

More whites have glaucoma surgery than blacks

CHICAGO (AP) — A study of Medicare claims found that blacks were only half as likely as whites to undergo surgery for glaucoma, the most common cause of blindness in black Americans.

The researchers, whose study appears in the February issue of *Archives of Ophthalmology*, said the reasons could include lack of health-care access inadequate education about the disease, overtreatment of whites and racial bias.

An estimated 3 million Americans have glaucoma, the nation's second-leading cause of irreversible vision loss. The researchers noted that more than \$1 billion is spent on federal aid yearly to about 120,000 blind glaucoma patients.

Glaucoma is characterized by a buildup of pressure within the eyeball. Excessive

pressure may damage the optic nerve. The most common form usually occurs after age 40. Treatment typically begins with medication, followed by surgery — either conventional or with lasers — if that fails.

The disease is at least four times more prevalent in black Americans than in whites, but the current study and others suggest blacks are undertreated. The researchers, led by Dr. Uday Devgan, a UCLA ophthalmologist, analyzed Medicare claims for both types of glaucoma surgery for 30,495 blacks and 160,792 whites between 1991 and 1994. Patients were at least 65 years old.

Taking into account the prevalence of glaucoma in patients of both races, the researchers determined that the rate of surgery for blacks was nearly half that of whites and 47 percent below what would have been

expected.

Previous researchers found a racial gap in glaucoma surgery when examining Medicare records from the late 1980s through 1991. Though Devgan and colleagues said the gap appeared to be narrowing in the mid-1990s, they said the disparities still were troubling.

"A major change in the public health policies in the United States may be needed if we hope to see a further narrowing of the gap," they said.

Racial disparities also have been found in rates for other ailments, including heart disease treatments and knee and hip replacements. The glaucoma authors say reasons for the disparities may be similar to possibilities raised by previous studies — lack of health-care access, inadequate education about the disease, overtreatment of whites and racial

bias.

Dr. Richard Mills, a University of Kentucky ophthalmologist involved in national glaucoma research, said cultural factors also may play a role.

"Black patients tend to be less willing to agree to surgery when recommended than do Caucasians," said Mills, who was not involved in the study. "We're still looking at disparities for which we don't have complete explanations," Mills said.

The study did not include information on claims from Medicare HMOs or Veterans Affairs hospitals, which could push the numbers higher. The authors also did not look at surgery rates before age 65, and said it's possible — though not likely — that blacks may have more glaucoma surgery before age 65 than whites.

COMMENTARY

Dining out may not be as safe as once thought

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Washington AFRO-American

The next time you stop by a Mickey Dee's to grab a Big Mac or your neighborhood Chinese restaurant you might want to rethink your dinner options.

Americans are eating more of their meals in restaurants. The latest statistics available show that in 1993, consumers spent a record 46 percent of their food dollar on food eaten away from home, up from 39 percent in 1980.

The primary reason cited by consumers for eating away from home is that they do not have time to cook. More and more people are increasingly relying upon the convenience of restaurant or delicatessen food to replace or supplement home-prepared meals. But consumers may not realize that food served in a restaurant is more likely to carry the risk of foodborne illness and death than food prepared in the home.

Specific figures on the extent of food poisoning attributable to restaurants are not available because there is no comprehensive system to track food poisonings nationwide. The best available data comes from the Centers for Disease Control, which collects food poisoning outbreak data from state and local health departments.

According to CDC data from 1983 through 1992, the most recent data available, 42 percent of all reported outbreaks were traced to food eaten in restaurants, delicatessens, and cafeterias, compared to 21 percent of food eaten at home. One food safety mistake in a restaurant kitchen can sicken large numbers of people, sometimes hundreds at a time.

Some reasons for large restaurant-caused outbreaks include: preparing several different types of food in the same kitchen at the same time, so that one food containing harmful bacteria can contaminate many other foods unless handled properly; jandling large quantities of food at a time, making it harder to keep food at temperatures that prevent growth of bacteria. A handler who fails to practice good hygiene, such as proper hand washing, can contaminate food that is then served to many people.

Highlighted below are just some of the larger outbreaks of restaurant food poisoning in recent years: Washington, D.C., August 1994. Hollandaise sauce contaminated with Salmonella served at a brunch at a hotel sickened 56 people, 20 of whom were hospitalized.

According to investigators, the sauce was prepared from raw eggs and heated over a hot water bath. It was then held for nine hours at a temperature at least 20 degrees lower than that recommended by the FDA Food Code.

