

POINT OF VIEW

Our View

Were King alive today, what would he say

Had an assassin's bullet missed its mark on April 4, 1968 on the balcony of a hotel in downtown Memphis, the Rev. Martin Luther King Jr. would still be among us.

And unlike the countless orators, teachers, political and plain folk who invoke King's fiery 1963 speech in which he called for equality before thousands gathered in front of the Washington Monument and those who theorize about how different the world would be were he still here, we at the Sentinel-Voice can't help but ponder the question.

When King visited this city more than 36 years ago, the city and the nation were in the belly of a civil rights-centered struggle.

The Moulin Rouge, the city's first interracial hotel, had opened and closed and black entertainers still weren't entirely welcome to stay in the Strip hotels they performed in.

The city would escape much of the civil unrest that engulfed many urban centers, circa the 1965 Watts riots and it remained free of the blatant racism, vitriolic hatred and violence that choked the South and sparked bus boycotts, sit-ins and, in some cases, meeting violence with violence.

But Blacks were factored out of the spoils of helping early Las Vegas as the city began to build its foundation as a world-class, gaming-dominated tourist spot coveted by pleasure seekers and conventioners. What would King think and, more importantly, what would he do?

Make no mistake, while King championed civility amongst human beings, equal rights and equal treatment under the law, he fully understood the importance of making Black America economically viable.

As any other people, Blacks needed to earn livable wages to support their families. Blacks needed to be able to build wealth and channel it into entrepreneurial projects. That, in a small way, would eliminate some problems of discrimination. But more importantly, it would force Blacks into the corporate boardroom and give the race a seat at the bargaining table where real change could be affected.

To some extent that has happened ... in other industries, that is. Blacks in Las Vegas have nearly \$1.5 billion worth of spending power. The Bellagio, hotel magnate Steve Wynn's Italian-themed hotel cost \$1.6 billion. Something is wrong here.

Were King alive today, he would likely address the discrepancy, just as he did when he traveled the country, braving vicious dogs and more vicious people to fight for justice in a land that supposedly considered all men "to be created equal."

What he would do is pure speculation. The real question is whether America would listen. His speeches are blueprints to healing and growing. But America didn't listen 35 years ago, it's hard to expect the nation to open it's ears now.



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Newspaper investigation reveals health divide widening

Special to Sentinel-Voice

Does America's medical establishment think African-Americans deserve top-flight medical care?

That is the question that resounds throughout the dramatic, worrisome, and vitally important series *Newsday*, the Long Island, N.Y.-based newspaper, ran over eight days in November and early December on the "health divide" between white Americans and African-Americans.


The paper's seemingly exhaustive year-long investigation drew upon numerous studies from the federal government, hospitals, think tanks and medical schools. It included the views of medical researchers and practicing doctors across the country. And it examined the practices of doctors and the experiences of patients in its own backyard — Nassau and Suffolk counties on Long Island, and the borough of Queens in New York City.

That work provided the evidence for the stark declaration that began the series' first story: "Decades after segregation ended, black and whites in America are largely treated under two medical systems — not separate, but still unequal."

The unequal treatment means that blacks (American Indians and Hispanic Americans also have significant health-care problems.) are significantly less likely than whites to get the advanced medical care

*To Be Equal*

By Hugh B. Price  
President  
National Urban League



that "can mean the difference between life and death."

This racial inequality can be found over many, many areas of medicine: in the treatment of heart disease, diabetes and circulatory problems; in the wait for kidney transplants; in access to the most experienced surgeons; for black women, in being subjected to the more invasive type of hysterectomy operations than white women are.

The inequality is not merely a result of blacks being poorer and living in impoverished neighborhoods, although these do have an affect. Nor does being African-American in and of itself make blacks peculiarly susceptible to common illnesses, as, incredibly, some physicians still think.

The health divide persists even for blacks at middle-income levels and when their type of insurance is the same as whites, *Newsday* found.

For example, black residents of Queens and Long Island with incomes of \$50,000 to \$75,000 were only half as likely as their white peers to get angioplasty or

bypass surgery after they had been admitted to the hospital for a heart attack or clogged arteries.

Such differences in treatment help explain why the health of African-Americans compared with whites is uniformly worse throughout the country; and why the life expectancy of African-Americans is six years less than that of whites.

America's black-white health gap is rooted in the country's past of pervasive discrimination, when the medical establishment subjected African-Americans to rigidly-segregated medical care and such secret, unethical medical experiments as the

notorious Tuskegee Syphilis Study.

The consequence has been a deep, persistent mistrust of organized medicine and white doctors among African-Americans.

Nonetheless, *Newsday* made clear that, although overt racial prejudice remains, today's health divide is more significantly due to institutional biases and practices that cling to shopworn — and wrong — assumptions about the interaction of illness and age, gender and race; and of an institutional inertia that allows some doctors to proclaim they can do little or nothing about closing the health divide.

Fortunately, others think there's a great deal that can be done.

At the local level, groups of health-care professionals, such as the Coalition for Community Well-Being, of Queens, N.Y. stage health fairs in churches and other community organizations to

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