

OUR SOCIETY'S SICKNESS

By NIKOLE HANNAH-JONES
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Steve Baker's late-stage colon cancer is an example of how race and income can be barriers to equitable health care, barriers Multnomah County is trying to overcome

For 10 years Steve Baker carried a deadly mass in his gut. And no one knew. It's not that he didn't have symptoms. The 56-year-old had long complained of intestinal problems. Lack of health care can't be blamed, either. Though getting by paycheck to paycheck, the truck dispatcher kept insurance and got regular check-ups.

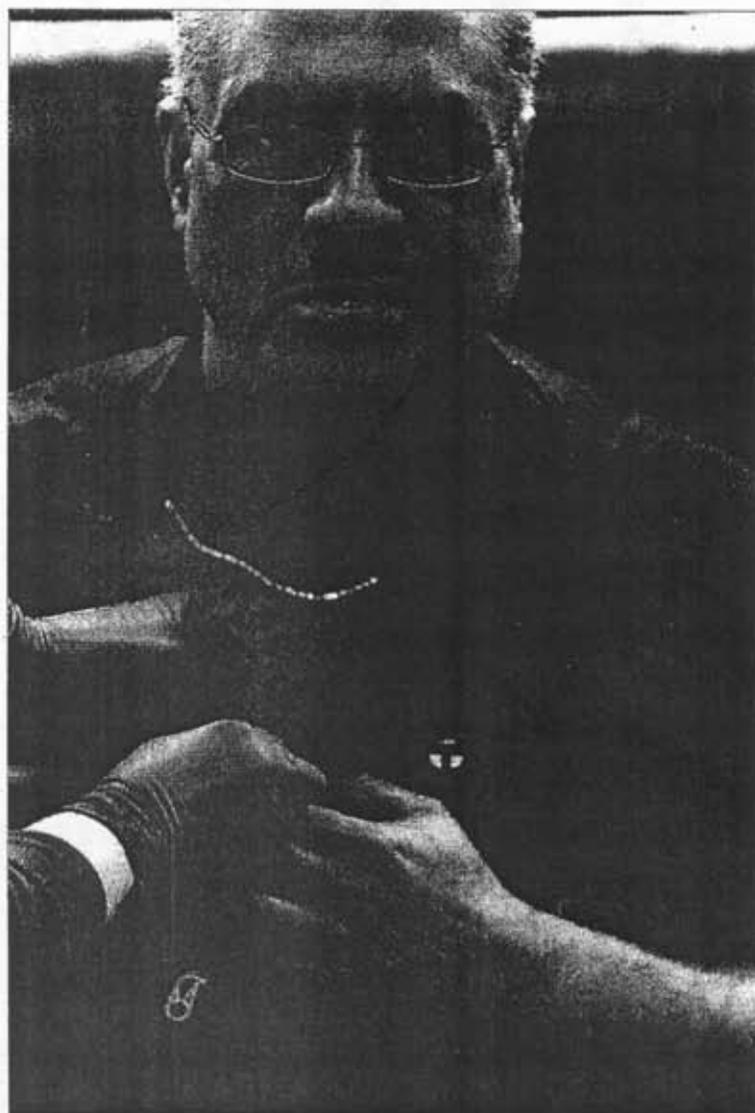
When pain and weakness led him back to the doctor in July, Baker learned he had late-stage colon cancer and it had spread to his liver.

Baker's story is a warning to us all: The society we've built is killing us.

It kills the poor and racial minorities first. Then those slogging away in the middle class. The wealthy live the longest, but even they die sooner than those in less affluent countries with smaller gaps between rich and poor.

The Multnomah County Health Department has joined 100 other health departments across

