



From the Capitol

Congressman Ron Wyden

Q. Congressman Wyden, this week the House voted to reauthorize the Legal Services Corporation. How do you feel about the bill as finally approved?

A. It certainly is not everything I would have hoped for. The bill as approved reduces funding for Legal Services by 25 percent and includes severe restrictions on the kinds of cases attorneys can handle.

For example, under the bill approved, a group of nursing home patients could not bring a class action suit against a government agency for abuses in the home(s).

The important thing to remember, however, is that the Corporation is still alive -- that the poor will still have at least some access to justice. Assuming the President does not veto the bill, as he has intimated he might, we can come back

next year and fight to remove the restrictive provisions. Given the current political climate, however, if the Legal Services Corporation was completely eliminated, we would have little or no chance of restoring it.

Q. This week you wrote a letter to president Reagan asking him to defer action on legislation to impose Waterway User Taxes. Why is this significant for Oregonians?

A. Because passage of the tax could devastate the Pacific Northwest economy.

For example, the Port of Portland has estimated that the tax could result in a loss of \$750 million in commerce to communities along the river system, and a potential loss of 15,000 jobs.

For a region already reeling with

double-digit unemployment because of what high interest rates have done to housing and timber industries, this additional blow would be staggering. What we need to do is come up with proposals that will promote development of the river system and create more jobs -- not retard development and reduce jobs.

That's also why I will continue to push for adoption of a new National Jobs Policy that will promote jobs, a healthier economy -- and a better life for Oregonians.

Q. What do you think of the Administration's Draft Proposal for Amendments to the Clean Air Act?

A. I think it has disastrous implications for Oregon's clean air tradition.

If approved, this proposal would

end a decade-long federal commitment to cleaning up this nation's air. It would mean that the millions of people who live in highly polluted areas would be permanently victimized.

For Oregonians, one of the most disturbing provisions of the draft proposal is one that would double the amount of allowable auto emissions. In essence, that means that if this proposal becomes law, Oregonians can look forward to breathing dirtier exhaust fumes in the future.

As the only Northwest House member in a position to play an active role in reauthorizing the Clean Air Act, I am committed to seeing that we not roll back standards that are important to the good health of our citizens.

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Dick Bogle

The U.S. Census Bureau has made public statistics that indicate more than a third of all American households qualify for at least one government aid program.

But before we assume that means one third of all families are poverty level, a closer look must be taken.

Of an estimated 79.1 million households at the time, the Bureau found that 27.2 million were reached by one or more of the programs studied.

More than half of the 79.1 million households studied qualified only for medicare, which is based on age or disability rather than income.

According to the report, 90 percent of the people covered by Medicare were white, 9 percent Black and the rest listed as Hispanic. The Census Bureau says it

counted people eligible for the program and did not compile figures on how many of them actually received benefits during 1979.

The median income of households with someone covered by Medicare was \$8,584, compared with \$16,533 for all households in the country. It was noted however that most Medicare recipients are over age 65 and living on retirement income.

Medicaid is a different story. It's based on income and tries to help needy families and those with dependent children. It covered 18.1 million people in 8 million households under rules which vary from state to state.

The median income of households with medicaid coverage was only \$5,990.

Of them, 68 percent had a white

householder, 30 percent were Black and 9 percent Hispanic. That may add up to more than 100 percent because people of Hispanic origin may list their race as Black, white or other.

Three percent of all households lived in public or subsidized housing. That's about two and a half million households.

Median income for that group was \$4,980. Thirty-nine percent were Black and 8 percent Hispanic. No exact figures were provided on the percentage of whites but it must be in the neighborhood of 60 percent.

More statistics...this time on racial attitudes in this country.

The following came from an ABC poll taken this Spring. Here's one key question asked. "When asked if police treated Blacks as fairly as

whites, 60 percent of Blacks say no, 56 percent of whites say yes.

Regarding the statement, "Blacks are not achieving equality because whites don't want them to," 74 percent of Blacks agree while only 47 percent of whites agree.

The poll does, as you see, indicate some differences in the perceptions of Blacks by Blacks and whites but it is mostly a matter of degree and not one of direction.

Blacks and whites agree that things have improved tremendously for Blacks in the past 20 years, but Blacks don't see that its been nearly enough change.

The poll also indicate a white indifference, with whites feeling that its up to Blacks to forge ahead on what has already been done for them.

