

by Ruby Duncan

Maya Miller, with the assistance of a health research intern, presented some excellent questions at the last Welfare Board Meeting in Carson City. The Board did not have any information to answer the questions, and gave up before the second half of them were read. We feel the information is pertinent and important for the public to know - in addition to the people who make our laws, and have final say over what affects our lives. Here are the questions we should have answers to:

1) In June, the Nevada State Journal reported that the State of Nevada had an estimated \$30 -\$40 million surplus. What is our state's surplus? Doesn't the state have the money to bring the \$5 million state share of Medicaid which brings in an additional federal share? Why must a state that has a budget surplus cut back on programs that restrict its poorest, weakest, sickest segments of the population?

2) From our estimates, the Welfare Division, legislature and governor's office knew of the impending cost overrun in Medicaid no later than October or November. Why weren't the public and the Medicaid recipients informed until Mgrch? Where were cuts being formalized five months before the overrun was made public?

3) Why were threats made on reductions in ADC grants because of overruns in Medicaid? One is basic human support for children and the other is occassional health care with money the other is occassional health care with money going to vendors. (The Welfare Board said that the Welfare Department didn't make threats, but Legal Services was given the specific threat that if they won their Medicaid suit that ADC grants would be cut back to 50% of need. See the Welfare Board Meetings agends ... cutbacks were mentioned).

4) If cuts must be made, why don't they affect the programs where the overruns occur? Why when dental care is a most important basic health need of all categories and only .08% of the total medicaid deficit, is it cut from the program (except for emergency care). Why are ADC recipients punished for overruns that they have not caused?

5) Are cuts being made proportionatly in staff

5) Are cuts being made proportionally in staff and administrators to the cuts in the welfare rolls? If 2,000 plus ADC and SSI are cut, shouldn't there also be a reduction in staff?

6) What has happened to the EPSDT program? Why when all other programs and services are overrunning dramatically is EPSDT \$91,000 in the black? Early periodic screening is what pediatricians are to all other American mothers. Why is that a preventative care program, that keeps medicaid children out of hospitals and therefore save the State money, being ignored? (and cutback and harrassed.)

(and cutback and harrassed.)
7) How could there be a \$420,000 savings in mental health cutbacks, when the 1976 budget indicates a \$200,000 total expenditure in mem-

8) How could any humane health program think of restricting hospital out-patient care to \$100 a year per person? After \$100 are people supposed to go to the hospital for minor ailments that could be easily treated in ambulatory clinics at 1/10 the price?

9) Why is it that money can be found to cover cutbacks which would hurt the counties but

can't be found for cutbacks that hurt the sick, elderly and children and their caretakers. Is it that the Association of counties has more political clout, power and resources with which to protest than welfare recipients have?

10) Why are cuthacks always centered around an emphasis on recipient cuts? What about controls on excess profits of providers? Why more

trols on excess profits of providers? Why must it always be recipient "cheaters" we hear about and not doctor, hospital and drug industry rip-offs? That's where the money is going.

Let's hope that we get answers to these questions before the State Legislature meets. The welfare department is getting out of hand - and people are getting hurt by its haphazzard methods of operating. nethods of operating.

EDITOR'S NOTE: Following are representative questions answered daily by VA counselors. Full information is available at any VA office,

who enters on active duty with an undergrad- ords. uate and graduate de-gree, are there any pro-visions in VA regula-tions which allow that ional benefits?

- There is no provision for a cash settlement in lieu of the GI Bill allowance for a veteran who doesn't use the educational benefits.

- My husband passed away five years ago and an application for burial benefits was nev-er filed. Could I file a claim for burial benefits now?

Q - For an individual from the date of correction of military rec-

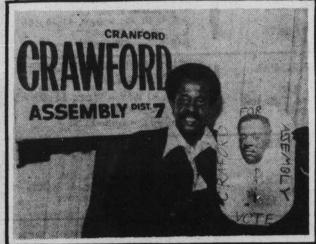
Q - My VA pension benefits as a child of a deceased wartime veteran were terminated individual to receive due to my marriage. cash settlement for his My marriage now has or her GI Bill educat- been terminated. I have returned to school and have not yet reached my 23rd birthday. Am I again eligible to receive VA benefits as a child?