Massachusetts, June 1996. Food contaminated with salmonella that was served in a Wendy's restaurant in suburban Boston sickened 38 people and may have contributed to a death. Investigators determined the outbreak was caused by employees who did not wash their hands before handling food.

Florida, August 1995. Salmonella Newport bacteria sickened over 850 people in the largest outbreak of foodborne illness in Florida history. Health officials who investigated the outbreak believe that Salmonella bacteria in chicken cross-contaminated several other foods served at Margarita y Amigas restaurant in West Palm Beach, at least in part

because workers used the same cutting board for raw meat as for vegetables.

Georgia, October 1993. A botulism poisoning outbreak killed a customer of a delicatessen in a small south Georgia town and sickened seven others. Their illnesses were traced by CDC officials to canned cheese sauce, which had been left opened and unrefrigerated for eight days, served on baked potatoes stuffed with barbecued meat. Health officials said proper refrigeration of the sauce could have prevented the outbreak.

Illinois, June 1993. A Mexican restaurant in a Chicago suburb served Salmonella-tainted food that sent 25 people to the hospital and sickened 16 others. County investigators attributed the outbreak to prepared food not being held at hot

Supremacy

(Continued from Page 12) and social justice are the "real racists." And as I subsequently learned, a number of white students were e-mailing administrators and others the next morning, after my talk, demanding to know why this Black "racist" was invited to speak at their campus!

What particularly struck me by this incident was the deep anger displayed by some Whites in the audience.

One can disagree with someone else's political perspective, yet behave in a civil manner. Something I had said, or perhaps, what I represented, had generated White rage bordering on irrational hatred.

This same kind of White bigotry has been at the heart of the recent public controversy over the flying of the Confederate battle flag over the South Carolina statehouse.

When the NAACP called for the flag's removal, State Senator Arthur Ravenel referred to the organization as "the National Association of Retarded People." When this racist remark generated widespread outrage, Ravenel apologized to "retarded people" for mistakenly linking them with the NAACP.

In January this year,

50,000 people gathered in Columbia, South Carolina to call for the flag's removal. But you'd never guess this from the hypocritical and opportunistic behavior of the Republican Party's presidential candidates.

Arizona Senator John McCain first described the Confederate battle flag as "a symbol of racism and slavery," but he soon reversed himself claiming it was also "a symbol of heritage." McCain's top strategist in the state, Richard M. Quinn, is a proud leader of the "neo-Confederacy movement."

Texas Governor George W. Bush's response to the controversy revealed his political cowardice and moral bankruptcy. Bush refused to demand that Ravenel apologize.

He held a political rally at Bob Jones University, a racist institution that forbids interracial dating on campus, and is openly hostile to Roman Catholics. Back in Texas, Bush has done nothing to prohibit the widespread displays of Confederate flags in state buildings and even public schools.

Why have McCain and Bush refused to condemn a flag that journalist Brent Staples has described as "a symbol of choice among neo-Nazis, skinheads and other

enough temperatures, and to poor food handler hygiene.

The Western United States, December 1992 to January 1993. The largest E. coli O157:H7 outbreak in the U.S. occurred in Washington, Idaho, Nevada, and California and was linked to contaminated hamburgers served at Jack in the Box restaurants. At least 700 cases of foodborne illness were reported. Nearly 100 of the victims developed hemolytic uremic syndrome, a serious complication resulting from E. coli O157:H7 infection, and four children died, the oldest just six years old. One public health official estimates that only one of every 250 cases of foodborne disease is eventually reported to a local or state health department. And, some states do not require reporting of key foodborne diseases and may not be vigilant about reporting to CDC.

bigots?" For the same reason that the White students became outraged when I talked frankly about the history of White privilege and racial discrimination.

Many White Americans refuse to honestly examine their history, because if they did, they would have to confront the moral equivalent of the Nazis who ran Germany's death camps.

They would have to acknowledge the vast murders and rapes by their foreparents, and their own complicity in profiting from today's system of racial injustice.

It is far easier to "boo" a

black historian lecturing about racial equality, or to denounce the NAACP as "retarded."

By taking away their rebel flag, we may force these whites to finally come to terms with their own oppressive history, and themselves.

America as a nation has been essentially "silent" about its racist history. As legal scholar Patricia J. Williams eloquently stated in the Nation recently, "It would be better to feel ourselves unsettled by the full truth of these historical horrors before we commend ourselves for having buried the past."

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