

COMMENTARY

Minorities: Stand up and be counted for Census 2000

By Wade Henderson
Special to Sentinel-Voice

The debate is heating up in Congress and throughout the country over the manner in which the upcoming 2000 Census should be conducted and how individuals, once counted, should be tabulated.

Later this month, the Supreme Court will hear oral arguments in a case determining whether the Census Bureau is permitted to use the most up-to-date scientific sampling methods to ensure a more accurate count of children, people of color, and the rural and urban poor in the 2000 Census. Some of the damaging rulings the High Court has handed down in the past few years, however, remind us that people of color must not rely on the Court with its conservative majority to ensure that equal justice is obtained. Irrespective of how the next census is taken, people of color must stand up and be counted in 2000.

The decennial census

receives little attention from Congress and the public in the years between each count, yet it is a linchpin for governmental and private-sector activities throughout the decade. Article I, Section 2, Clause 3 of the United States Constitution places the decennial census at the core of our democratic system of governance by calling for a count of the nation's populace every 10 years to apportion representation in the U.S. House of Representatives.

Census data also provide the statistical basis for government planners, policy advocates and private industry to shape future domestic policy. The data are also used to carry out congressional, state and local redistricting and to monitor and enforce compliance with civil rights statutes, including the Voting Rights Act of 1965, and employment, housing, lending and education anti-discrimination laws. Census results also serve as the basis for the

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annual distribution of billions of dollars in federal, state, and local government funds.

Undercounting people of color

Counting every individual residing in the United States is a very difficult endeavor.

Since the first census was taken in 1790, it has been widely recognized that each census misses a considerable number of people. The number of people missed by the census is referred to as the "undercount."

While the overall accuracy of the census had been increasing for several decades, the 1990 Census was the first one in five decades that was less accurate than the one before it.

According to evaluations by the General Accounting Office, the 1990 Census missed 8.4 million people and double-counted 4.4 million others. That is the equivalent of disregarding the entire population of Ohio, or Michigan, or most of Illinois.

California led the nation with a net undercount of more than 837,000 people. Next was Texas with a net undercount of over 482,000, followed by New York with over 272,000 and Florida with over 259,000. The "net" undercount is the difference between the number of people missed and the number of people counted twice. Because the people missed do not live in the same kinds of communities as the people who are counted twice, the mistakes do not cancel each other out.

While missing or miscounting so many people is a problem, certain groups, such as people of color, historically are missed more

often than others, thereby compounding the consequences of the undercount.

The original text of the Constitution sanctioned an undercount of people of color in the census by including only three-fifths of the enslaved population. (The Constitution precluded the enumeration of Native Americans.) Even after African-Americans became citizens through the ratification of the 14th Amendment, evaluations show that people of color have been missed at higher rates than the population as a whole. This is also true of children and residents of low-income urban and rural communities.

There are several reasons why people of color and the poor are consistently and disproportionately undercounted by the census, including the following: these groups suffer from a general lack of knowledge of the importance of census participation; mail and door-to-door collection methods have lower response rates in low-income areas; some population subgroups are more transient, making it more difficult to count members at one household; lower education levels,

illiteracy, or difficulty with the English language affect the ability of many individuals to understand the census; and distrust or suspicion of government has led to the fear that the census may be used by immigration or law enforcement officials to deport or incarcerate certain individuals or may disqualify minorities from participation in social welfare programs. For these and other reasons, the majority-white population is counted at higher rates, on average, than the non-white population.

This difference, known as the differential undercount, has persisted over time and was the highest ever recorded in 1990. The 1990 Census missed an estimated 4.4 percent of African-Americans, 5 percent of Americans of Hispanic origin, 2.3 percent of Asians and Pacific Islanders, and over 12 percent of Native Americans living on reservations.

By comparison, just 0.7 percent of non-Hispanic whites were missed. New York led the nation in the net number of African-Americans missed, more than 185,000, followed by California (181,000), Texas (83,000), Florida (73,000),

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Carl Rowan's Commentary

Riptide of drug-enhanced births needs to be stemmed

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There was a time when the Dionne quintuplets or some similar multiple birth could be considered a "miracle" or "God's blessing." In this era of powerful fertility drugs, births of seven, eight or even nine children in one pregnancy might more properly be called man-made follies.



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Iowa in 1997 and in Saudi Arabia last January have all survived, and this seems to have emboldened women to accept any and all risks of fertility drugs.

As a matter of ethics, many doctors use sonograms to determine how many eggs have been released into the woman's fallopian tube and

No one in his or her right mind could possibly celebrate the fact that a woman in Houston has given birth to eight babies. Not when the babies, weighing a total of 10 pounds, are all in critical condition. Not when the babies all run the risk of defective hearts, lungs or other organs—if they live. Not when the cost of keeping them alive long enough to get them from the hospital could be at least a million dollars. Not when caring for eight babies is beyond the capabilities of any two parents, meaning that a burden will be placed upon family, friends and all the social institutions surrounding the parents of the octuplets.

The medical profession knows that the problems are many, and it is beginning to talk out loud about the need to regulate and control the use of reproductive therapies. It is clear to me that the health of would-be mothers and the well-being of their newborns requires that limits be put on the use of fertility therapies.

Numerous infants in multiple births have died in recent years, but septuplets born in

may be fertilized. If too many are there they insist that the patient wait a month. When doctors discovered that too many eggs already have been fertilized, some use a procedure to halt the growth of some of the embryos so as to give the others a chance to survive in healthy form. On grounds of religion, the Chukwus refused to allow any reduction in the number of embryos, saying that was a form of abortion. Doctors helping infertile couples may wish to stipulate at the start that some reduction of embryos may be necessary.

Another problem is that there has been so little research on the use and effects of fertility drugs that most doctors are playing a kind of roulette when they dispense them. The federal government and Congress get mired in passions about abortions any time appropriations for reproductive research are proposed. Obviously, then, regulating fertility therapies, whether by the medical profession or government, is going to be very controversial and very difficult. But action by someone is overdue.

Health

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offer screening for a variety of common illnesses and make medical information more accessible to under-served populations.

They also counsel those they see to seek regular medical care and to not be afraid to question their doctors about the diagnoses and treatment of their medical problems.

At the federal level, the task force President Clinton set up in early 1998 to promote preventative health measures and provide early treatment for chronic conditions is beginning to make itself felt.

Headed by Dr. David Satcher, the U.S. Surgeon General, and backed by \$232 million in federal funds, its purpose is to start or assist a variety of health-education and medical programs nationwide in six problem areas: infant mortality, improvement of childhood immunizations,

HIV/AIDS, cardiovascular disease; cancer screening and management, diabetes control and prevention of its complications.

"I don't think there's any way we can tolerate an environment in which a lot of people who are minorities are not receiving quality health care," Dr. Satcher told *Newsday*. "If you just look at it from a humanitarian point of view, you say: As a nation we cannot tolerate the disparities."

A government study offers reason to close the health divide now: Those groups which suffer most from poor access to health care, African-Americans and Hispanic Americans, will become a larger proportion of the country's population and work force in the 21st century.

That's why it's incumbent upon the medical profession to consider all Americans worthy of the best medical care available.

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