

GAIL WINDS

by: Gail L. Roberson

The best helping hand you ever had is at the end of your own wrist. Some of us reach out for help before we totally exhaust our own supply. Helping yourself is the only real way to make it in this world. In reality, helping yourself helps others. It leaves them free to help the ones who really need it. At times in our searching, we overlook the most important source of spiritual contact and growth that is sleeping heavily on our own hearth. It's been resting there so long that it often takes years to wake it, but it can be done if you shake it hard enough.

Human nature being what it is, some of us allow ourselves to be stranded in life, waiting for a helping hand to get us over a puddle in the middle of the road instead of simply backing up, taking a running start, and jumping over it ourselves. Could it possibly be that we view the backing up and running as hard work . . . thus better left to others?

Take, for instance, the man who was stranded on his rooftop as dangerous flood waters rose around him. Many people came to offer their help, but the man refused to leave his home, saying, "I'm a good man. God will save me." Well, unfortunately, the man drowned. When he got to heaven he was really annoyed and complained bitterly. "God, why didn't you save me," he questioned. God said, "I sent you a log, four friends, two boats and a helicopter. What more did you want? With some people it's never enough."

I don't mind helping anybody who is trying to help themselves, but frankly, I am fed up with those who keep their hands outstretched to the world instead of fixed steadily on pulling the weeds from their own fields. I'm aware of poverty and disease and all the disastrous burdens some people cannot carry. And I believe in helping them. But, I'm equally aware of the ones who CAN get out and don't, and won't. It's the thing dangling at the end of their wrist that they've forgotten about. When they get themselves out there and start pulling the choking weeds from their lives, then I'll take my hoe and get out there with them. But until that time, my hoe goes on over to another field where someone is down on their hands and knees pulling weeds as hard as they can, and pulling hard in the right places.

Charles Thomas Cayce recently told a story about a man who left the bar and headed home after a few too many drinks. At his front door, he dropped his key. Hours later, a friend who had been with him, came by to check on him and found the man down the street at the corner, on his hands and knees under the street light. When questioned as to what he was doing, he replied that he was looking for the key that he had dropped when he tried to open his front door. When asked why he wasn't looking for it in front of his door, he looked up and said, "But this is where the light is."

Several times in the past, I've written out my grocery list without checking my pantry. Each time, I returned home with items I was sure I was out of, only to find I was stocked with, not one, but a number of them, and never really needed any at all. I had been too lazy to walk to the pantry and open the doors to examine what I already had inside, so consequently, I went wrong. I was not in need after all, just in need of checking my own larder before I went out for more.

A therapist friend of mine summed up the "helping hand" theory like this. "If someone is willing to join their helping hand with my helping hand, I can pull them from the deepest mire. But if it hangs limp at their side, all I can do is grasp for what little part of them I can snag and hope for the best."

So, give someone a helping hand today. Someone you know. Real well.

Honor Roll

The following students were named to either the Principal's List or the Honor Roll at West Craven Middle School for the fifth grading period;

Principal's List

Sixth grade — Courtney Morris, Greg Jackson, Andrea Smith, Jennifer Bowers, Larry Walton and Denise Johnston.

Seventh grade — Princess West, Lonnie Long, Chad Braxton, Janet Pate, Jessica Stansell, Michael Riggs, Tammy White, Vera Dixon and Cormekki Brown.

Eighth grade — Heather Bright, Heather Nowajewski, Melissa Pfifer, Angela Bryant, Tonja Freeman, Ivy Oakley, Candi Register, George Smith and Kathryn Eatmon.

Honor Roll

Sixth grade — Robert Wilson, Shirley Campbell, Jennifer Ipock, Stephanie Edwards, Robyn Demoret, Wanda Toler, Keesha Johnson, Renee Johnson, Jeremiah Lawhorn, Natasha Patrick, Timothy Peterson, Tracy Snipes, Harry Stewart, Crystal White, Kim Dixon, Tavai Staten, Melissa Whitfield, Tara Swindell, Denton Carawan, Katherine Dawson, David Garris, Crystal Hill, Jay Norman, Travis Powell, Andrea Purifoy, Holly French, Mary Anderson, Jennifer Foreman, Kelly Kirkman, Nicole Kite and Cori Mott.

Seventh grade — Justina Roberts, Arline Branton, Candice Humphrey, Ferdinand Coward, Andronica Crowell, Jason Brumbelow, Amy Bryan, Joshua Hayes, Daphne Shirley, Tonya Simmons, Lucinda Autry, Del Bennett, Kim

Melton, Jennifer Whaley, Joy Webber, Elijah Pugh, Edward Ipock, Clarke Hill, Lynda Gardner, Cheryl McCoy, Tammy Riggs, Anna Broderick, Bobby Cox, Kelly Kornegay, Amy Williams, Kim Burcham, Tavalas Staten and Mandi Wetherington.