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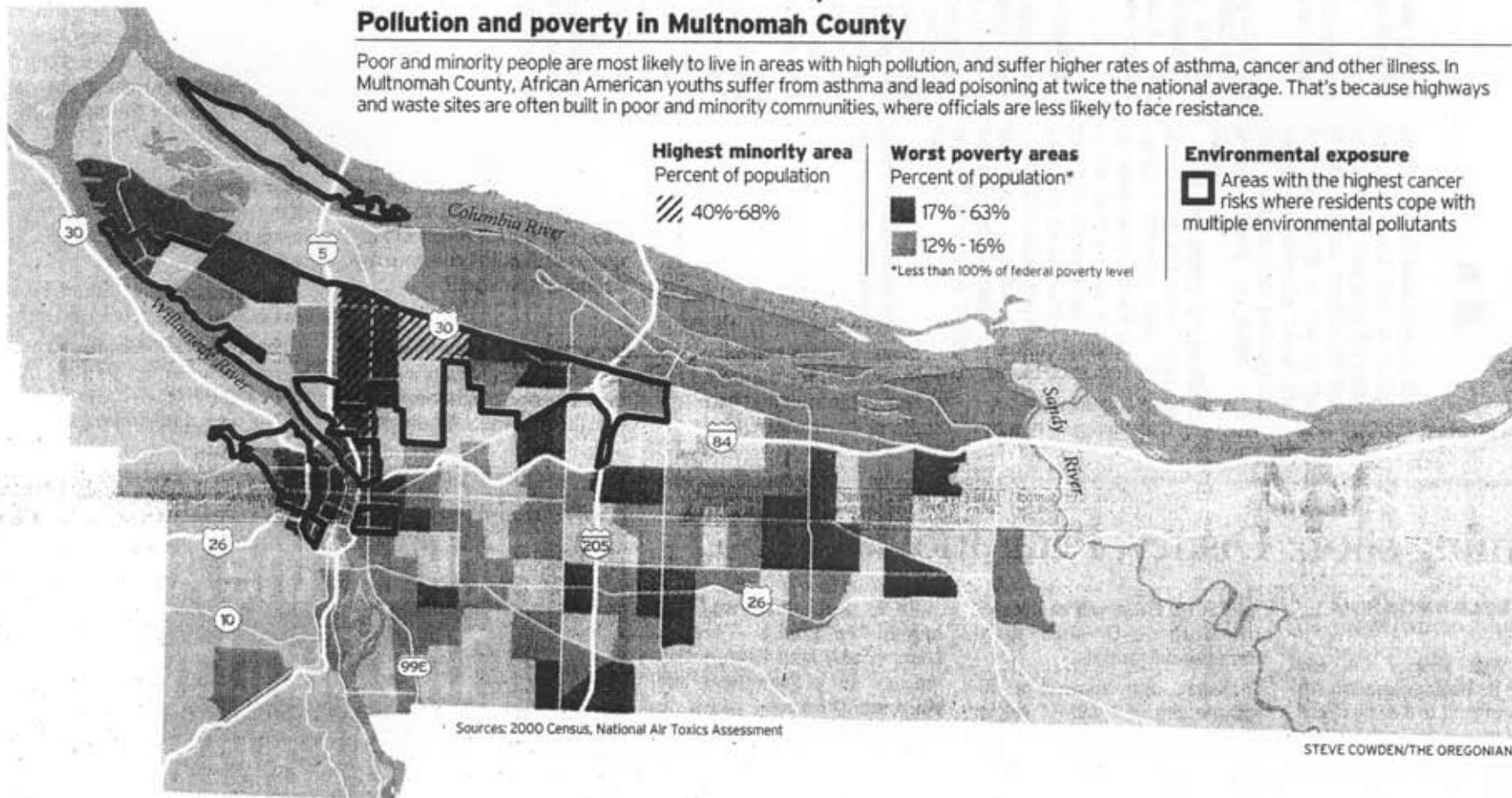


BETH NAKAMURA/THE OREGONIAN

Steve Baker, 56, gets his chemotherapy tube removed at the Northwest Cancer Center. Despite regular doctor visits, Baker had undetected colon cancer for 10 years. Experts say that in a nation as socially stratified as the United States, Baker is among the people most likely get sick and die early. More than personal choice and family history, experts say, our inequitable society is killing us.

Pollution and poverty in Multnomah County

Poor and minority people are most likely to live in areas with high pollution, and suffer higher rates of asthma, cancer and other illness. In Multnomah County, African American youths suffer from asthma and lead poisoning at twice the national average. That's because highways and waste sites are often built in poor and minority communities, where officials are less likely to face resistance.



STEVE COWDEN/THE OREGONIAN

Health:

Minorities rate poorly in 11 of 17 indicators

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the nation to examine the social conditions that attack our health and end our lives — and what to do about them.

"We see ourselves as a forward-thinking, progressive community, but when you look at the facts, they tell a different story," Ted Wheeler, Multnomah County commission chairman, says about the initiative that started with public meetings last month.

"Health inequities result from a number of issues — discrimination, oppression, poverty, lack of power. The parts we can do something about we should and will."

In Multnomah County, people of color have worse outcomes than white residents in 11 of 17 health indicators ranging from low-birth-weight babies to death from diabetes, stroke and AIDS, according to a report on health disparities issued last week by the county.

Of course, genes, access to health care and decisions about diet and exercise can extend or cut lives short. But just as important is our unwillingness, scientists say, to deal with pervasive inequities between races and classes. Jobs that don't pay enough to support a family, neighborhoods lacking parks or sidewalks that promote wellness through exercise, and discrimination that creeps from broader society into health care itself colude to take American lives before their time.

