

Inmates may use rights law

WASHINGTON (AP) - The Supreme Court ruled 8-1 on Monday that two Ohio prison inmates may file federal civil rights complaints in an effort to get parole hearings denied them by the state.

The court rejected arguments by the state of Ohio, which said inmates William Dotson and Rogerico Johnson are using the civil rights law to do just what the court prohibited in earlier cases - challenge the fact or duration of their confinement.

"The problem with Ohio's argument lies in its jump from a true premise ... to a faulty conclusion," Justice Stephen

Breyer wrote.

"Success for Dotson" on the civil rights claim "does not mean immediate release from confinement or a shorter stay in prison," Breyer wrote. "Success for Johnson means at most a new parole hearing at which Ohio parole authorities may, in their discretion, decline to shorten his prison term."

In a dissent, Justice Anthony Kennedy objected, saying, "Today's decision allows state prisoners raising parole challenges to circumvent the state courts." Eighteen states joined with Ohio in urging that the inmates not be al-

lowed to proceed with their federal civil rights claims.

Dotson, who began serving a life term in 1981 for murder, is seeking an immediate parole hearing, challenging guidelines that said he must wait five more years. The guidelines applied in Dotson's case were adopted in 1998, long after he began serving his sentence.

Johnson, who began serving a 10- to 30-year sentence in 1992 for robbery, is seeking a new parole hearing, after he was found unsuitable for release under the 1998 guidelines. The case is *Wilkinson v. Dotson*, 03-287.

War threatens Kenya's tea export

Special to Sentinel-Voice

NAIROBI, Kenya (NNPA)— Kenya, whose largest export is tea and whose principal market is Pakistan, has sparked off a trade war after imposing a major tax on Pakistani rice imports.

The trade dispute has put the fate of 43,000 Kenyan smallholder tea farmers in jeopardy, as Pakistani buyers decline to buy tea from Kenya.

Kenya currently controls 60 per cent of Pakistan's tea

market. "All this can be easily lost to Sri Lanka, India and Bangladesh to the detriment of our nation," said Leoranka Tiambati, chief of Kenya Tea Development Agency.

The standoff between Kenya and Pakistan seems a case of sour grapes following the recent launch of the East African Customs Union that caused Kenya to raise its import duty on Pakistani rice.

With the tea factor, Pakistan appears to be playing

hardball with Kenya. An official of the Rice Exporters Association of Pakistan (REAP) was quoted in a Pakistani daily for saying: "Pakistan is the major buyer of Kenyan tea and the Kenyan government knows this hard fact."

However, unconfirmed reports say that consultations have been going on between Kenyan and Pakistani authorities and that a deal might be struck soon.

Disparities

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"The failure of high-profile efforts by the Association of American Medical Colleges (AAMC) to increase the number of minority medical school graduates nationwide to 3,000 by the year 2000 makes it clear that new strategies are required.

"Federal and state governments have largely ignored the potential of their influence over medical school through public funding and the accreditation process." He noted that although people of color are more than 25 percent of the U.S. population, they are only 11 percent of medical graduates.

"Studies have found that patients are more satisfied with their care when there is racial and ethnic concordance between patients and physicians," Calman wrote.

The article by David R. Williams, a professor of epidemiology at the University of Michigan, and Pamela Braboy Jackson, a sociology professor at Indiana University, focused on the social aspects of the disparities in health. "Racial disparities in health in the United States are substantial," they wrote in the magazine.

"The overall death rate for Blacks today is comparable to the rate for Whites 30 years ago, with about 100,000 Blacks dying each year who would not die if the death rates were equivalent."

Trends for some diseases have gotten worse, Williams and Jackson wrote:

"Death rates from coronary heart disease were comparable for Blacks and Whites in 1950, but by 2000, Blacks had a death rate that was 30 percent higher than that for Whites," they report.

"Death rates from heart disease declined markedly from 1950 to 2000 for both racial groups, but because the decline for Whites (57 percent) was more rapid than for Blacks

(45 percent), both the relative and absolute racial differences were larger in 2000 than in 1950."

For cancer, the disparities are even worse.

"Blacks moved from having a lower cancer death rate than Whites in 1950 to having a rate that was 30 percent higher in 2000," the two professors wrote. "Cancer death rates for Whites have been relatively stable over time, with the mortality rate in 2000 being almost identical to the rate in 1950.

"In contrast, cancer mortality for Blacks has been increasing, with the rate in 2000 being 40 percent higher than in 1950. Over time, lung and ovarian cancer death rates increased for both racial groups, while mortality from colorectal, breast, and prostate cancer markedly increased for Blacks but was less stable or declined for Whites." Not all authors agree on the cause of the disparities.

An article by Ichiro Kawachi, Norman Daniels and Dean E. Robinson argues that racial explanations alone are insufficient:

"Racial disparities should not be analyzed without simultaneously considering the contributions of class disparities," they say. "...Whenever possible, class-based differences in health status ought to be examined within racial groups." That's the kind of debate the four national leaders had hoped for.

Writing in the forward, they said: "This issue of *Health Affairs* provides the ingredients necessary to launch a meaningful national dialogue on eliminating health and health care disparities. To be meaningful, the dialogue must intensely and broadly engage diverse stakeholders — immediately and into the next decade. The status quo of disparities in health and health care is simply unacceptable. We must — and we can — do better."

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