



Congressional Black Caucus Reports to the People

DELLINE
America is a very rich country. Yet that wealth has not managed to eliminate one powerful source of unhappiness and distress: the fear of sickness. I am not talking about the actual pain and suffering of illness, treated and untreated.

I am talking about the uncertainty and anxiety created by the knowledge that crushing financial burdens could destroy a family at any time. I am talking about a delivery system of health care in this country that is not capable of serving all the people.

The present system is inadequate, ineffective and inefficient in what is ostensibly the wealthiest nation in the world. There are 20 to 25 million Americans who have no medical coverage at all.

Many Americans have no access to health care; many more must travel long distances and wait long hours in overcrowded and understaffed facilities. Medical costs are out of control, increasing more than twice as fast as any other thing we purchase. Last year the public and private expenditure for medical care and services in this country were around \$140 billion: 9% of our GNP or equaling \$640 per person (\$2,600 for a family of four).

However most people do not appreciate the tremendous cost of health because much of it is hidden. It is anticipated that this year the expenditure will be \$160 billion at a cost of \$724 per person in the country.

The primary focus of reform of the health care delivery system has been on limiting the financial cost to the individual through various insurance and government aid proposals. But this avoids going to the heart of the matter and merely tries to shift the cost, without changing the present system in basics.

In 1977, I introduced the first comprehensive health service bill ever in Congress. This legislation starts with one basic principle: **QUALITY HEALTH CARE IS A RIGHT, NOT A PRIVILEGE.** Therefore the health care received by an individual should not be determined by the income of the person requiring the service.

Health care is not a consumer good whose availability and quality can be allowed to depend on income. Perhaps color TV sets and Mercedes Benz can be distributed unequally, according to ability to pay, but we have reached the point where this can no longer be tolerated, morally or economically, in the case of health.

In order to accomplish this, the Health Service Act takes control out of the hands of the insurance companies, hospital board-of-directors, and medical associations and places it in the hands of the people.

The health service would be run by democratically elected representatives of local communities who would plan the delivery of health service, hire health workers and assume the overall responsibility for all community health services. The health service would be financed through progressive taxation of individuals and payroll tax for corporations.

The health service would take over control of the education of the health workers and operate the medical schools so that planning could be done to assure that health workers were provided to the country in areas of real need.

In return for receiving this free education, they would be required to work in underserved areas for at least two years. In spite of the expanded services, the cost of this system will be 20% less than the present, fragmented and incomplete system we have now.

It is evident that given the institutional constraints on Congress, passage of such sweeping legislation is not likely in the near future. But what I am advocating only lacks credibility when it is proposed for the masses of the people. For in this country if you have enough money, enough power, enough influence, you have all these benefits.

Although there are many interested groups that have vested interest in the present system of health service with the money and the influence to keep this approach to health care from the people, a comprehensive, high quality health care system is possible now.

But it is the people themselves who will have to make it known to the Congress and the political leadership that they do not want to wait another decade for the passage and implementation of this legislation.

Happiness Through Health

by Otto McClarrin

COMMON BAKING SODA REVERSES STUNTED GROWTH IN CHILDREN: Common baking soda has been used successfully in a medical breakthrough to reverse stunted growth in children, according to University of California scientists. The baking soda reversed impaired growth in eight youngsters and prevented it in two others, all suffering from a kidney disease that caused the trouble, the researchers said.

Dr. R. Curtis Morris, one of the scientists, said it was the first success against stunted growth involving children suffering from renal tubular acidosis. In this disease (RTA), kidneys fail to flush normal amounts of acid out of the system, thus interfering with growth.

The work of Dr. Morris and Elisabeth McSherry is detailed in the February issue of the Journal of Clinical Investigation. The scientists warned against indiscriminately giving baking soda to children to increase height for whatever reason without first consulting a doctor.

GOUT DRUG COULD REDUCE FATAL 2ND HEART ATTACKS: A drug long used to treat gout appears to halve the risk of sudden death from heart conditions among people who recovered from earlier heart attacks a Canadian-American research team reported recently.

If similar results occur as the study continues, the researchers said the drug could save the lives of as many as one out of every three persons who otherwise would die during the first year after recover from a heart attack—perhaps 15,000 Americans annually.

The drug is called Sulfinpyrazone and has been sold as Anturance since 1959 by the Ciba-Geigy Corp., of Summit, N. J., to lower uric acid levels in Gout victims. Doctors noted over the years that Sulfinpyrazone seems to interfere to a slight degree with the blood clotting process in Gout patients. When a clot forms in a narrowed artery leading to the heart, heart attack can result.

It was decided in 1975 to see what happened to cardiac death rates when one group of heart attack patients was given Sulfinpyrazone four times a day and another group a dummy pill.

A total of 1,475 patients at 21 American and five Canadian medical centers was studied for an average of 8.4 months. The results were published recently in the New England Journal of Medicine.

Sixty eight cardiac deaths occurred in the entire group, 44 in the group of 742 taking the placebo and 24 in the group of 733 taking the drug. When the statistics were corrected for exposure time, the report said there was a 48.5 percent reduction in overall cardiac mortality in the Sulfinpyrazone group.

HEART DISEASE EXPERTS STRESS IMPORTANCE OF PREVENTION: Since the death rate of heart and blood vessel disease is decreasing steadily, future efforts against the nation's number one killer should emphasize prevention, say heart disease experts. But the success in treating cardiovascular diseases has been costly as well as dramatic. Teaching people to avoid these problems is the best way to save money and continue advancing against heart-related diseases, they say.

The National Heart, Lung and Blood Institute (NHLBI) and the American Heart Association (AHA) recently outlined three decades of progress against heart disease at the beginning of a two-day program observing their 30th anniversary.



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YACC

Superintendent Jerry Wagers announced today that a Young Adult Conservation Corps (YACC) program would begin at the Lake Mead National Recreation Area this spring.

YACC was authorized by the Youth Employment and Demonstration Projects Act of 1977 (Public Law 95-93) to provide meaningful work experience for young men and women 16 through 23 years of age. The YACC program differs from the Youth Conservation Corps (YCC) in that the YACC is a year round program.

Lake Mead will administer a 50 enrollee non-residential camp with eligible candidates being selected from the Las Vegas, Henderson, and Boulder City areas. Wagers added that "preparations are being made to transport Las Vegas and Henderson enrollees to the work sites," so that individual transportation will not be necessary.

To be eligible for the program, candidates must be (a) 16-23 years of age, (b) unemployed and available for full time work, (c) citizens, or otherwise legal residents of the United States, and (d) capable of carrying out the work of the Corps as determined by a physical examination. In addition, youths 16-18 years of age who are out of school must affirm that they did not leave school for the sole purpose of obtaining employment under the YACC program.

The program is scheduled to begin about May 1. The pay rate will conform to the Federal minimum wage, currently \$2.65 per hour, and the work week will consist of 40 hours, Monday through Friday.

Any eligible youth should apply as soon as possible to the local office of the Nevada Employment Security Department.

Those offices are located: North Las Vegas 2071 Las Vegas Blvd., No.; Las Vegas 135 South 8th; Henderson, 119 Water Street.

Join Ray Willis for a look at what minorities are doing in Southern Nevada. Along with special local and nationally known guests, he makes this an interesting and informative half-hour.



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Sat. 4:30 PM
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