

FORUM

Lessons from Yassir Arafat to Minister Louis Farrakhan

Yassir Arafat of the Palestinian Liberation Organization is a lot like Minister Louis Farrakhan. They share some tenets of Islam. Both have exercised immense stature in a world of politics overlain with religion and race for many years. Arafat and Farrakhan are representatives of organizations and spokesmen for people whom both portray as "despised ... living in distressing and despotic conditions."

Both have described their people, the Palestinians and (inner city) African Americans as "victims of tyrannical politics." Both have long experienced resistance to their positions and sometimes to their very



LIFT EVERY VOICE

By BILL TURNER

presence. Both have been hated for what they represent and for what they say. Both continue to fight for the same thing. One of them has changed.

Lately, Arafat has made some recasts of himself and his approach. The results of the "New Arafat" are instructive to Mr. Farrakhan. Yassir Arafat, long screened through a public image of pariah and madman, has long found himself cloaked as the shadowy figure in Middle Eastern politics: the demonized, pistol-toting and crafty terrorist, someone no one could ignore, but whom few wanted to deal with. That has changed. There is a new Arafat.

In a trip to the United States earlier this month, he said, "We are looking for a new era; why put obstacles in front of it." Seems that he and his advisors figured out that he — and his image as the aggressive and non-compromising "Arab" — was the heart of the problem of miscommunication with the Jewish people. On the larger stage, Arafat — or at least his image — was the major hurdle and hindrance between the Palestinian people and the world's understanding of their claims.

On his official visit to the United States, Arafat was warmly greeted, like a visiting head of state, at the United Nations in New York. Arafat and his group — the Palestinian Authority — met with the 15 members of the Security Council of the United Nations.

Near Plains, Ga., tourists waited in line for hours to view Arafat in the company of former President Jimmy Carter. Former President George Bush and former Secretary of State James A. Baker held a dinner for him in Houston. Most significantly, Arafat had the once-unthinkable invitation to address a New York City breakfast of the Conference of Presidents of Major American Jewish Organizations.

The lion sat with the lamb and neither told the other which used to be thought of as which. "We've come a long way," said the past president of the conference, Howard Squadron. Arafat went back to Gaza — literally the high ground — with public opinion in his favor. In fact,



President Clinton rebuked a recent decision by Israel to build housing in East Jerusalem. Arafat's new approach — based on the value of advocating his people's position without being adversarial — has broken the pattern of the United States' routine and habitual rejection of any UN actions thought to be unfavorable to Israel.

There was a lesson in this for Nation of Islam Minister Louis Farrakhan, who has always had to live down perceived inconsistencies between what he has said in the past about (American) Jews — and their relations with African Americans. Farrakhan is constantly having to state and restate his position on the issues. His power and leadership to settle some of the difficult problems separating American blacks and Jews suffer because of this.

Farrakhan needs to be like Arafat. He needs to step back from the fire and brimstone and criticizing, and instead embrace some confirming and positive crusades to bridge the gaps in black-Jewish relations.

If Farrakhan did this — diverse ways to get black and white Christians and Muslims and Jews to sit at the table of partnership and negotiation — the respect and honor he deserves would come much easier, and he would not lose any face.

Why can't you, Mr. Farrakhan? Mr. Arafat seems to have done penance, what you might call atonement. In so doing, he removed a high barrier not only between his people and the Jews, but between us and the need we all have to shape a future that gives peace a fighting chance.

(Bill Turner is a regular freelance columnist for the Chronicle.)

Urban League Supports Baptist Hospital Proposal

I am compelled to add my points to the dialogue and decision points relative to the proposal by Baptist Hospital/Bowman Gray School of Medicine of Wake Forest University to the County Commission to assume management and delivery of health services, thus replacing the county-run Reynolds Health Center. I do so both from personal and professional perspectives.

First the professional. The organization I represent in our community — the National Urban League — each year publishes its "State of Black America" report. Our president, Mr. Hugh Price, often notes that "health issues in the black community — infant mortality, cancer, AIDS and numerous other health problems — afflict the black community disproportionately, and in many cases these disparities continue to increase."

We know that health issues in the black communities of our nation are closely linked to racism, sexism and classism, which makes clear the need for inclusive conversations when major decisions are being made, and we need holistic responses to meet the needs of all citizens.

I have been encouraged by the approach of the Medical Center having shown their sensitivity to these concerns. I have talked with persons on both sides of the issue — building a new facility or remodeling the present one. The Center has proposed that it will assure that 1) access and the quality of care will be enhanced for East Winston citizens — especially the indigent — whose costs will not

go up as a result of the change in management and administration; 2) the old facility will be made available to the county to fulfill other needed purposes; 3) a joint community Medical Center advisory board will be established; 4) it will continually expand and nourish the element of trust in the community through open and honest communications; 5) consultation with Winston East community leaders on naming the new facility; and 6) assure job stability to Reynolds Health Center employees in good standing at the present facility.



