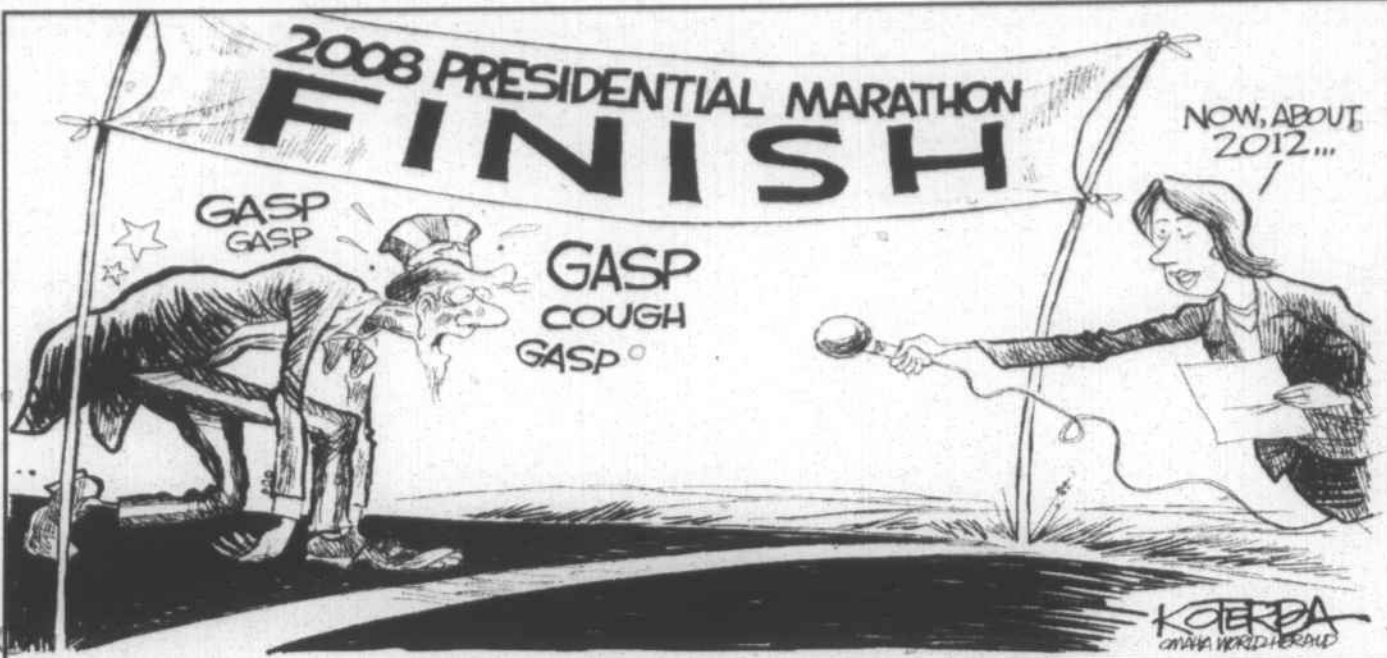


OPINION

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Community Organizers: True Champions



Dr. David Mount
Guest Columnist

What is Community Organizing without Volunteers? The last 72 hours approaching the election, and indeed, the next 100 days after the election, will represent some of the most galvanizing moments our Triad community has ever known.

With this new excitement comes significant challenge and great responsibility for our local community. There are folks behind the scene continuing to mount a call to duty and conscientious service that will transcend traditional ideologies that blend both messages of 'Country First' and 'Change You Can Believe In'. Before many of us can even fathom the idea of moving beyond political party lines and singular thinking, community organizers had long envisioned both a changing of the guard and the promise of change to come. But, with change comes the embodied energy of Americans both young and old to identify and remove barriers that seek to promote the toxic social 'isms' ranging from ageism, sexism/genderism, racism, classism, as well as bias and/or discrimination based on disability, religious affiliations and/or sexual orientation. Nested in the height-

ed awareness of toxic social 'isms' is our driving passion to develop, define and model healthy, yet challenging dialogues about personal responsibility, social responsibility and policy accountability. It is simply not an either/or issue but rather a coming of age proposition that reasons from a both/and position.

While our politicians grabbed onto the Wall Street-Main Street debate, it was the community advocates on the ground keeping attention on this very critical issue. Amidst all of this, there was attention to the community organizing practices of organizations such as ACORN. Given the high media attention to this organization, there is the potential for viewing community organizing efforts in less than desirable terms. Community organizing is being turned into a dirty word. But, we should take comfort as it was the voices and blogging of community organizers that reminded us that simple sound bites fail to capture the real emotional atmosphere permeating communities and neighborhoods. I take pause in this observation, as there exists real threat of further breakdown of community relationships and weakened neighborhood investment if we de-emphasize the value of the work of community organizers.