Here's what we know: The middle class is two times more likely than the upper class to die

Health-care disparities

- Low-income people live in neighborhoods with fewer parks, sidewalks and access to fresh foods but with higher concentrations of fast-food restaurants and convenience and liquor stores. Likewise, the most advanced health-care facilities are not located in low-income communities.
- More than 100 studies have documented the impact of racial discrimination and health. Babies born to black college graduates are more likely to die than babies born to white high school dropouts. People who feel they've been discriminated against suffer more cardiovascular disease, breast cancer and other deadly ailments.
- People who feel they have little say in their personal lives and jobs — personal autonomy — carry more chronic stress. For instance, a factory worker who must account for every minute of his day, versus a middle-income worker who has flexibility in his schedule and determines more what he does at his job, has more stress. The higher the income, the more personal autonomy workers feel and the less chronic stress. Further, chronic stress contributes to bad health choices, such as overeating or using alcohol or drugs.
- Personal choice does matter, but middle- and upper-income people who smoke, for instance, still live longer than lower income smokers.

For more information: 503-988-3030, ext. 22068, or go to www.co.multnomah.or.us/health/healthequity

Sources: Matthew Carlson, Portland State University health researcher; reports from the John D. and Catherine T. MacArthur Foundation

before age 65; low-income folks, three times as likely. As a whole, people of color die before white Americans. African Americans, no matter how much money they earn, have the worst outcomes of any group, with 83,570 dying in 2002 who wouldn't have without societal disparities, according to a report by former U.S. Surgeon General David Thatcher.

A study in failed care

Baker sits in his small and tidy North Portland home just off the interstate, a pouch of chemo medicine slung over his shoulder. It seeps into his body through a port in his chest while he recounts the clues to his cancer that went unnoticed. Christy, his high school sweetheart and wife of 37 years, rests her knee against his, filling in the dates and details he can't remember.

While Baker, an African Amer-

ican, has felt the sting of discrimination, he recoils at race or class as the reasons his doctor never checked for cancer or ordered some standard tests.

"I want to believe it was not a racial issue," Baker says, looking at his hands. "Just a lack of education on my part."

But race and class are so much a part of the American tapestry, it can be hard to see the threads.

His daughter, LaRisha Baker, works with health-disparity issues for Multnomah County and sees how all the pieces when put together create an unnerving picture. Discrimination is rarely blatant, she says. These days, it's often unintentional, but can still be deadly.

"I don't want to be a victim and I don't want him to be a victim," she says. "But I sort of feel victimized. That's the scary thing."

Steve Baker says his doctor didn't push a colonoscopy — considered a standard test for men 50 and older — despite his years of intestinal problems. A colonoscopy early on would have improved his chance to survive exponentially. Yet studies show doctors are less likely to give additional tests to black patients, and black males are most likely of all groups to die from cancer, according to the National Cancer Institute.

Baker drove a truck, a blue-collar job that exposed him to chemicals and pollutants. Most of his homes in black Portland were near highways, which county data show have twice the pollution rates of the county as a whole, and diesel particulates 687 times the federal government's acceptable cancer-level risk.

"Stratified societies are less healthy"

The poor and working class, along with people of color, live with chronic stress from discrimination and the day-to-day trials of making ends meet. Chronic stress attacks the immune system, raises blood pressure and increases the risk of heart disease.

"We know highly stratified societies are less healthy," Matthew Carlson, a health researcher at Portland State University, says. "We are not going to see class-based and racial and ethnic disparities decrease unless we change the way society is organized."

Though one of the wealthiest nations in the world, the United States is 45th in life expectancy. People in poorer nations such as Singapore and Bosnia can expect to live longer than Americans. The same is true in wealthier European nations such as Switzerland, Denmark and Austria, where the gulf between the rich and poor is much smaller than here.

No matter how they take care of themselves, Carlson says,

Americans such as Baker tend to be sicker than those in the middle and upper classes.

"It's a lot of small things that add up and have large consequences," he says.

Trisha Tillman, who manages the health-equity initiative for the county, realizes that this community can't fix wealth distribution and prejudice. "But there are things we have control of," she says.

What can be controlled

The county is holding community forums in different parts of town through May, and a team is compiling research on disparities here. Over two years, Tillman says, the county will produce concrete proposals that all of us — schools, private business, TriMet, the county, mortgage lenders and so on — can do to help eradicate the class and race disparities here.

For example, county chairman Wheeler says, the county can stop locating affordable housing near freeways, and houses already there can be retrofitted to help eliminate indoor pollution; businesses can provide a livable wage; schools can ensure their poorest students have the same high-quality

teachers as affluent ones so kids have an equal shot at college and middle-class jobs; the county can expand medical services and also work to ensure that caregivers recognize biases that lead them to treat patients differently based on color and class.

"For me, saying the problem is too large has never been an excuse," Wheeler says. "These are stark facts that are staring us in the face, and as a matter of principle we have an obligation to reduce the disparities."

The inequities must be eliminated not just for people like Steve Baker. Wheeler's health, and all of ours, is riding on it, too.

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