A - Yes, as long as you meet all requirements as a child. Contact the nearest VA office for complete information.

Q - Are veterans of World War I eligible for GI home loans?

- Application for A - No, but certain benefit must be World War I veterans e within two years are eligible for low made within two years are eligible for low from the date of the per- downpayment loans in-manent burial of the vet- sured by the Federal eran, or witin two years Housing Administration.

>***** CRANFORD-CRAWFORD ASSEMBLYMAN DIST. 7 **DEMOCRAT**



"A MAN COMMITTED TO SERVING OUR **COMMUNITY**" Vote for DEDICATION **HONESTY-COMMUNITY**★ INVOLVEMENT. C. C. IN CARSON

Happiness Through Health

by Otto McClarrin

MARIJUANA EYEDROPS

Marijuana eyedrops effective relieve symptoms of glaucoma and are ready for tests on people suffering from the eye disease, resear-

chers say. But those taking the drops will have to put up with a side effect - "getting high." A Medical College of Georgia researcher says animal tests show liquid marijuana "Is as good or better than any anti-glaucoma medication currently available." Dr. Keith Green, associate professor of Ophthalmology, says research emphasis was being placed on substances related to or derived from marijuana "That hopefully won't have the uphoric side effects." He said a new anti-glaucoma drug would give patients a valu-able alternative treatment to the few drugs now available for this purpose.

MAJOR CAUSE OF BLINDNESS

Glaucoma is a conditon in which the fluids of the eye do not drain properly, causing a build-up of pressure within the eyeball. This pressure can damage the optic nerve and distort the struc-

tures of the eye, leading to loss of vision.

The condition is the third leading cause of blindness in the U.S. and affects an estimated two million persons. If detected early, drug treatment can slow down or arrest glaucoma. But if this fails, frequently surgery is the final outcome. Dr. Green said he became interested in marijuana as a possible glaucoma drug in 1971 after a report by researchers at the Jules Stein Eye Institute in Los Angeles. That study found that volunteers who smoked marijuana showed a drop in pressure within the eye.

Green found that a single drop of marijuana's most active ingredient, called THC, dropped eye pressure in rabbits for five hours. The rabbits also got a marijuana "high." In the latest studies, rabbits were given drops of the THClike substances twice a day for four months. The treatments dropped pressure within the eyes by 30 percent or more, Green said. The marijuana works by causing blood pres-

sure in the eye to lower, he said. Reducing blood pressure causes less fluid to be fored into the eye. Dr. Green said some marijuana derivatives do not cause as much of a "high" as others. A major durg company has applied to federal authorities for permission to test some of these on humans with glaucoma, he stated.

WORLD POPULATION DATA

The world's population will pass the six billion figure by the end of the century but is growing more slowing than previously estimated because of rapidly decling birth rates, the Population Reference Bureau reported recently. Nevertheless, mankind is growing at a yearly rate of 1.8 percent and the current population of that ever four billion people will reach 6.2 billion people will be will be a billion people will be just over four billion people will reach 6.2 billion at current growth rates by the year 2000. By 2014, it will have doubled to more than eight

billion.

The PRB also said in a "1976 World Population Data Sheet" that Latin America and the Caribbean, which now have a population of 326 million, is growing faster than the rest of the major regions - at a yearly rate of 2.8 percent. The U.S. has the western hemisphere's lowest yearly growth rate of 0.8 percent, the PRB said.

NEW WAYS OF PREDUCTING STROKE

Scientists are finding new ways of predicting stroke and other disabilities by looking into the eye. "Indeed, the eye is the window to look into the body as well as one to look out," accourding to Charles Riva of the Harvard University Medical School. "It is the only place where we can examine details of the circulatory system without cutting into the body," he said.

Riva described clinical uses of dyes to examine blood circulation in the retina for earlier detection of glaucoma and other eye diseases.