

HEALTH WATCH: Legislative Alert

by Steven Bailey

As we welcome 1989, many of us do so with hopes and dreams for the future. We look forward to a year that provides growth and healing for our troubled neighborhoods. Our community has witnessed disproportionately high levels of drug use, increasing teen pregnancies, worsening racism, substandard pre-natal care and qualitatively poorer health care in general. We need and deserve a brighter future. Positive change will not be served graciously on a platter, but will be earned through hard work and the power of a united effort.

1988 was a year of growth in many ways for our community. The development of the Black Health Coalition stands out as one of the most important groups to be formed, and with other groups, like 100 Black Men, may help define and achieve our future goals. The task will not be easy, for as I read our State Legislature, there is little reason to believe that the upcoming session will choose to prioritize our needs without our persistent encouragement.

There are many reasons why I feel this legislative body is already signalling hardships for progressive change. The primary reason is the

appointment of Rep. Katulski as chair of the Human resources Committee. last session Rep. Katulski distinguished himself for his favoritism to the medical and insurance lobby, yet he was re-appointed chair of this all-important committee. This is the committee that oversees most legislation related to health care.

The chair of any legislative committee has the power to singularly choose not to schedule a bill for a hearing or even to table it for the entire session. Thus, one person's personal opinion can dictate the entire year's agenda for a committee.

Fortunately most chairs do not abuse their power, but I feel that Rep. Katulski has. Last session he signed a support sheet for an insurance bill in my presence, later denying his support and actually arguing against the bill on the House floor. He chose

to table another bill that passed the Senate 24-3, stating that it was "too controversial" to even give a hearing in his committee. He infuriated members of the Senate Human Resources Committee with his power play. It appears that Rep. Katulski is highly motivated to carry the torch for the major medical lobbies.

Why should this concern us? It appears obvious that if the legislative agenda favors the high profit directions of these monied lobbies, we will never realize low-cost health care, affordable drug detox programs for the inner-city, or other important medical and preventive services now absent in our community.

What should we do? As the session begins, we should keep a watchful eye on health care and other agendas. We should read between the lines, and look toward the whole

picture, versus the promises apparent on the surface. We should oppose the re-institution of the single parent welfare bill (which requires one parent to move out of the house for family assistance to be granted). We should be wary of programs that cater to P.P.O.s (preferred provider organization) and H.M.O.s (health maintenance organization) as these dramatically narrow choice. (This is why Mariah Taylor's clinic lost 3rd party payment from the state, because as a Nurse Practitioner she could not practice in a P.P.O.) And finally, we should keep communication with our elected representatives, and hope that they can collectively promote legislation to solve some of our long standing needs.

Participation in democracy does not end at the ballot box, it is an ongoing process.

Hospital & City Plead ...
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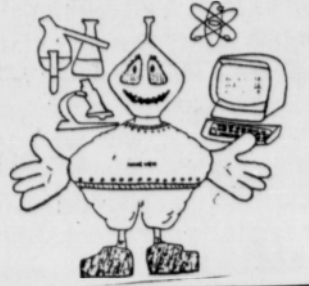
what they would do about that defunct project if elected. Challenger Ron Still asserted that it was a subject that certainly needed study. Mayor Bud Clark, the incumbent, trivialized that subject as "something that occurred in the past and we need to move forward."

Bob Nelson, a long time resident and realtor, asserted that the demise of that area was intentional in order to make it available to developers who would come in with the advent of the convention center. He detailed how real estate speculation had multiplied in the recent interval.

The fact that someone in authority is listening who has the capacity to address this problem is significant. It is the squeaky wheel that attracts the attention of the person who holds the reins.

Concerned Parents ...
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involvement is imperative to the constructive development of our children. We want to preserve the ASK Center as a stalwart against the counter productive influences of drugs, crime, Crips, and Bloods. We note that the ASK Center is the only resource available to our community that provides our children with the necessary exposure to math, science, computer and technical skills. WE MUST PRESERVE THE ASK CENTER, MR. WHITE AND HIS HIGHLY QUALIFIED AND COMMITTED STAFF AT ALL COST!!!!



Births Down, Deaths Up

Every 14 minutes during 1987, a new Oregonian entered the world, while every 22 minutes an Oregon resident died. During the year there were 38,674 births and 24,181 deaths.

The Health Division released its 1987 basic health report on Oregonians today. It shows Oregon's death rate (898.9 per 100,000 population) increased slightly (2.5 percent) from 1986 to 1987, and remained higher than the nation's (873.9) for the fourth year in a row.

The three leading causes of death for both males and females were diseases of the heart, cancer, and cerebrovascular disease. For the first time since 1975 there was a change in the rank order of the five leading causes of death. During 1987, more Oregonians died from chronic obstructive pulmonary disease than from unintentional injuries (accidents), displacing the latter from the fourth to the fifth leading cause of death.

SIDS (sudden infant death syndrome) was the leading cause of death among infants, claiming 115 children under one-year-old. Unintentional injuries were the foremost cause of loss of life for ages one to 44 years. (Suicide was the third leading cause of death for those 15 through 44 years of age). For Oregonians 45-64 years old, cancer was the leading cause, while heart disease claimed more persons 65 and older than any other cause.

Although the total number of births declined in 1987, the number of births to unwed mothers (8,659) reached a new high, accounting for 22.4 percent of all births. Over one-half (58.5 percent) of all Black infants were born to unmarried mothers. Unmarried mothers are more apt to have received inadequate prenatal care and to give birth to low weight infants. Low birthweight is the single most important determinant of the chances of a newborn to survive and experience healthy growth and development.

Oregon's rate of inadequate care (86.2 per 1,000 births) is higher than it has been anytime during the past decade. The trend was downward from 1975 to 1980, but in 1981 reversed direction. Since 1980, the inadequate care rate has soared 48.6 percent in Oregon.

Mothers of Indian and Black infants were notable for their lack of prenatal care. Their inadequate care rates were 191.0 and 165.8 respectively. Japanese mothers, with a rate of 16.6, were most apt to have received adequate care. Infants of mothers with inadequate prenatal care are about four times more likely to die before their first birthday. Adequate care is defined as care starting before the last trimester and consisting of more than four visits.

These data, along with many other basic statistics on the health of Oregonians in 1987, are detailed in Oregon Vital Statistics 1987. The 205 page report is available from the Center for Health Statistics, P.O. Box 116, Portland, OR 97207.

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