

Guest Editorial (A new agenda for Oregon's seniors)

BY SENATOR WILLIAM MCCOY

When I first entered the Legislature in 1973, Oregon's aging population had only the federal-state old age assistance program to look to for help.

A new day for seniors began in that 1973 session with the creation of a special Committee on aging co-chaired by then-Senator Betty Roberts and myself, a freshman Representative from Portland with a background in working with senior citizens and formal training at the Andrus Center at the University of Southern California.

With strong help and support from Committee members and a federal grant, we developed a comprehensive assessment of the needs and desires of Oregon's aging residents-rural and urban. Out of this assessment, we designed and implemented many of the programs, which now offer services to seniors.

The intent behind our efforts was to see that all seniors had decent levels of health care, nutrition and housing and that seniors had option for living as long as possible in their own homes and communities. Programs like Oregon Project Independence have helped realize these goals for many seniors.

Over time the force of our original intent has gotten lost. The present program structure for providing services to seniors is fragmented: responsibilities are divided among levels of government. At each level-federal, state and local-there are a confusing array of programs intended to meet some real needs of seniors.

This division of responsibilities and proliferation of programs has some troubling consequences. First of all, it allows some seniors to fall through the cracks. This happens to seniors who do not know they are eligible for a service and to seniors who can't find a ready access to the service they need. Other seniors "fall through our service cracks" because programs lack the capacity to identify potential "clients" and reach out to offer them assistance.

Another problem with the present fragmented system is that it is inefficient and uneconomical. We find gaps in service, overlapping and duplication of efforts and public agencies competing

for scarce resources. These issues detract from getting on with the job of providing needed support to seniors.

Measure 5 is cutting back human services to many populations-children, medically needy, homeless, hungry, migrants, welfare recipients, alcohol and drug patients, mentally ill, disabled, seniors and others. Right now, Measure 5 forces us to find alternative revenues. Those among us dependent on public services for survival will have to live with a lot of pain for the next few years if long-term solutions are not found.

As we look for new revenues, we are also exploring other ways of buffering the hurtful impacts of Measure 5. Our Senate Human Resources Committee is taking a leading role in this process. Committee sponsored bills, which could take some of the sting out of Measure 5, include:

The "PEP" bill takes its name from "The People Empowering People Fund" which will provide grants to assist communities to develop innovative programs for delivery of human services to residents. The underlying philosophy of PEP is that communities are where the "action" is in helping people in need. Communities must take the lead-first, to find new, innovative ways to care for residents-and, second to operate programs and deliver services to residents. If PEP works there will still be a need for federal and state funding support, but every dollar would, in effect, stretch further than under the present system. This bill appropriates \$20 million from the state general fund for grants for community-based programs, which will produce savings many times that amount.

Another Committee bill changes the human service case management system. The current piecemeal, uncoordinated delivery system for human services will become a client-centered service delivery system at the community level. The new system will provide more efficient and responsive services driven by the needs of individuals and families and not by the processes created to serve the bureaucratic demands of traditional, categorical funding programs.

Health care costs keep rising, de-

tracting every effort to bring them under control. Oregon, like many other states, is trying to improve the health care situation. I believe the lesson we are learning from our efforts is that the ultimate solution is a national Health Care plan. The Committee's bill creating "The Oregon Task Force for a National Health Services Plan" would enlist other states to serve as partners in a cooperative effort with Oregon to design and implement a pilot project program. In this program selected states, with federal cooperation and support, would act as pilot projects to test alternative approaches for extending basic health services to all residents of a state. We hope this bill will prod Congress to action leading to a National Health Plan.

In support of this Task Force bill, I am sponsoring a Senate Joint Memorial calling on congress to enact a National Health Plan.

A fourth Committee bill to soften the effects of measure 5 creates the Oregon State Government Reorganization Commission. The Commission will be responsible for examining every operation of state government to find ways to cut the costs of government without reducing the quality or quantity of services necessary to the basic well-being of Oregonians.

These bills are change vehicles. They call on us to rethink-from the ground up-our present ways of "doing government" and providing care to our communities and their residents. The bills contain exciting and challenging concepts, and I am convinced they contain the seeds from which grow a new, stronger and more vigorous system for meeting the needs of seniors and other Oregonians.

It will take a lot of support from a lot of people and organizations to get these measures enacted during this session of the Legislative Assembly. I am urging seniors and all others concerned with human services to become familiar with the Committee's bills and help develop a strong base of support.

(Senator McCoy, (D) Portland, is serving his fifth term as a State Senator. He is Chairman of the Human Resources Committee, Vice-chairman of the Transportation and Education committees, and a member of the Revenue and School Financing Committee.)

To The Editor:

their worth. "School Choice programs that allow students to transfer from one school to another" has nothing good to be said about it. We are a transient society as it is and a recent report showed that more than 70% of school drop-outs had been at their last school for less than 1 year. It would seem that this proposal is the last thing needed at this time.

The suggested plan also appears to have no general education after the 10th grade. This will go a long way towards ensuring a two class society. Education should be more than good employees for corporations. We need citizens with the interest and ability to understand and improve their world.

