

**Affirmative Action:**

**Reagan and Black Death**

Gerald C. Horne, Esquire

In apartheid South Africa, there are mass graves at a site called Dimbaza. Starkly symbolic of the fate that too often awaits the black majority, this cemetery speaks volumes.

There is no one site similar to this "Boot Hill" in the black communities of the United States. But if Reaganomics reaches its intended impact in the area of health care, Dimbaza will become a U.S. black reality.

The number of hospitals being closed has reached epidemic proportions. According to Dr. George Lythcott, director of the U.S. Health Services Administration, some 231 urban hospitals were closed or relocated from 1975 to 1977. A whopping 47% of the closed hospitals were located in neighborhoods that are 65% to 100% black.

This ravaging did not begin with Reagan. Many urban hospitals lost privately insured middle class patients to the newer suburban hospitals built with Federal Hill-Burton grants and loans in the 1950's and 1960's.

The result? Look at St. Louis, where Homer G. Phillips Hospital's closing has harmed an entire neighborhood; or Philadelphia General Hospital being padlocked; or the decline in services at D.C. General in Washington; or the shutting down of Sydenham Hospital in New York.

The blacks in these areas and others are then forced to travel greater distances to obtain adequate health care. In San Antonio, Texas, blacks and Latinos brought suit under Title VI of the civil Rights Act of 1964, alleging that the closing there would impose upon inner city residents the burden of traveling longer distances. This claim was rejected in U.S. District Court but there is no doubt that it will be raised again.

These hospital closings could not come at a worse time. According to government health statistics, 22 million in this country have no health insurance, public or private; 20 million have inadequate coverage for basic medical services; and an additional 41 million have inadequate catastrophic health insurance.

Recent moves by the Senate Finance Committee are expected to debilitate an already weakened Medicaid program that is the life-line for many black and poor citizens.

Virginia, for example, faces a loss of more than \$90 million in funds during the next four years. Bedford Berry of the Virginia State Department of Health told the House Appropriations Committee that the cuts will force states to choose between putting state money into the Medicaid program or reducing Medicaid program or reducing Medicaid services to its citizens.

Virginia is not alone and this assault on health care will cause morticians to work overtime. The fact that blacks have the dirtiest, hardest jobs — when they work at all — exacerbates this horrific tendency.

For instance, Tommy Quin, head of the International Woodworkers Union, said that in the wood-work industry, blacks are dying of lung cancer due to the dust and splinters that they breathe, and that they are going deaf because of the noise level.

Quin said that these problems are more prevalent in the south because "black southerners are working people."

"Industry knows about these problems, but it is unwilling to do anything about them," Quin said. "We (blacks) work hard. We absorb the heat; we don't complain; then we die."

Bertha Roman, a furniture worker in High Point, North Carolina, has noted that in the industry in which she works, "pregnant women often work in the furniture factory without knowing the effects of

the chemicals and dust on their unborn children. It is undocumented what lacquer does to the insides."

The Occupational Safety and Health Administration (OSHA), which functions to correct hazardous working conditions, is supposed to take care of such; however, Ms. Roman said, when an OSHA officer came to inspect the factory where she worked that she noticed her supervisor and the inspector were often on friendly terms.

That cancer is ravaging blacks is no longer considered news. Afro-Americans are less likely than whites to survive cancer; blacks were less likely to get the most up-to-date treatment and follow-up care. Though corresponding figures for whites are not presently available, there has been an eight per cent rise in cancer cases among blacks since the 1950's and a 25% increase in black cancer mortality.

Why is this so? Morris Davis, executive director of the Labor Occupational Health Project at the University of California at Berkeley, has shown conclusively that a higher incidence of injury and disease among blacks could be explained in part by their concentration in the most dangerous occupations.