Eighth grade — Tina Fillingame, Cyndi Johnson, Tammy Gaskins, Mechelle Morris, Rosemary Riggs, Steven Varley, Tanya Webber, Tanikka Cox, Charlie Moore, Amber Parker, Dena Davis, Kristy Wilson, Brian Wilson, Ramarie Bazemore, Scott Bender, Donna Laughinghouse, Stephanie Weatherington, Dalton Gaskins, Missy Haynes, Juanita Scott, Glacier Singleton, Jeff Schoch, Lisa Ipock, Heather English, Connie Chesner, Joe French and Kim Dail.

Church Street

By Geneva Burroughs
New York, N.Y.

Church Street in mid-afternoon sun is almost quiet
Except for the noise of people
Echoing on brick walls
And wide glass windows.
Bouncing around and out
Into the wide open air
Like thousands of pink balloons
Released from a thousand hands.

Geneva Burroughs is a graduate student in English literature at Columbia University in New York City.
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Our Opinion

Do You Want N.C. Governors To Serve Six Year Terms?

Before this session of the North Carolina General Assembly adjourns, it looks as if we may have a long list of proposed constitutional amendments on which we, the people, will decide with our votes.

At least the constitution of our state cannot be amended unless the people of the state with their ballots agree to amend it. That is an excellent safeguard particularly in a day and at a time when the legislature has "amendment fever." There are likely to be so many amendments on the ballot that acquainting the general public on the meaning of each will pose a difficult task.

Now along comes a proposal to place an amendment on the ballot giving the governor a six year single term. If anybody in North Carolina has asked for such an amendment outside of a politician, we have not heard it.

If such a six year term should be approved by the people and become a part of our constitution, we understand that the governor would serve the six year term and be ineligible to run for re-election.

We much prefer four year terms for our governor. To put a person in office for a six year term will remove him or her even more from the people. We'll hear the arguments made that giving the governor six year terms will take a great deal of politics out of the office during the term. That is nonsense. The office of governor is political, the governor is generally looked upon as the titular head of his political party in North Carolina, and even to suggest that politics will be removed is pure hogwash. It just does not happen that way.

This legislature is apparently dead set to place a half dozen or more constitutional amendment proposals before the people. It seemingly helps create an atmosphere of the defeat or the passage of each one without a great deal of thought being given to any one. We suspect legislators feel that passage will result rather than defeat. In fact, a plan has gained some backing in the legislature to place all the proposed amendments in one package and allow one vote on the entire package. Now that will pose a big political fight, and surely the people of our state will not stand by and approve any such wholesale package. If it comes to a matter of one vote for a package of a half-dozen constitutional amendments, then it will be easy for the people to vote "no" on the entire conglomeration.

Already we have such other proposed amendments as four year terms for legislators, veto for the governor, and abolishing the right of a governor to run for re-election. And there are others sure to be there if the present trend continues.

If we get a bad governor who is out of step with the thinking of his constituents, then we are stuck with that person for six years. At least with four year terms, we can eliminate a bad one with four year terms.

We cannot believe the people of North Carolina favor six year terms for the governor or four year terms for legislators.

And if they are placed on a ballot sometime in the future, the place to register our disapproval is with the X in the "against" square.

Paying Patients Must Pay For Non-Paying Patients

A very big question is asked ever so often, and when a person goes to the hospital, this matter of insurance is extremely important. Then Medicaid and Medicare truly are part of the story.

How much burden must a paying patient bear for non-paying patients? That is the question asked so often.

Well, the North Carolina Hospital Association has given out figures which show that for every dollar a paying hospital patient pays, 21 cents of that dollar goes to help pay the bill of those who cannot or do not pay.

The report says that "the major cause of hospital rate increases is to make up for losses from charity, bad debts, and treating Medicare and Medicaid patients." Thus, the association says that hospitals shift the cost of uncompensated care to patients who can pay and to their insurance companies. Thus hospital insurance rates continue to rise as more and more uncollected dollars are adding up on the hospital books.

C. Edward McCauley, president of the hospital association, is quoted as saying "most hospitals in the state would have to close or drastically curtail care to uninsured patients without the cost shift." Then we read that this cost shift has added some \$758 million to the bills of North Carolina hospitals.

Those in positions of responsibility in our hospitals continue to look for better answers, but it seems they always come back to the system of adding to the bill of the paying patient for what the non-paying patient cannot meet.

