthma dos and don'ts.

The first rule is to see a doctor or a nurse practitioner who has experience in handling the disease. He or she will prescribe long-term or emergency medications and teach asthmatics to measure their lung strength, or "peak flow," to help them anticipate attacks. Patients should go back for checkups regularly.

But Gayles and company also teach strategies to help asthma sufferers and their families prevent those attacks. The most important step is to eliminate triggering substances. Ban smoking in the house; keep dust to an absolute minimum. Throw out carpet that can't be cleaned of dirt and dust mites. Eradicate roaches the best you can.

With 1 Californian in 20 suffering attacks -- most of them kids -- you'd think the state would be allocating money to make sure every child with asthma hears that advice. You'd be wrong.

If Gayles and her friends are taking the initiative, it's because until very recently no one else was. The state has done shockingly little to combat an affliction that is fast becoming an epidemic.

Nationwide, asthma deaths are up 50 percent since the 1980s. Since then, cases in California have risen by 75 percent. Asthma causes more school absences and more pediatric visits than any other chronic illness.

And yet the state's Department of Health Services has no major program in place to monitor, prevent, and treat asthma. The department only compiles data on patients discharged from hospitals -- a practice that gives an incomplete picture of the disease's effects and undercounts lower-income people, who are less likely to get to a hospital at all.

In November 1998 San Francisco's Department of Public Health released a report titled "The Health and Well-Being of Children

and Youth in San Francisco." The document doesn't mention asthma -- even though San Francisco's and Alameda County's asthma hospitalization rates are among the highest in the state.

Asthma "really hasn't received the attention it deserves," Bob Prentice, outgoing deputy director of San Francisco's Department of Public Health, says. "If it was affluent white kids getting this disease at this rate, would something have been done more quickly? Probably."

### **Reading, writing, and respiratory disease**

"A is for asthma in this community," Bayview-Hunters Point resident Veronica Lightfoot says. "Everybody has an inhaler."

According to data from RAMP, the neighborhood ranks as the city's asthma capital. In Bayview-Hunters Point, 0.9 percent of young people are hospitalized for the disease. In the Richmond, by contrast, hospitalization rates are less than 0.2 percent.

When talking about asthma, Lightfoot speaks fervently. Her voice rises in pitch and volume when important points come up. "I know it sounds like I'm about to start preaching," she tells me, laughing.

Lightfoot is a counselor and health advocate at neighborhood elementary school George Washington Carver. In 1996 she noticed that a huge percentage of the students were toting asthma inhalers to class.

She surveyed the kids to determine the extent of the phenomenon. Then she started telling anyone who would listen that kids in southeast San Francisco were sick and dying.

In 1997 Lightfoot and a crew of medical professionals and community members formed the Bayview-Hunters Point Asthma Task Force. Like the youths in West Oakland, task force members hope to save lives through education. And they are battling to change a city and state health care system in which the majority of the policy makers seem content to let black children die.

Three years after she first noticed all those inhalers, Lightfoot has plenty of horror stories to share. There was the 15-year-old boy who dropped dead in front of the Bayshore Avenue 7-Eleven. A little girl died after suffering an asthma attack while swimming. Last week Lightfoot learned of a family -- two parents, four kids -- living in government-subsidized housing covered with mold that constantly triggers the children's asthma. Three of

the four kids have the disease.

"We've been working for three years, going to the Board of Supervisors, going to the Health Commission," Lightfoot says. "In this community there's no hospital. You have the highest rate of everything -- you have the highest rate of asthma, you have the highest rate of cancer -- and we have a low-budget health center. We don't have anything down here."

"And then," Lightfoot pauses, "there's the four hundred toxic sites. We're divided by two freeways -- we get all that exhaust. Then you have the sewage plant where 98 percent of the city's feces go."

The group is preparing a report documenting the prevalence of asthma among youths in the district. Preliminary results suggest that some 15 percent of young people in Bayview-Hunters Point are afflicted.

At Carver, the number is even higher. Says Lightfoot, "Carver still has the highest percentage -- and that's mind-boggling." About 22 percent of students have been diagnosed with asthma, she says. "Then there are the kids who are symptomatic but haven't been diagnosed." Lightfoot tells me she isn't sure why the numbers for Carver are so high.

### **Managed care**

At San Francisco General Hospital, Dr. Paul Sharek, a faculty member of UCSF and Stanford, is developing techniques to stem the constant flow of kids in and out of emergency rooms. For the past four years, with the aid of funding from the David and Lucile Packard Foundation, Sharek has put poor grade-school kids under the microscope. He and his colleagues enroll asthmatic youths in a four-point program. After meeting with a specialist, the kids are assigned a case manager and given 24-hour access to a specialized hotline. They are taught simple skills to keep the disease in check. " 'I will take my peak flow measurements twice per day,' " Sharek jokingly intones in the voice of a brainwashed zombie.

Asthma is a disease that can be managed. Health activists with Berkeley-based Regional Asthma Management Plan believe that teaching young people how to effectively control their disease will keep them out of the hospital, thus costing their parents and their county less. More important, children who have access to medication, take regular "peak flow" readings of lung capacity, practice breathing exercises, and tell their friends and teachers what to do in the event of an attack are less likely to die.

"The preliminary data is really quite encouraging," Sharek says. "The 'symptom days' -- how many days they have symptoms -- have decreased dramatically. It appears hospitalization has decreased dramatically."

Sharek says it's crucial to keep S.F. General and other city-funded health clinics intact. "If the public health centers are shut down or cut back drastically, that will clearly impact on this disease," he says. "Or if, say, pediatrics is shut down -- which is something that has been discussed."

