

**UNITED COMMUNITY LEADERSHIP...NEEDED NOW**

Are we going on our hands and let black communities crumble around us? Grass roots community organizations must emerge to forge a united effort against crime, narcotics trafficking, blight, and decay.



**Editorials**

**Affirmative Action Is A Two-Way Street**

Often when we say 'affirmative action', we mean that those people with the jobs should seek out those of us who need them and hire us.

And while we agree that employers, private and public, should not let factors such as race, sex, age or other non-essential determinants outweigh an applicant's qualifications for the job, we also believe that affirmative action is a two-way street.

Those of us who need jobs should not let a potential employer's past deter us any more than we would want the employer to be deterred by our past. Blacks, women, the handicapped, et al., should be beating on any door in this city and county, affirmatively, and aggressively seeking those jobs to which you aspire.

We should not be giving people the luxury of saying they can't "find" qualified applicants, other than white males, of course. And when they say that, we should quickly gather our letters, our applications, our record of qualifications and challenge them openly.

We should not let employers get away with saying they're doing a good job, when a better job can be done. We should not accept poor excuses for poor performance.

And so, to those who feel that affirmative action should be an aggressive and active tool for change, we challenge you to move forward, to stop complaining about what someone else hasn't done, and jump into the fray yourself.

**Concerned Young People: Our Future Hope**

Bombarded as we are daily with clear evidence that far too many of our young people have gone to pot, if you will pardon the pun, it's refreshing to hear about young people who have chosen life's high road.

We wrote about four of them on our front page last week, and this week, we tip our highly opinionated hat to them. They and their peers at Hillside and other schools — far more of them than we might suspect — are bright, committed and undaunted by the challenging problems they face. They, with the boundless energy of youth, and the optimistic idealism that accompanies it, are our hope for the future.

Those of us who have fought hard in this battle of life, who have won some, but also lost far too many, must gather our remaining strength and give these young people all the help and encouragement we can muster. We must not allow them to fall prey to the traps of their "pot-gone" peers. Rather, we must inspire them to strive for the pinnacle of their incredible human potential. For quite frankly, the peace of our old age depends largely on whether young people such as James Robbins, Alita Brown, Reta Daniel and David Goins can either change their "pot-gone" peers, or at least hold them at bay.

**Spectacles: A Closer Look**

**The High Cost Of Medical Care**

**Part III - Being An Informed Patient**

By Ada M. Fisher

Doctors, hospitals, government agencies and other health care personnel must all accept a portion of the blame for the high cost of medical care, but so too must the patients. The inappropriate use of doctors and medical care facilities wastes thousands of dollars annually. Home remedies, over-the-counter preparations and useless medicines drain our pocket-books needlessly. Our quest for eternal youth has created a luxury market even in medicine. And our search for guarantees which can't be given has caused patients to help drive up the cost of care in unfortunate malpractice litigations.

The cure for the common cold has yet to be found but this doesn't seem to deter patients from spending money on their upper respiratory infections. The technological sophistication which Americans have acquired has convinced us that the more specialized or complex something is, the better it must be. This follows us in choosing cars, stereos, computers and ultimately in our choice of physicians. Many with a sore throat go straight to the otolaryngologist (throat specialist) or take their sprained ankles to and orthopedist (bone specialist) rather than see their family doctor or primary care doctor. At least eight per cent of all visits to the emergency room are for non-emergencies and could be well served by primary care personnel. When surgeons, cardiologists and other specialists treat patients with problems outside their specialty, it may add to the cost of care. With the predicted glut of M.D.'s by the mid-80's, a public battle may well be fought between family doctors and other specialists who may find themselves with a shortage of sick patients financially able to pay the cost of care. As the health care dollar is subjected to even closer scrutiny, expect to see no reimbursement for primary care services rendered in emergency rooms and possibly those delivered by specialists.

Laetril, Vitamins E and C all have held the promise of miracle cures and people have flocked to buy them for everything from cancer to potency to hair growth. Many "healers" are promising salvation to those who believe in the Lord and are

willing to make substantial contributions to the collection plates. The reality is that for most Americans, our cures are within our own hands through a change in lifestyles. Do you know what that means? —Losing weight, quitting smoking, exercising, and temperance in our imbibement of alcohol. Medicine can do very little to change our circumstances if we are unwilling to help ourselves. Even if a cure for cancer is found, it is predicted that it may not add more than two years to the average person's lifespan whereas lifestyle changes which affect heart disease and associated conditions may have a more dramatic effect. Plastic surgery has done much to correct birth defects and camouflage injuries. Elective procedures to lift faces, tuck bellies, slim or reduce breasts, etc., or those things undertaken under the illusion of maintaining youth or vanity are expenses which will possibly come from the patient's pockets rather than be financed through group insurance.

