OUR VIEW

Numbers Racket

Diehard fans of the NBA, often called "the greatest show above earth," are no doubt happy that NBA players' union and league bosses hammered out a deal that will avert a lockout; the league's 30 team owners had threatened to lock out players after the current labor contract expired on June 30.

While the six-year contract means that diehard fans will continue to be able to get their NBA fix into the second decade of this millennium, not everyone comes out of this deal smelling like roses. Sure, the owners conceded on some items, such as raising the salary cap from \$43 million last year to between \$47 million and \$50 million next season. And, yes, players also won assurances strengthening guaranteed contracts—the average NBA salary is \$4.9 million. (The contract also calls for implementation of a tougher drug policy). But the biggest losers in the bargaining agreement are high school phenoms with NBA-caliber talent. Acquiescing slightlyhe'd initially wanted to the age requirement to enter the league set at 20-NBA Commissioner David Stern muscled through an agreement that raises, to 19 years from 18 years, the age at which players are eligible for the NBA draft.

First, let's see how this adversely affects basketball aficionados—the people who pay the exorbitant ticket prices, buy the expensive jerseys, purchase the all-access television game packages and boost the playoff ratings. They're robbed of the chance to see young phenoms develop (or not, in the case of players like Darko Milocevic of Detroit) into role players, respectable players and, lately-in the case of Kevin Garnett, Kobe Bryant, Amare Stoudemire and Dwayne Wade-into superstars.

Fans help make these players stars as much as does their talent and the mass-marketing conglomerates who shower them with million-dollar endorsement deals and make them the public face of everyday products. Without fans filling the arenas to watch Magic Johnson and Larry Bird revive a sagging league in the late '70s, early '80s, the NBA doesn't become the envy of professional sports franchises.

Now to those most impacted by Stern's ageism: young players. In an ESPN interview on the subject of age minimums several weeks, Indianapolis Pacers' star Jermaine O'Neal decried Stern's push as racist in intent, if not in effect. Over the past few years, young African-American players have bypassed college and landed in the NBA. More power to them. Some have become superstars, others benchwarmers. But that misses the point, which is that they should be allowed the opportunity to make a

They can sign up for armed forces, fight and die for this country, but can't earn a living running up and down 94 feet of hardwood? Nonsense.

In sports like gymnastics, 18 is mid-life, bordering on senior citizen status. Tennis players and golfers can turn pro by 18. Ditto for swimming. Is it a coincidence these sports are dominated by Whites and Europeans? Soccer star Freddy Adu was 14 when he began pulling down checks from Major League Soccer; and several White MLS players quietly decry the fact he makes more than they do but has done less professionally. Boo hoo. Why must the NBA be different from MLS?

Talk of young people bastardizing the game with fancy dribbling, whirlwind passes and rim-rattling dunks is merely sour grapes. The beauty and primacy of the game remains the same—put the ball in the hole, stop the other team from putting the ball in the hole-no-matter if it's played with Princeton's cutting, weaving and backdoorstyle efficiency (Utah Jazz) or with the manic creativity and aggression of the Rucker courts in Harlem (Phoenix Suns).

David Stern can talk until he's blue in the face about his reasons for championing an age minimum. He can't, however, deny that this stymies young African-American athletes, killing hoop dreams-not everyone's made for college—and casting a pall over the American dream.

IDENTIFY THE REAL







Controversial heart drug gets OK

Dora LaGrande Sentinel-Voice

While 750,000 African Americans have been diagnosed with heart failure and by 2010 this number will be up around 900,000 — the arrival of a new drug could be a lifesaver for African-American heart failure patients but could also change the way drugs are clinically tested, setting off a heated debate among physicians, geneticists and social scientists over the biological justification for and social ramifications of so-called race based medicines. An overriding question arises regarding how drug developers should handle information about genetic variations in the world's different popula-

The drug, BiDil, didn't start out as a racially targeted medicine. The idea of seeking approval of BiDil for African-Americans grew out of a study at veterans' hospitals in the 1980's. The research indicated that the drug, which is actually a combination of two generic drugs, worked better in African-Americans than in Whites. It is also a story that, in some ways, reflects the frustration of trying to find more-effective treatments for heart failure, a disease that has reached epidemic proportions with around 500,000 new cases diagnosed every year. It is the only major form of cardiovascular disease on the rise, and annual death rates have



more than doubled since

To prove the drug works in African-Americans, NitroMed (the developer of BiDil), conducted narrowly focused clinical trials; this cost less than the trials required in the broader population. While the pharmaceutical industry has developed a series of new drugs for the disease over the last decade or so, fewer than 50 percent of patients survived more than five years, and African-American heart failure patients are disproportionately over represented in the American heart failure popu-

The drug has also raised questions about how marketing, regulatory and political considerations play a role in new drug development, with critics of NitroMed saying the company has artfully managed the regulatory system and patent law, as well as historical inequities in medical treatment for African-Americans, to drive its product to market.

Recognizing racial controversy as a potential deterrent to BiDil's approval, NitroMed reached out to African-American politicians and physicians, including the

Association of Black Cardiologists. After considerable debate, the heart doctors agreed to be co-sponsors of BiDil's clinical trial, embracing the drug as a way to redress years of inequality in medical care, starkly symbolized by the Tuskegee syphilis study that began in the 1930's, a study which cruelly denied lifesaving treatment to hundreds of Black men who either volunteered or were coerced to participate.

The idea of a drug for one race has drawn the concern of several medical ethicists and scientists.

Jonathan Kahn, a medical ethicist at Hamline University law school in St. Paul, said BiDil's approval as a Blacks-only drug would give an official ring to the discredited idea that race is a biological category.

Scientists know that different people have different responses to medications, and in some cases, these have been linked to race. The Food and Drug Administration, for example, has said that people of Asian ancestry are more likely than others to get serious side effects from the cholesterol-lowering drug Crestor, But research shows that the underlying genetic variations across races are

Scientists believe that genetic markers will someday be found that explain the different reactions to drugs, but for now, race or ethnicity is an imprecise shortcut. By approving BiDil, the FDA would go well beyond where it has in the past in using race as a category to evaluate how certain patients respond to

The panel review is a cru-(See LaGrande, Page 11)

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