GUEST COLUMN

By DELORES "D" SMITH

For these reasons, the Winston-Salem Urban League, with its human and organizational resources, recommends that the county commissioners accept the Medical Center's proposal to assume management of the delivery of health services now provided by Reynolds Health Center.

For personal reasons, I wish to go on record in support of the

Medical Center's proposal because I am a firm believer in preventive medicine, which the Center (as an educational institution) is far better able to provide than our county government. I unequivocally trust the endorsement of Dr. Charlie Kennedy and his health care provider colleagues, who went on record that the new facility and its policies will not only be innovative, but importantly, culturally sensitive and will significantly raise the level of health care for all concerned.

I pledge my full support to the implementation of the Medical Center proposal and to help, as appropriate, to take a proactive stance which will lead to improved health care for the East Winston community.

The Winston-Salem Urban League is uniquely qualified to assist Bowman Gray/Baptist Hospital in this new venture. We are here to help shape the ways to integrate the social, environmental economic, psychological and physiological elements that go into health and wellness.

I strongly recommend and implore our county commissioners to accept the Medical Center's proposal and I ask all citizens of Winston-Salem — East, West, North and South — to get behind this new effort to improve health care and disease prevention. We're all in this together, for a better Winston-Salem.

(Delores Smith is president and chief executive officer of the Winston-Salem Urban League.)

Working Parents Squeezed Out of Health Care System

At the end of each month, Tom and Michelle Lancaster would gather up all the new medical bills that poured into their Vestaburg, Pa., home and tuck them into a quiet corner of the living room.

"All I can do is stick those bills somewhere out of the way," said Michelle, who, along with her husband Tom, is struggling to make ends meet and yet makes too much to qualify for Medicaid for themselves and their three daughters. "I just got two bills in the mail for over \$1,000.

I really want to pay them, but I can't do anything about them right now. My kids have to be fed, we have to have heat in the house, and we can't do without electricity."

Although Michelle works full-time and Tom works 20 hours a week — he goes to technical school for another 20 hours — neither is provided health insurance through his or her job. Their mortgage costs \$184 a month, and their monthly grocery bill is over \$100. They no longer have a car payment because their car was recently repossessed. Together, they earned \$15,000 last year.

The Lancasters' middle daughter, Candi, age 9, has asthma and other medical complications, which cost \$300 a month to treat. And all three children and both parents have caught the flu several times this winter and visited doctors. In addition, Michelle broke her arm and Tom had to get extensive tests to see if he had a blood clot in his lungs. They are still waiting for the results of his exams — and the latest stack of medical bills.

"A lot of people forego doctor visits for their kids because they can't afford it," said Michelle, who suffers from asthma too. "But I would never do that to my kids. If they get sick, we go to

the doctor, they bill me, and we do the best we can to pay. I can only give what I have."

The good news is that the Lancasters were notified just days after the original interview for this column that they now qualify for a special Pennsylvania health insurance plan that will cover the children.

The bad news is that there are millions of other parents in



CHILDWATCH

By MARIAN WRIGHT EDELMAN

America who work hard every day to provide for their families and still earn too little to afford private health insurance and too much to qualify for Medicaid — and there is no special state plan to rescue their families.

Ten million American children — one in seven — lack health insurance, mainly because their parents have been squeezed out of the health care system because of high insurance costs. Many of these families are forced to live from paycheck to paycheck with few choices but to pray and hope their children will stay healthy. This is wrong, and we must insist that our political leaders pro-

vide coverage.

Too many children suffer with ailments that would otherwise be treated routinely by doctors. Studies show that most uninsured children with asthma, like Candi, and one-third of uninsured children with recurring ear infections never see a doctor during the year. Many children with asthma are hospitalized with preventable problems, and many children with untreated ear infections suffer permanent hearing loss. Some children never get a healthy start in life, as at least 400,000 pregnant women a year are uninsured and often lack access to critical prenatal and postnatal care. Every day, hundreds of low-birthweight babies are born to mothers who received late or no prenatal care.

Every child deserves a healthy start in life. Providing health coverage for 10 million children, mostly of hard-working families that are playing by the rules, is morally right and economically necessary. Write, call, and meet with your state and federal legislators, and sign and circulate petitions in your congregations, clubs, or places of work during lunch, urging federal officials to vote for sound health coverage for all children.

(Marian Wright Edelman is president of the Children's Defense Fund, which coordinates the Black Community Crusade for Children (BCCC), whose mission is to leave no child behind and ensure every child a healthy, head, fair, safe, and moral start in life. For more information about the BCCC, call (202) 628-8787.)

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