Informed consent is a real issue for doctors and patients alike. It is impossible to tell a patient all of the hazards of any anticipated scheduled procedure. No doctor can give guarantees on any surgical procedure. All that can be done is pledge to do one's best. For the patient who is limited in his educational understanding by an inability to read or write, trying to give informed consent is more difficult. In North Carolina it is estimated that fifty per cent of the population is illiterate for reading with comprehension at the sixth grade level. We should all ask how good can informed consent be? Any patient advised to have elective surgery for whatever reason may be well advised to get a second, third or even fourth opinion. Anesthesia risk and the complications possible from any surgical procedure means that surgery should never be taken too lightly. One can always question the numbers of seemingly needless hysterectomies done on females for fibroids (usually a benign condition found in as many as eight per cent of all adult black females). Some of the press about unnecessary surgery may well be justified when its victims have been the poor, the uneducated or the misinformed.

However, there is another side — those who need surgery and wait until their care becomes an exercise in crisis intervention. These people are doing themselves a disservice and increasing the cost of their care by only acting when they have an emergency. Patients with known gallstones have delayed their needed surgery once their symptoms abated only to become infected or have a stone rupture through. Many black people wait too long to go to doctors with treatable conditions. By the time they come in, complications have set in or what once was simple is now complex. Delays in obtaining care usually mean more time, treatment and money will have to be spent.

A pharmacology professor once noted that outside of antibiotics, there are not ten drugs which cure diseases. Insulin does not cure diabetes, but it does allow one to live a fuller life with the disease; Aspirin, Motrin, Gold, etc., only reduce the aches of arthritis. Dope such as Heroin or marijuana are used to give a high but when the euphoria wears off, we have to come back down to earth to deal with the problems here. TV and magazines tell us to take caffeine to help us wake up. No-Doz, Nytol or other drugs will help us sleep and various other products can be used to help us make it through the day. The truth is that most people could probably make it with a lot less medicine and medical intervention if we understand: 1-some aches and pains will always be there without meaning you're dying; 2-the need for a change in lifestyle to reduce weight, stop smoking, decrease salt and restrict sugar intake, etc., helps decrease our risk of certain diseases; 3-medicine alone may not cure what ails us — friends, love, happiness and a positive outlook on life have been greatly undervalued; 4-if you're sick, it all means you should go to the doctor rather than wait too long; 5-use primary care people such as family physicians, pediatricians, or obstetricians first rather than make a bee-line for the specialist; and, 6-if you don't know, ask questions, be informed and keep abreast of what's happening with you. It's your body, so take care of it. No one else will ever love it like you do.

**To Be Equal**

**Next Step For Job Training**

By John E. Jacob

Executive Director, National Urban League

Perhaps the kindest observation one can make about the Administration's new job-training proposal is that it may help provoke a national debate on a new and hopefully, better program to replace CETA, which is being phased out.

The biggest flaw in the new plan is the elimination of stipends for trainees. Traditionally, people in job training programs get a small payment conditioned on their attendance. It helps them pay the rent, eat and get to and from the training centers.

By framing a plan that does not include even modest stipends, along with no guarantees of a job at the end of the training period, the Administration virtually assures its plan will exclude the neediest.

I don't think it deliberately wants it to fail; rather it is trying to launch a program on the cheap. It can't be done. Quality costs. Ensuring success means committing resources. No one expects the defense establishment to do its job on the cheap; why should we expect that job training can be done that way?

Still another flaw is the block grant aspect of the program. State governors, often indifferent to urban areas, would have too much control. Many cities would be cut out, including some that have formed constructive relationships with community-based agencies that perform.

And while it is good that the Administration plan will involve the private sector to a greater degree than in the past, that also raises the threat that training would be concentrated on the most hireable among the unemployed.

The people who need the most help and require the biggest effort may be squeezed out to bolster the success rate of the program. In some instances, that will mean training people who might have found jobs anyway at the expense of those harder to place.

