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## Civil Rights Groups Demand Federal Investigation into the Death of Sandra

By Freddie Allen  
NNPA Senior Washington Correspondent  
WASHINGTON (NNPA) - A broad coalition of civil rights groups delivered more than 10,000 signed petitions to the Justice Department (DOJ), demanding that Attorney General Eric Holder launch a full investigation into the death of Sandra Bland and into the practices and policies of the Waller County, Texas police department and the prosecutor's office immediately.

While visiting Prairie View A&M University, a Historically Black College and University (HBCU), in preparation for taking a job there, Bland, a 28-year-old graduate of the school, was pulled over for a minor traffic violation on July 10. That traffic stop escalated to an arrest and on Monday, July 13, Bland was found dead in a Waller County jail cell.

As news spread of Bland's mysterious death while in police custody spread across social media, civil rights groups demanded another example of driving the black and police brutality. The #IfDiedInPoliceCustody tag trended on Twitter following Sandra Bland's death.

During the press conference about the petition last Thursday, Lois Wilkins, a Freeland, Mich., resident and mother of four who started the petition on MoveOn.org, recounted a conversation she had with her daughter, Joy, who felt a strong connection with Bland's life and death. Ebony also admired Bland's work as an activist and her decision to return to her alma mater to mentor the next generation of black leaders.

"She said, 'Mom, I could have been Sandra Bland,'" Wilkins remembered, "And if I die in police custody, I want you to know I did not commit suicide." Wilkins continued: "It was at that moment that I had no choice to act." Wilkins, who described herself as an educator and a small business owner, said that she started the petition because it is the only way to change. "As an African American mother, I am appalled at the killing of our children and our young leaders and this is intolerable to me," said Wilkins.

Eugene Puryear, who works with the Stop Police Terror Project in Washington, D.C., a group committed to ending racist, militarized policing in the U.S., said that activists don't need to appeal to institutions, they need to transform institutions. The petitions are not just pieces of paper, they represent the power of a potential mass movement in this country that has already changed the conversation," said Puryear, referring to the on-going dialogue about criminal justice reform.

Wilkins said that as a mother, she was tired of these untimely deaths at the hands of police officers and that she was also tired of being afraid for the lives of her four adult children. "As a mother, I am sick and tired of being sick and tired," Wilkins said, quoting Fannie Hamer, the late Mississippi civil rights activist.

Rev. Graylan Hagler, senior pastor of the Plymouth Congregational United Church of Christ and the executive director of Faith Strategies, a human and civil rights group in Washington, D.C., said that the DOJ must investigate the death of Sandra Bland and into the practices and policies of the Waller County, Texas police department and the prosecutor's office immediately.



(Left-Right) Eugene Puryear of the Stop Police Terror Project in Washington, D.C., Lois Wilkins, the Freeland, Mich., resident and mother of four who started the petition on MoveOn.org, and Reverend Graylan Hagler, the senior pastor of the Plymouth Congregational United Church of Christ carry boxes of signed petitions to the visitor's entrance of the Department of Justice. (Freddie Allen/NNPA News Wire)

### Body cameras get little attention from NC lawmakers

By John Moritz  
RALEIGH (AP) - In the wake of unrest in Ferguson, Missouri and Baltimore over police killings of unarmed black men, the trial of a former Charlotte police officer charged with manslaughter for the 2013 shooting of Jonathan Ferrell has been met with relative calm.

Law enforcement in Charlotte has teamed with local clergy and barbers to build relations with community members and keep the peace regardless of the outcome of the trial of former Charlotte-Mecklenburg police officer Randall Kerrick.

Charlotte plans on equipping 1,400 police officers with body cameras by October. Several cities and towns including Asheville and Durham have also approved pilot programs.

Meanwhile in Raleigh, lawmakers have been less willing to take action addressing police interactions.