Expanded and improved vocational

and apprentice programs are welcome steps but in today's rapidly changing market, today's expert welder can quickly become tomorrow's unemployment statistic with only 2 years of high school education as a background. A vocational skill and, at least, some quality in education should not be mutually exclusive as this plan seems to advocate. It still remains a fact that the most educated are least apt to be unemployed and the least educated are most apt to be unemployed. Some educational improvements might be achieved by Representative Katz's School plan but it could be mostly a builder's and administrators delight with a reshuffling of furniture the only result.

Health Check-Ups For Women Offered

A health check-up for women will be given from 9 a.m. to 1 p.m., Saturday, May 18, 1991 at Western States Chiropractic College Clinic, 2900 NE 132nd Avenue in Portland.

The \$15 examination fee will cover the cost of a pap smear, breast exam, spinal examination, and urinary lab test. The check-ups are administered by fourth-year interns under the supervision of chiropractic physicians. Appointments are necessary and may be made by calling 255-6771.

Red Cross Announces Summer Youth Festival

With summer just around the corner, kids will soon be out of school with lots of free time. Find out how they can spend their time in fun, positive ways at the Red Cross Youth Festival. The Festival will be held at Vancouver Baptist Church, 3138 N. Vancouver Avenue, Portland, on Wednesday, May 29, 3:00 to 6:00 p.m.

Nearly 20 non-profit youth organizations will provide information to students and their families about summer activities, volunteering opportunities, and parks and recreation programs.

Special guests will include Professor Bodywise, Tears of Joy Puppet Show, and ABC Kids. Free refreshments will be provided. For more information contact the American Red Cross 284-0011, ext. 176.



PERSPECTIVES

by Professor McKinley Burt

Those Dropouts May Be a Priceless Asset

As promised, we cite here two brilliant African Americans who never saw the inside of a university as students, but who, never the less, became world-renowned for their contribution to science and technology.

First, there is Garrett A. Morgan, whom you may have heard of as the inventor of the GAS Mask-but did you know that this self-taught grammar school dropout also invented a friction drive clutch, a hair-refining chemical and a woman's hat fastener? Morgan, a Cleveland businessman and civic figure founded that famous black newspaper, "The Cleveland Call and Post". And, of course, there is perhaps his most famous contribution, the AUTOMATIC TRAFFIC LIGHT-he sold the patent to general Electric for \$40,000.

The gas mask, invented in 1912, was initially called a "safety hood" and a patent was issued in 1914. The ingenious breathing device which has saved hundreds of thousands of lives around the world became a standard item of military gear as early as World War I, when the hood was modified and adopted by the U.S. Army. Morgan set up the "National Safety Device Corporation" to manufacture and distribute the device. It was featured in exhibits around the country.

Like so many of those early African American inventors, Morgan's inspiration sprang from a deep compassion for the safety and comfort of mankind, ie, Woods, the Railway Air

Brake; Beard (illiterate), the Automatic Railcar Coupler.

The patent application read "...will enable a fireman to enter a house filled with thick suffocating gases and smoke and to breathe freely for some time there...enabling him to perform his duties of saving life and valuables without danger to himself from suffocation."

It was a tragic event on July 24, 1916 that thrust Morgan into worldwide prominence. A massive explosion in a tunnel of the Cleveland Water works, 250 feet down beneath Lake Erie, trapped 32 men amid clouds of poison gases. The inventor and his brother used the new gas masks to enter the area and save many of the men. Newspapers around the nation carried the story and the city of Cleveland awarded a medal to "...our most honored a bravest citizen." This was after an initial response to refrain from giving him a medal because he was a "Negro".

Morgan also received a letter of commendation and a medal from the "International Association of Fire Engineers". However, he suffered several ugly racial affronts beyond the earlier incident. The fire department of Shreveport, Louisiana wanted to give him a medal but hesitated when it was discovered that he was an African American. The issue was resolved by calling Morgan an "Indian" and giving him the award. He also was injured financially by racial boycotts of his manufacturing firm. While a number of fire departments and other groups ordered his gas masks, many cancelled their orders when they found he was an African American.

Our space here does not permit us to present our second brilliant an pioneering 'dropout' this week, so look

forward to a rewarding experience in the next Perspectives column (Vivien T. Thomas was awarded an honorary doctorate by the Johns Hopkins University and was made a MEMBER OF THE MEDICAL SCHOOL FACULTY. His contribution to the development of CARDIOVASCULAR SURGERY won international recognition and he also served on the staff of Vanderbilt University. Many of today's giants in the field received training from Thomas: Henry Bahnsen, Denton Cooley, Rollo Hanlon, Mark Ravitch, et al).

It is my fervent hope that parents, teachers and students will retain these two articles. It is becoming increasingly obvious that we are going to see an even greater number of high school dropouts in the "disadvantaged" communities, and what I see as a compounding disaster is the proposed formal structuring of a DROUPE TRACK AT THE TENTH GRADE! I have been developing this thesis in my recent "education" articles, where I have consistently deplored the deficient curriculum of both elementary and high school.