Several Congressmen have training bills of their own, and the legislative process will probably yield something quite different from the Labor Department's plan.

But any final version of a job training program should include three vital elements — it should focus on the neediest of the disadvantaged, it should have maximum participation by the community-based agencies that can effectively reach those in need of help, and it should be funded at a level commensurate with the problem.

The program to be replaced, CETA, got an undeserved bad reputation through mudslinging attacks that tried to paint it as a leaf-raking haven for chiselers. That's the fate of most social programs. Whatever its failings, CETA, especially after the 1978 changes in the law, did the

job it was supposed to do. It placed people in public service jobs that helped their communities. It provided training for the disadvantaged. Almost half of its participants, who came to the program without any marketable work skills, got unsubsidized jobs, even in a recession.

Now that's a pretty good track record. It would be better. But Pentagon programs with far higher failure rates got more funds while CETA got the axe.

CETA served to help many become self-sufficient producers. It is needed at a time of Depression for the urban poor. If Congress replaces CETA, it should be with a program that serves more people and serves them even more effectively.

We can expect a pretty stiff fight over CETA's replacement. Big interests are involved. State officials want more power. City officials want to keep control. Business wants more say.

When elephants fight, the deer had better watch out. So far, there is little evidence that any of the power players is primarily concerned with the stake of the disadvantaged in gaining training, jobs and hope. Unless their interests are placed foremost in the debate that is shaping up, any new program will fall short of what poor people and the nation need.

**Mitterand and Reagan: A Study In Contrasts**

By Bayard Rustin

A. Philip Randolph Institute

The recent visit of French President Francois Mitterand to the United States for discussions with President Reagan resulted in an encounter between two of the Western world's most important leaders.

The Reagan-Mitterand summit was likewise a meeting of two leaders who took office under remarkably similar circumstances. Both Presidents were elected a year ago after having campaigned on the promise of increasing productivity and creating new jobs. Both sharply criticized the foreign and domestic policies of their predecessors. Both defeated moderate incumbents by arguing that what was needed was a radical change of course in government. To some degree, both have felt the need to decentralize the structure and functions of government.

Here, however, the similarities end. For the recent summit of the French and American Presidents was a dialogue between two leaders whose approach to quite similar economic problems is based on fundamentally different assumptions. President Reagan's policies are based on a total faith in the functioning of the

market system. For Reagan it is government intervention in the economy which has been responsible for high unemployment, a decline in productivity, and inflation. In Mitterand's view, it is the government's failure to play a leading role in the economy which is at the root of his country's economic problems.

Since coming into office the French President has:

- given hefty raises to France's lowest paid workers;
- nationalized France's banks and nine large industrial corporations;
- cut the work week from 40 hours to 39, with an additional cut of four hours to follow;
- increased the paid vacations of French workers from four to five weeks.

The last two measures are intended merely to provide workers with more free time and thus make them more productive during the hours in which they work. These policies also have the effect of spurring further hiring and thus serve to ease unemployment.

When Mitterand came into office many conservatives were suggesting that France

would soon be transformed into a "collectivist hell". In point of fact, the changes that have been implemented are far-reaching but entirely consistent with democracy and individual freedom.

The overall goal of the Mitterand policies is to produce a growth rate of three per cent. Most experts predict that in 1982 France will achieve at least the level of 2.5% growth, which would push it well ahead of its European partners and the United States.

As a result of the Reagan Administration's policies, Americans have seen a decline in the annual rate of inflation. However, this decline has been achieved at the cost of a recession, high unemployment, and industrial decline. France continues to suffer from inflation. But under Mitterand the inflation rate is no higher than it was under his more conservative predecessor. Moreover, France is in the midst of an impressive economic expansion.

While President Reagan has been drastically cutting government spending for scientific and technological research,

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**Henry O. TANNER**  
1859-1937  
BORN IN PITTSBURGH, PA.— SON OF AN A.M.E. BISHOP— THE MAN FRENCH EXPERTS CALLED "GREATEST AMERICAN PAINTER" OF THE DAY! AFTER TEACHING AT CLARK UNIVERSITY, HE WENT TO LIVE IN PARIS, FREE FROM RACIAL PREJUDICE. HIS BIBLICAL PAINTINGS WON COUNTLESS AWARDS THROUGHOUT THE UNITED STATES AND EUROPE!

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