Cancer deaths tied to status

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among the poor, a factor which could lead to advanced stage of disease. In 1977, Berg studied the relation of economic status to survival for 39 kinds of cancer seen at the University of Iowa Hospital during the years 1940 to 1969. Nearly all patients were white. For every cancer type, the indigent patients had poorer survival than the non-indigents. In this hospital, private and indigent patients were treated in the same way by the same team, virtually eliminating the possibility that quality of care in the two patient groups affected the outcome. In Berg's study, the survival of the indigent patients was at least 10 percentage points lower than the non-indigent is essentially all categories.

He also noted that indigency made the least difference when survival was either very good or very bad. It was the intermediate prognostic range where the poor died more frequently than expected. Berg postulated that host differences in survival. He concluded that when cancer survival rates are studied in relationship to economic status of the patient it is found that poor people do not do as well as affluent patients. Freeman studied the survival of patients with cancer at Harlem Hospital in New York City. The patients were all poor and Black. He noted that half of 165 patients with breast cancer were incurable on admission. The five year cure rate was 20 percent compared to 65 percent in white American women. The impact on survival of indigent Americans by such factors as host resistance, aggressiveness of tumor and quality of medical care needs further investigation.

Beginning with the 1972 report from Howard University Hospital, numerous studies have documented the high mortality rate in Black compared to white Americans. The National Cancer Institute recently reported that the five year cancer survival rate of all Americans is 41 percent. By contrast the five year survival rate of Black Americans is 30 percent.

In the past 25 years, the incidence of cancer has increased eight percent in Blacks and decreased three percent in whites. During the same time period, the mortality from cancer in

Blacks has increased 26 percent and in whites only five percent. To date, there is no evidence of a genetic cause for the differences in survival between the races. It is believed also that the middle class and affluent Black Americans have a cancer survival rate similar to that of white Americans.

About one quarter of the American population is considered as living "below the threshold of poverty," having the equivalent of a yearly income of \$5,500 for a family of four. It is known that approximately two-thirds of the poor are white and the remaining third are predominantly Black and hispanic. The rate of cancer incidence among the poor population of America is estimated to be about 30 percent higher than in middle and upper class Americans. Black Americans have a five year survival rate from cancer which is 25 percent less than cancer as a whole. There is no evidence to support the fact that race itself is a cause of increased cancer death. However, historical denial of education and job opportunities to Blacks, and to other minorities, contributes substantially to low economic status. In this sense, racial injustice creates conditions which lead to poverty and thereby such injustice is in itself significant underlying cause of death due to cancer.

Cultural factors common to a given ethnic group which give rise to distinct life styles may have an impact on cancer incidence and survival. As an example, note that Black male Americans smoke cigarettes more than any other sex race group; 55 percent of adult Black males are known to be smokers, compared to 45 percent of adult white males. Black males have the highest mortality from lung cancer of any other sex race group. A startling fact is that two-thirds of all cancer deaths in Black male Americans is due to lung cancer. It would appear that this group would represent an important target population for public education.

In America ten percent of the gross national product, or 210 billion dollars a year, is said to be spent on medical care. The current annual budget of the National Cancer Institute is approximately 1.2

billion dollars. Furthermore, the American Cancer Society, a voluntary organization, contributes substantially to education, research service and rehabilitation in relation to cancer. Federal, state and local funding methods should be developed to provide diagnostic and treatment access to those patients with signs and symptoms suggestive of cancer, regardless of their ability to pay.

The pattern of application of federal, state and local funds allocated to all aspects of cancer should be re-assessed. Such funds should be focused to a reasonable degree on education, diagnosis and treatment of the nation's poor who represent the largest group with highest risk for cancer mortality. We would expect such a redistribution of medical resources to result in dramatic improvement of cancer survival in America.


People in local communities must take on a major role in health education. The individual of any socio-economic status must share in the responsibility for maintaining his own health.

(Dr. Freeman is Director of Surgery at Harlem Hospital and Associate Professor of Clinical Surgery at Columbia University College of Physicians and Surgeons. He is a graduate of Howard Medical School and director at large of the American Cancer Society.)

NOTICE

The Oregon Assoc. of Colored Women's Clubs will honor its 1980 scholarship recipients, Robin Marx and Terry Robertson, at a salad lunch Saturday at noon, at Dekum Community Center, 2513 NE Saratoga. Mrs. Marie Smith will speak. The public is invited.

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