Now it is easy to say that if more of North Carolina's poor people were covered by Medicaid or if Congress would stop cutting back on Medicare, the picture would be different. Yes, it could, but facing stark reality is part of the very story we seek to discuss here.

If people cannot afford to pay the premiums for hospital insurance, then they also cannot afford to pay the hospital bills. But illness knows no bounds, and the poor and rich alike, along with the everyday citizens, get sick and need medical attention. Over North Carolina already many smaller hospitals are fighting hard to stay open.

As hospital costs continue to rise, the going becomes ever more difficult for these small community hospitals. Yet, they play a dramatic role in the well-being of the community.

We read that the average hospital costs have risen 22 percent between 1984 and 1988. In that time Medicare rates have gone up 11 percent.

Many people still feel that hospital costs are higher than are necessary. A given family today trying to make ends meet, feed and clothe its children, send them to school, and then have a big hospital bill thrust upon it, is in deep trouble — except for the fact that the trouble is handed to the paying patient. And that paying patient looks at his bill and shakes his head.

Is government doing its part? Are there better answers than the ones now being used? Are hospitals treating paying patients unfair on the economic basis?

Right now, there are far more questions than answers.

Ice Becomes Hottest Item Treating Injuries

By ALLISON COX
Physical Therapist

The application of ice and heat has been used for many years as a treatment for a variety of conditions. Both have their own beneficial properties depending on the nature of the condition being treated.

The use of ice has gained increased acceptance in recent years and is frequently the treatment of choice. Ice has been used for many centuries. It decreases local blood flow and inflammation by slowing down metabolism. It also causes constriction of the blood vessels which helps to decrease edema (swelling) and hemorrhage (bleeding). Cold reduces nerve activity which decreases muscle spasticity. It also has an anesthetic (numbing) effect, reducing the sensitivity of the nerve endings.

Most people are familiar with using ice after an acute injury like an ankle sprain. Ice should be applied for at least the first 36 hours after the injury and can be used even longer. Employ the RICE formula: Rest, Ice, Compression, and Elevation. Other conditions which respond well to cold therapy are bursitis, tendonitis and tenosynovitis.

Further, spasticity (increased abnormal muscle tone) stemming from some cerebral vascular accidents (stroke) may also be decreased using cold treatments, as cold helps increase the effectiveness of exercise programs. Ice is beneficial for sprains, bruises, and contusions, to relieve pain and reduce bleeding and edema.

Cold therapy can be applied in several ways, including: (1) frozen gel packs, (2) crushed ice in plastic bags wrapped in wet towels, (3) ice water, and (4) ice massage with ice cubes or ice cups (water frozen in a styrofoam cup). The recommended treatment time is 15 to 20 minutes. Generally, the patient will first experience a feeling of coolness, followed by a brief period of burning and aching and then numbness. Numbness is the desired effect.

Some precautions to follow when using ice are sensitivity to cold in certain patients, and the possibility of frostbite in patients with impaired sensation. Cold is contraindicated in patients with rheumatoid arthritis, Raynaud's phenomena, lupus erythematosus, and sickle cell anemia.

The use of heat also dates back

to ancient times and can involve as little as basking in the sun. The effects of heat are almost the opposite of cold. Heat produces an increase in blood flow, an increase in the production of edema, a decrease in stiffness, reduced muscle spasm, and decreased pain. Heat may also produce an inflammatory response; it can increase metabolism and bring about a relaxing or sedative effect.

There are many forms of heat therapy which can be employed depending on the condition and area to be treated. The three forms of deep heating include short-wave, microwave and ultrasound. They are available through a hospital physical therapy department and are used mainly when the tissues to be heated are deep within the body or are covered with thick tissue.

Forms of superficial (external) heat treatment include the application of hydrocollators or hot packs, paraffin (wax), whirlpool treatment, infrared lamps, hot water bottles, and electric heating pads. For these forms of heat, the treatment is recommended to last 20 to 30 minutes, depending on the patient's tolerance.

Heat should not be used on patients with impaired sensation, in cases of hemorrhaging or trauma, or at the site of a malignancy. Further, care should be exercised with patients suffering from circulatory problems, as blood flow may not increase sufficiently to absorb excess heat.

There is some controversy as to when an acute problem becomes a chronic problem and when one should switch from ice to heat. Some patients do well with continuation of ice after the initial treatment has ended. There may be a longer duration of pain relief after treatment when using ice versus heat. It often depends upon the individual as to which treatment is more effective. Regardless of the treatment used, the most important factor is to apply ice or heat as instructed by your physical therapist or physician.

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