But why this focus on community organizers? We must remember that community organizers are better known by the name of volunteers. The

image that comes to mind is the motivated, tireless, and unselfish persons in the church who arrange the ecumenical outreach and interfaith dialogues; the parents spending countless hours organizing the PTA; the persons seeking to increase attention around chronic diseases; the non-profit grassroots organizations strengthening neighborhood leadership capacities; and the people volunteering their time, talents, and personal resources to champion hope for the hopeless, bridge opportunities for the misguided, and donate countless hours in the service of reversing injustice on behalf of the wrongfully accused. The point is that we are surrounded by volunteers whose service is likened to a suspension bridge connecting both familiar and unfamiliar communities in our region and throughout the nation.

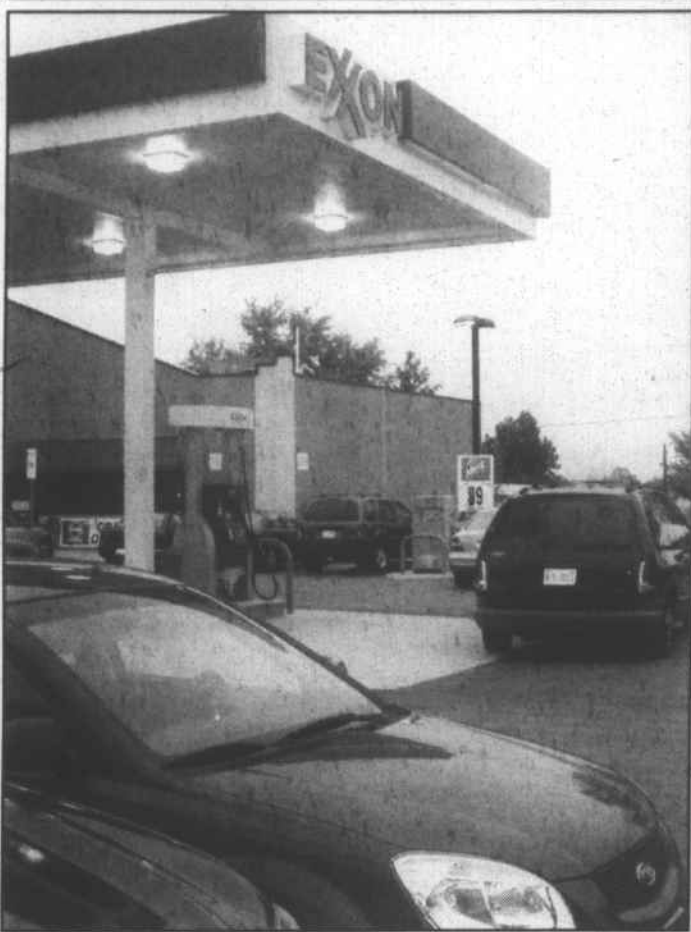
In the weeks, months and years ahead of us, we will need to start thinking, planning and organizing to promote sustainable volunteerism as a vehicle for community social investment and community engagement on a range of topics from mental health reform, high school dropouts, affordable healthcare and health equity promotion, to job creation, affordable higher education, community empowerment, public policy transparency and community outreach, just to name a few. This will require a sizable humanitarian effort. I

in short, we are not in a cri-

sis of confidence about community organizing, but we are in a crisis about the transparency of social, educational and healthcare policies that continue to disadvantage large segments of our community.

Whether you opt to call them community organizers, volunteers, helpers, and/or justice advocates, we will be very dependent on volunteers to organize with us to face the psychological, cultural, social, economic, and spiritual challenges ahead. Based upon my many conversations with volunteers, there would be great benefit to them if we developed methods to help them keep track of their hours donated to volunteerism. We need this transcendent group to further cultivate a humanitarian spirit of community social investment and community engagement. But, the question remains as to whether we are truly prepared to take volunteerism seriously.

Dr. David L. Mount, a community health psychologist, is an assistant professor of internal medicine at Wake Forest University School of Medicine and co-Director of the school's Maya Angelou Center for Health Equity. He is also the board chairman of Neighbors for Better Neighborhoods and Triad Cultural Arts Inc.; and a member of the ECHO Council and the Health Equity Action Task Force of the Forsyth Department of Public Health.



Car jam the new gas station on Liberty Street. File Photo

Real Change Needed

President-Elect Barak Obama continuously called for change during the nearly two years of his presidential campaign.

It was obvious early on that most people in America were tired of the same old divisiveness that has been used to keep people broke, oppressed and mad.

