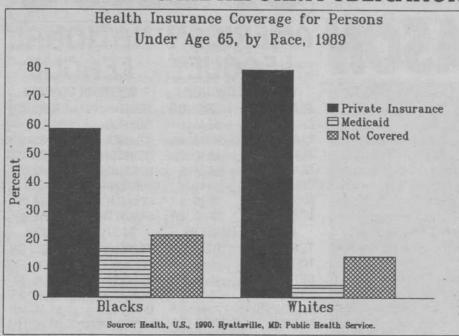
HEALTH

BLACK WORKERS COALITION ISSUES A NEW HEALTH CARE REFORM PUBLICATION



WASHINGTON — As the Clinton administration nears the announcement of it's national health plan, the Coalition of Black Trade Unionists (CBTU) has just released the first labor plan publication that sets out the critical issues affecting the African American community and the poor in the national debate on health insurance reform.

CBTU, which represents the 2.4 million Black workers in organized labor, published the 21-page guide in conjunction with it's recent national convention in Atlanta, Georgia, which was attended by 2,000 delegates.

Among the issues addressed in the CBTU booklet are the disparities in the Black community's health status when compared to the white community's; the principles that a national health care system should embody; the four basic reform approaches and their implications for Black Americans; and a plan for the African American community.

William Lucy, CBTU president and co-founder, said, "While most major advocacy groups

representing the interest of Black Americans and the poor have addressed the issue in some fashion, few have been involved in the overall health care debate. Now is the time to speak with one voice so that our interests are recognized and addressed in policy developments. This publication sets out our concerns and strategies to address them with the Administration and other policy makers."

Lucy, who also is international secretary-treasurer of the 1.3 million-member American Federation of State, County and Municipal Employees (AFSCME), said the CBTU booklet was a "valuable primer for health care advocates in the African American community who want to ensure the greatest access and quality care for Black people and the poor."

The health differences between Black and white Americans are stark - and deadly:

* Black Americans on average die five to seven years earlier than whites:

* Homicide is the most frequent cause of death among Black males (ages 15-24);

* Hypertension is more than 80 percent higher for women of color than for white women;

* Eighty percent of pediatric AIDS cases are babies born to women of color.

Lucy said the precarious health status of the African American community is greatly compounded by the lack of sufficient income or good health insurance.

The CBTU report notes that 22 percent of the Black population under age 65 is not covered by private insurance; for the Black elderly and disabled, only 40 percent have private health coverage.

"Neither ignorance nor indifference nor indecision can be tolerated when the stakes for our community and the nation are so vital, so intertwined," Lucy said, adding that, "we can ensure that a [health] plan that does not address our needs does not become law."

THIRTY-THREE NEW RESIDENT PHYSICIANS BEGIN POST-GRADUATE TRAINING IN LAS VEGAS AT SCHOOL OF MEDICINE

Thirty-three new resident physicians have recently begun post-medical school residency training in Las Vegas. This is "on-the-job" training that must be completed before they can become full-fledged, practicing physicians. Depending on the chosen area of specialty, their residency training will last from three to five years.

The University of Nevada School of Medicine offers residency programs in internal medicine, obstetrics and gynecology, surgery and family medicine. The training programs are based at University Medical Center of Southern Nevada (UMC) and at the medical school's Family Practice Center, located at West Charleston and Torrey Pines.

Resident physicians provide a great deal of patient care during their training. In 1992, for example, obstetrics and gynecology residents and their attending physicians delivered more than 4,000 babies at UMC. Residents are also an integral part of medical education, helping School of Medicine faculty to teach medical students.

The successful completion of a residency program is required in Nevada and in most states before a medical doctor can receive a license to practice. The School of Medicine is currently training 87 residents physicians in Las. An additional 46 residents are training in the school's affiliated hospitals in

<u>REPORT FAULTS GOVERNMENT LEADERSHIP</u>

AIDS COMMISSION CLOSES AFTER FOUR YEARS

PARTI

Completing four years of work, the National Commission on AIDS has released it's final report that says the core problem in combating the AIDS epidemic is a failure of leadership and of national planning.

Starting at the beginning of the epidemic twelve years ago, leaders at all levels have not faced "the central human crisis of our times."

"The appalling lack of frank discussion about the epidemic at all levels of national leader-ship fostered a woefully inade-quate response, yielding death and suffering well in excess of what might have been," the report says.

"Few governors, mayors, members of Congress, corporate executives, community or religious leaders, have stepped forward - perhaps taking their cue from previous Presidents. Consequently, the scale of the problem is seriously underestimated, and fear, prejudice and misinformation abound," according to the report, entitled AIDS: An Expanding Tragedy.

The brave efforts of many people who lack the bully pulpit have not made up for silence at

the top," said June E. Osborn, M.D., Chairman of the Commission, "AIDS, in little more than a decade, has come from nowhere to become a leading cause of death for people in the most productive years of their life. In more than 60 cities it is already the leading cause of death for men in the 25 to 44 year old age group."

"The tragedy is compounded because AIDS is preventable. A strong, consistent voice of leadership could have steered courses of action that might have interrupted the relentless continuation of HIV spread, instead of silently tolerating the epidemic's escalation," Dr. Osborn added.

The report, says the nation's ineffective response to the "twin epidemics of AIDS and drug abuse" is partly to blame for the dramatic resurgence of tuberculosis, increases in homelessness, and other problems.

One in every 250 people is infected with HIV (human immune virus), the virus that causes AIDS. However, according to the report, "truly curative therapies are unlikely in the foreseeable future and improvements in clinical strategies will be incre-

mental." Therefore included in the report is a renewed emphasis on the Commission's earlier recommendation for a vigorous national prevention initiative to reduce the present unacceptable level of 40,000 to 80,000 new HIV infections a year.

The recommendations in the report were adopted unanimously by the twelve voting members of the bipartisan commission.

Five members were appointed by the Senate, five by the House, and two by former President Bush.

Three members of the President's cabinet - the Secretaries of Health and Human Services, Defense and Veterans Affairs - are non-voting members.

The report is the final product of nearly four years of work by the Commission which has conducted more than 70 days of hearings and site visits nationwide, from San Juan to San Francisco, and heard testimony from, or consulted with, literally thousands of experts, public officials, concerned citizens and people living with HIV infection or AIDS.

TO BE CONTINUED