Worse than this is the fact that blacks have been traditionally less likely than whites to seek medical care, leaving many work-related diseases go untreated. "They are more fearful of job loss as compared to whites, less likely to complain," Davis added. He pointed to a 1978 Social Security Administration report which found that black workers were fifty per cent more likely than whites to be

severely disabled from job injuries or illness. With Reagan pulling the plug on hospitals, bleeding Medicaid and gutting OSHA, an orgy of death in the black community is expected. Yet, Reagan's attack on medical education programs may be the hardest blow of all.

The Graduate Medical Educational National Advisory Committee (GMENAC) has reported that U.S. Americans will have more than enough physicians by 1990, but this is not true for the black doctor.

As of April 1980, 375,811 doctors were in this country. Of that number only two per cent (6,516) were black. The Department of Health and Human Services (HHS) shows that there are 136 doctors to every 100,000 in this country. Still, there are only 26 black physicians to every 100,000 blacks. And most black people are treated by black physicians.

The Association of American Medical Colleges recently reported that new black enrollment in the nation's 126 medical schools has dropped another half point.

Last year there were 6.6% black students in medical school. This year only 6.2% are black.

Frank S. Royal, M.D., president of the predominantly black National Medical Association, has condemned this tendency. "Not only have the nation's large medical schools begun to reduce their commitment to black enrollment, but public and private sources have considerably diminished their funding for graduate education."

Black medical schools, e.g. Meharry and Howard, have provided 75% of all practicing black physicians in any case; so inevitably pressure must be placed on Harvard, on Yale, on Columbia to accept more black students.

It cannot be emphasized enough that the Reagan Administration must be deluged with protests of outrage about cuts in Medicaid. The President must be told that the dismantling of OSHA will simply not be tolerated.

If Dimbaza is not to become a growing part of Afro-American reality, then political activity must be stepped up to an all-time high.

**How to get the most from your bank**

**INDIVIDUAL RETIREMENT ACCOUNTS**  
by Pat Taylor

Regardless of the type of financial plan you presently have for retirement, starting January 1 you'll be able to set up your own Individual Retirement Account (IRA) and make annual tax-deductible contributions to it.

Beginning in 1982, banks and other institutions will be offering IRAs to anyone. Presently, IRAs are available only for those taxpayers not covered by employer-sponsored pension or profit-sharing plans. Under the new law, you can be covered by your company's pension plan and also make tax-deductible contributions to your own separate IRA. Or, if your employer allows it, you may be able to make contributions to the company plan to consolidate your retirement funds.

The main attraction of the new law is that you can contribute up to a maximum of \$2,000 a year to your IRA; that's \$500 more than the current law allows. If your spouse is employed, that's another \$2,000. If

your spouse isn't working, you're qualified to set up a spousal IRA which means you can contribute a total of \$2,250 a year, and that figure is up from \$1,750.

There are two ways an IRA can benefit you now and in the future: First, contributions to the account can be counted as deductions from that year's gross income, thus reducing the amount of income taxes owed. Secondly, when you withdraw the money at retirement you will probably be in a much lower tax bracket, so your contributions and interest earned will be taxed at a lower rate.

You won't be able to make any withdrawals without penalty until 59½, by which time that money you've squirreled away will amount to quite a sum. For example, if you contributed \$2,000 per year compounded at 8 percent over a working life of 30 years, your account should gross \$265,000. If you wait until 65 to retire and withdraw the money, you'll be entitled to other exemptions which will further reduce the taxes you'd have to pay. The latest you can start withdrawals is 70½. From a tax standpoint, it's probably better to make withdrawals gradually, instead of in one lump sum.

Withdrawals before you turn 59½ would be subject to the usual income taxes, plus a penalty of 10 percent of the amount withdrawn. In case of death or permanent disability, IRA funds will not be penalized.

When you open an IRA, most banks will put your contributions in long-term certificates of deposit earning annual interest rates from eight to slightly more than 15 percent. Besides finding out how much your IRA will be earning, here are some other items you should check on:

- How is your account compounded?
- How often, and by what means, can you make contributions?
- If you decide to make gradual withdrawals after retirement, how often can they be made?