What Obama represented then and now is a view of one America. No blue states, no red states; no black, no white; just America. We totally agree and understand where Obama is coming from. Unfortunately, too many of this city's old guard simply does not get it. They talk about inclusion, but they themselves continue to exclude. We have a "haves vs. have-nots" society here. As a city, we, so far, have only paid lip service to the concept of inclusion.

When we say inclusion, we mean in all things positive. This includes building affordable housing in places east of Highway 52. Decent housing is a catalyst for all economic development. Although we are very encouraged by the efforts of the Liberty Street Community Development Corporation, we know that if something is not done to break up the ghettos surrounding the new businesses on Liberty Street, merchants are not going to thrive, and new ones are not going to choose to relocate there.

We have to stop being the ones that spend all our the money to make others rich. It is now time for others to spend money with us - in our neighborhoods and communities.

It seems to us that we need some new, younger leadership in our community. We need leaders that are capable, pious and reliable; leaders with integrity who are willing to put forward a new agenda. This new agenda should be in lock step with President-elect Obama and Governor-elect Bev Purdue. We should support this new leadership as they put forth an agenda that is truly comprehensive and holds firm in projecting inclusion.

It really is time for change. However, those who have long held the reins of power are not going to do it. Why? Because it ain't in their best interest.

Medicine's one size approach



Dr. Richard Williams
Guest Columnist

In medicine - one size does not fit all; the patient's health, not the insurance company's financial bottom line, is primary. The best judge of a patient's drug needs is the doctor.

Those have long been basic principles in medicine. No longer.

Today, cost-driven drug switching is endangering those basic principles. And it's endangering our health.

Health insurers are pressuring doctors to take patients off a medicine that works well for them and to switch to a substitute medicine, often with different active ingredients, not out of concern for the patient's well being, but to save money.

Cost-based drug switching is an ethically dubious and potentially dangerous trend that is fast becoming a common practice across the nation.

In Massachusetts, news reports recently revealed that health insurers are giving doctors incentives, sometimes in cash, to switch patients from a brand-name cholesterol-lowering medication to generic brands. These payments are legal, but they raise ethical questions if patients are not told the reasons behind the switch.

Last year in Michigan, Blue Care Network paid 2,400



doctors \$2 million to switch their patients - at a rate of \$100 per patient - from the name brand cholesterol drug to a generic simvastatin.

And just a few months ago, Blue Shield of California mailed thousands of letters to member doctors and coupons to patients urging them to switch from Lipitor to Zocor. The reason: to lower costs for the insurance company.

What's the harm? The practice is hurting patient safety.

Those who insist that drug switching is safe should pick up a copy of the British Journal of Cardiology study that is sounding the emergency alarm.

In the study, patients who switched from Lipitor to a generic version were more likely to suffer strokes, heart attacks, and death, according to the study. Researchers reported a 30 percent increase in risk for major cardiac events or deaths from all causes among patients who switched from Lipitor to the generic simvastatin.

Medicines intended to treat

the same condition have different active ingredients and work in different ways.

Physicians should always be the ones to consider the many factors when they prescribe medicine for a patient, factors that insurance companies do not consider or even know about when they encourage switching.

But pressure by health care providers to switch to less costly drugs is stubbornly interfering in the physician-patient relationship. Patient safety and health is compromised when insurance companies meddle with treatment decisions made between physicians and patients.

Cost-driven switching affects not just individual patients but the entire health care system. The short-term savings that may result from switching to a less expensive substitute drug will inevitably be offset by higher costs in consultations with physicians, increases in prescriptions, increases in emergency room visits, as well as longer-term health consequences.

Considering that more than

34 million Americans suffer from high cholesterol, and nearly 65 million suffer from high blood pressure, pervasive insurance company-driven switching will have a major impact on the health of Americans.

Many minority medical practitioners also strongly believe that the growing substitution of generic drugs represents the rise of a second-class form of medicine, especially for racial and ethnic groups, the elderly and others.

Minorities are being subjected to a form of social inequality that places them on the systemic "bottom shelves" which are stocked with cheaper, less effective, or questionably effective medications. The practice is insidious because it comes under the benevolent guise of cost-savings for low-income people.

But, cost-based drug switching carries even more risk to the poor, elderly and minority populations, groups that are already underserved. These patients should not be forced into substandard health care by the system simply because of their financial situation.

Physicians with stethoscopes, working closely with their patients, are the ones who should be making treatment decisions, and not insurance companies with calculators.

Dr. Richard Allen Williams is a cardiologist and founder of the Minority Health Institute based in Encino, California. Dr. Williams edited the book, "Eliminating Healthcare Disparities in America."

Submit letters and columns to:

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