Please note that the both of these pioneering black contributors cited have thoroughly documented the level of their high school curriculum. As in my case (a dropout), there was compulsory algebra, geometry, general science, biology, physics, chemistry, American, modern and ancient history, English, geography, civics and a choice of latin or French. Vocational training a music were electives. Mr. Morgan and Mr. Thomas were able to make their magnificent contribution because they had exactly this background/foundation, In school or self-taught!

May Is Election Month In Southeast Portland

Twenty southeast Portland neighborhood associations are celebrating America's democratic heritage by holding elections during the month of May. Neighborhood associations are a long-standing tradition in Portland and are officially recognized by the city. Neighborhood association board elections are a great way for interested citizens to improve their neighborhoods.

All neighborhood associations rely

on volunteers. Each association has many different activities including crime prevention, land use and transportation, park events and special projects.

Anyone who lives, works or owns property in a neighborhood is automatically a member. The only qualification for a board member is that he or she is interested in the neighborhood and has two to five hours per month to spare. All volunteers get training and

support from the staff at Southeast Uplift. For election month, many neighborhood associations are offering special programs of interest to neighbors. For example, Brentwood-Darlington Neighborhood Association is hosting police Chief Tom Potter on Wednesday, May 8. Contact Southeast Uplift at 232-0010 for times and locations of meetings in each neighborhood.

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Reinvestments in the Community

NEARLY ONE-THIRD OF ALL BLACK AMERICANS WHO DIED IN '87 WOULD HAVE SURVIVED IF THEY HAD SAME HEALTH CARE AS WHITES, NEW DATA REVEALS

Nearly one-third of all black Americans who died in 1987 would have survived if they "lived under the same health conditions as whites," reveal new calculations done for AMERICAN HEALTH magazine working with the National Center For Health Statistics (NCHS).

Harold Freeman, M.D., who co-authored a study of black mortality rates in Harlem, agrees. He adds in a special report in the current (November) issue of AMERICAN HEALTH, "And that's on top of the fact that some of the white deaths shouldn't occur, because there are a lot of poor white people who are dying as well."

The following data, indicating the degree by which the death rate for blacks exceeds that of whites for several leading causes of death, was prepared by AMERICAN HEALTH working the NCHS:

Accidents...24%	higher
Stroke...82%	higher
Cancer...32%	higher
Diabetes...132%	higher
Heart Disease...38%	higher
Kidney failure...176%	higher
liver disease...77%	higher
Homicide/police...500%	higher
What's killing the black population	

in such numbers? The report notes the "hazards of drugs and violence take an awful toll on the young...The chief killer of young black men nationwide is gunfire. But these killers are more than matched by the fact that cancer, cardiovascular disease, diabetes and just about

every other disease you can think of hits blacks much harder than whites."

In addition to the great cost in human suffering, this "glaring failure in one part of our health care system ultimately affects the amount we all pay for medical care," states the special report. "A man with untreated hypertension who ends up on dialysis; a low-birth-weight baby placed in the neonatal intensive care unit; a woman with poorly controlled diabetes who becomes blind-all represent a great cost...in health care dollars."

Before you can look for solutions, states Dr. Freeman, the director of surgery for Harlem Hospital, "It's critical to separate the meaning of race, culture and class." He believes very little of the excess black mortality rate is due to genetic racial factors. However, he points out, "People of the same race tend to have a different diet, and a different tendency to seek medical help." Then there's class. "One-third of black Americans are poor, and one-third of Americans who are poor are black," says Freeman. "Poor people tend to be less educated, have higher unemployment, live in substandard conditions. Race is a factor, but the strongest indicator of high mortality and premature death is poverty."

Dr. Richard McMurray, chairman of the American medical Association (AMA) Council on Ethical and Judicial Affairs, notes, "Surveys of black Americans indicate that they feel they have more difficulty entering the health care system. We, as physicians, can do three

things: First, we can point out the disparity to our colleagues, and caution doctors to be aware of the problem. Second, we need to reform the Medicaid system, to ensure appropriate and necessary care for all. And third, the AMA is trying to design parameters of care for various specialties that will be applicable to all patients."

Dr. Uwe Reinhardt, a political economist at Princeton University's Woodrow Wilson School of Public and International Affairs, believes providing decent health care for all Americans "would be child's play. The AMA itself now bemoans a growing surplus of physicians, and our hospitals run at an average occupancy rate of 65%. Thus, the needed real resources are already in place," and are largely financed by insured patients.

Dr. Lonnie Bristow, who was the first black president of the American Society of Internal Medicine and is now a trustee of the AMA, calls for "a three-pronged effort. We need more minority physicians, well, trained, to provide health care in minority communities...The benefits of such a program are obvious. Second we need to improve efforts that strengthened minority families and communities. "Finally," he tells AMERICAN HEALTH, "we need to make health care more affordable for more Americans." The federal government, he believes, should extend Medicaid programs to cover all people below the poverty level.



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