Pat Taylor

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President Kennedy's goals and he achieved both. President Reagan has proclaimed a goal of "a balanced budget by 1984". That he will probably not achieve it does not negate the fact that this is a goal and a timetable.

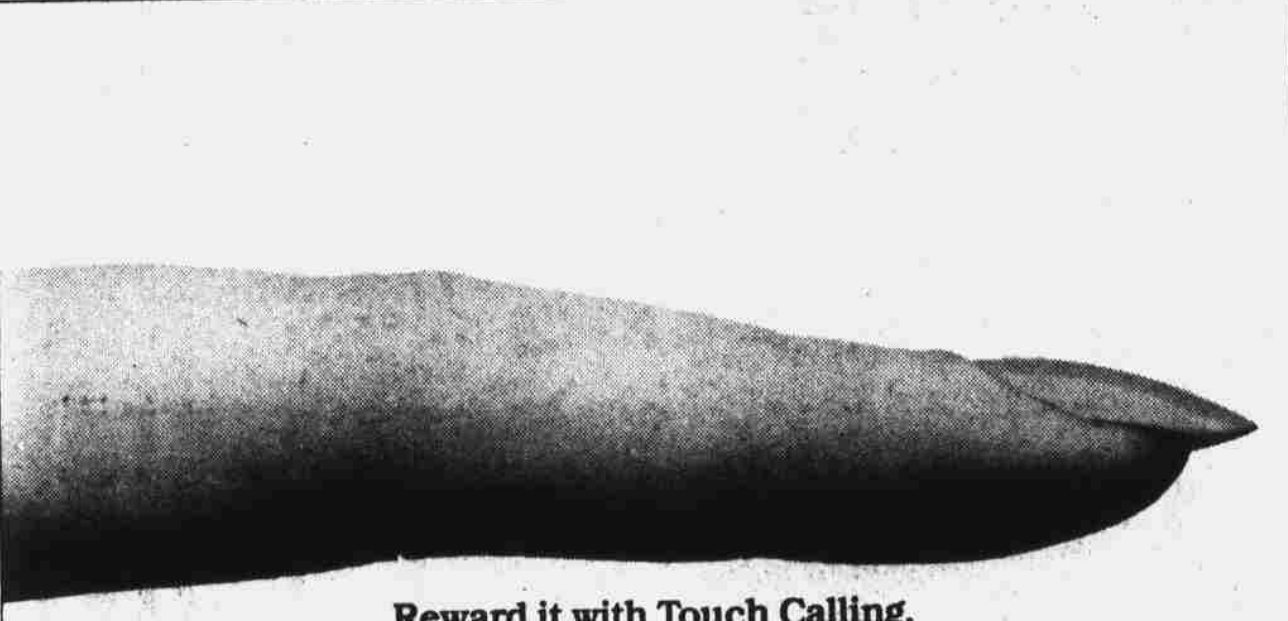
Deadlines, targets and the like are necessary to the efficient operation of a business. For the administration to assign the use of goals and timetables to the "slag heap" implies a retreat from the use of sound business methods in the resolution of employment discrimination.

For more than twenty years prior to President Johnson's signing of Executive

Order 11246, the principles of affirmative action remained largely just that — a principle. It was only when mandatory affirmative action guidelines were developed and given enforcement power by Executive Order 11246 that any identifiable progress was made in combating employment discrimination. Without the impetus of Federal oversight, employers can be expected to return to the old way of doing things. The Reagan Administration's retreat on affirmative action is a shocking departure in the field of civil rights which we should oppose with all of our resources and combined effort.

• Does your bank charge an administration fee? With funds from an Individual Retirement Account at your disposal, your retirement years can be more worry free.

Pat Taylor, a banker for two years, is a Personal Banker at a Wachovia Bank and Trust Company Office in Goldsboro.



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