Lightfoot -- and just about every public health advocate contacted for this story -- is pushing the public sector to embrace projects like the Sharek study. They want to send doctors, nurses, and educators into the community to teach kids to keep themselves out of the hospital. Lightfoot would like to see San Francisco turn an R.V. into a "breathmobile" to bring asthma care to the people.

Working from the bottom up, Lightfoot and company have made major strides. They convinced the school district to institute "Open Airways," an asthma lesson created by the American Lung Association, in classrooms across the city. And they've forced the school district to draw up indoor air-quality guidelines.

Last year the task force asked the city for money to hire a team of outreach workers and establish an asthma center. The proposal would have cost \$2.5 million. The Board of Supervisors said no; Mayor Willie Brown was able to scrape up \$250,000 for the program. The center should open later this year, but task force members say it needs more funding to be effective.

Lightfoot and other public health advocates want San Francisco to make a firm commitment to addressing asthma. But Brown is pushing the Department of Public Health to make cuts, not add new services: San Francisco General Hospital's satellite pharmacy has already gotten the axe. The road ahead looks rough.

Then there's the Prentice problem. DPH deputy director Bob Prentice was, by all accounts, the most vigorous advocate for preventive asthma care within the department. But April 21 is his last day on the job. Health chief Mitchell Katz recently canned him; by the time you read this, Prentice will be out of a job.

Prentice said department staffers are committed to addressing asthma but can't do enough without support from above.

"There are people here who see how important it is," Prentice tells me. "It just means that somebody who has my type of position has to back them up, because I don't think Mitch has so far shown much understanding."

I ask Jennifer Mann, an environmental epidemiologist working for the department, if Prentice's exit will hinder asthma work. "I don't see any evidence of that. My work on asthma is going on. The other branches' work on asthma is going on," she replies. Mann is compiling comprehensive data on the prevalence of the disease in the city. "Asthma is definitely a problem that is being addressed."

In conjunction with the Alameda, Solano, Contra Costa, and San Francisco public health departments, RAMP is preparing to go after a multimillion-dollar foundation grant for neighborhood-based asthma programs. Should the money from the nonprofit California Endowment come through this fall, the counties will be far better equipped to beat back the epidemic. RAMP staffer Megan Webb sounds worried when I ask what will happen if the money doesn't materialize. "We sure are hoping," she replies. "You need funds to really focus on an issue."

Any money will be a major boon to the cash-strapped Alameda County Department of Public Health. The department, a partner with RAMP and Gayles's group on the teach-in, is developing a small-scale asthma program in conjunction with the county's low-income health plan.

"We don't have sufficient dollars for programs for chronic diseases," Sherri Willis, the department's public information officer, says. "We just don't."

The problem, Willis tells me, isn't lack of motivation but a lack of dollars. "Everybody has signed on to dealing with asthma, and not just in a 'see you in the E.R. way,' " she says.

RAMP is also lobbying ferociously at the state level for a piece of legislation introduced in February by Sen. Byron Sher (D-Palo Alto). The bill, S.B. 1111, would redress the lack of action on asthma coming from Sacramento. If passed, the bill would earmark \$11 million for data collection on asthma, clinical research, and street-level programs for asthmatics. Then-governor Pete Wilson shot down a similar proposal last year.

Department of Health Services spokesperson Leah Brooks refers our calls to state experts. They do not return our calls. Brooks tells me the department has no position on the Sher bill.

## Ounce of prevention?

Nobody knows exactly how asthma is caused or why it's increasing so dramatically. Researchers say the answers may be years away -- and they'll never be found without a financial commitment.

But everyone agrees the environment -- both indoor and outdoor -- plays a pivotal role. And no matter how many kids are taught lifesaving techniques, the only way to stem the tide of asthma cases is to reduce the pollution that triggers them.

Thanks in part to pressure from the task force, the department last year expanded its Childhood Lead Poisoning Prevention Program into the Childrens' Environmental Health Center. Bayview-Hunters Point locals say the program's 15 staffers are doing an admirable job on asthma -- making house calls, helping residents clean up polluted apartments, offering referrals.

But with the city slashing health programs and little in the way of private financial support, health department insiders fear the program is in jeopardy.

"There's nothing about asthma [prevention work] that's mandated -- no Board of Supes legislation, no federal legislation, no state legislation," one well-informed source in the department, who asked to remain anonymous, tells me. "That means there's no guaranteed funding. That makes the program vulnerable."

Meanwhile, it's largely up to young people to teach each other to stay alive. In Oakland, Gayles watches the other teens practice informative skits. Thanks to training in asthma management she can pursue her favorite sports again -- basketball, ice-skating, swimming. "It's a great feeling -- like I can do more things," she says. "I can go swimming or play baseball without having an attack."

Sheena Johnson is bouncing up and down, miming a double Dutch jump-rope routine, her shoulder-length braids skipping around her head. Two other girls pretend to swing the ropes. In the middle of the game Sheena stops and acts out an attack. She gasps for air; her friends panic. They don't know where her inhaler is. Sheena points to a gym bag. The girls rifle through it. Eventually they find the inhaler and rescue her.

PHOTO: RORY MCNAMARA

[return to top](#)

[news](#) | [a+e](#) | [sf life](#) | [extra](#) | [sfbg.com](#)

[PERSONALS](#) | [CLASSIFIEDS](#) | [FREE STUFF](#) | [MOVIE CLUB](#) | [SEARCH](#)