The most support comes in the House budget, which includes \$2.5 million in funding to local departments to purchase body cameras. The Senate budget does not include those funds, and legislative leaders are in discussions to find a compromise spending bill by their self-imposed Aug. 14 deadline.

Two bills requiring most police officers in the state to wear body cameras did not make it out of a House committee, nor did a bill banning racial profiling and requiring officers receive diversity training.

Legislation authorizing a study on body cameras and another bill specifying that police footage remain confidential were passed by the House but died in the Senate.

Prosecutors say Ferrell crashed his car early on the morning of Sept. 14, 2013 and went to get help by knocking on the door of a nearby home when a person inside called 911 to report a robber. Kerrick arrived with two other officers and fired 12 shots, 10 of which hit Ferrell. Kerrick faces up to 11 years in prison if convicted.

Kerrick's attorneys contend he acted in self-defense. They say Ferrell had been using marijuana and drinking alcohol and that he told officers: "Shoot me. Shoot me."

Michael Weiss contributed to this report.

### NAACP's 'Journey for Justice' protest march

SELMA, Ala. (AP) - Protest marches have been part of Selma's civil rights fabric since 1965, but an 860-mile trek to Washington had a minister leaning on the Bible for heavenly support Aug. 1.

The Rev. Theresa Dear noted the magnitude of what lies ahead, but never doubted that the "40-day-and-40-night" march will be successful.

Dear told the Montgomery Advertiser just before the march began at the Edmund Pettus Bridge, "We are doing something of biblical proportions."

Sponsored by the NAACP, "America's Journey for Justice" is scheduled to extend through eastern seaboard states before ending in Washington, D.C., on Sept. 15.

## Then & Now: Medicare and Medicaid turn 50

By Ricardo Alonso-Zaldivar

WASHINGTON (AP) - When President Lyndon B. Johnson signed Medicare and Medicaid into law on July 30, 1965, roughly half of Americans 65 and older had no health insurance.

"No longer will older Americans be denied the healing miracle of modern medicine," Johnson said at the bill signing. "No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and their aunts."

Fifty years later, virtually all seniors have coverage, a far higher rate than younger people. "It's hard to imagine a world without Medicare and Medicaid," Health and Human Services Secretary Sylvia M. Burwell said July 29 at the official commemoration. "Medicare and Medicaid aren't just about health care; they are about who we are as a nation, about living up to our own values."

Presidents and lawmakers of both political parties have collaborated to expand Medicare benefits and to shore up finances. Medicaid, the federal-state program for low-income and disabled people, got off to a slower start, but now covers an estimated 69 million people, making it the largest government health program. It pays for nearly half of U.S. births and a little over half of the nation's nursing home bill.

But the long-range solvency of both programs remains cloudy. A mix of tax increases, benefit cuts, and reductions in payments to service providers will be needed sooner or later, experts say. The longer policymakers wait, the more wrenching the changes.

Today, Medicare and Medicaid together cover about 1 in 3 Americans. Here's a look at the programs, then and now:

Then: In 1965, life expectancy at age 65 was 13.5 years for men, and 18 years for women. That's using Social Security data for "cohort life expectancy," which takes into account improvements in survival during the later years of life.

After Medicare's enactment, Social Security offices around the country signed up 19 million people for coverage effective July 1, 1966.

Now: In 2015, life expectancy at age 65 has risen to 19.3 years for men and 21.6 years for women.

Nearly 56 million seniors and disabled people of any age are enrolled in Medicare. Even with the World War II generation passing away, total enrollment is rising by more than 2 million people a year as baby boomers reach 65 and qualify.

Then: Segregated hospitals and nursing homes were common, particularly in the South.

Now: Although racial and ethnic health disparities persist, segregated facilities are unheard of. As a condition of receiving Medicare and Medicaid payments, hospitals and nursing homes have to assure the government that they don't discriminate, or they can't be paid. Hospital desegregation proved much less divisive than integration of public schools.

Then: Medicaid eligibility was tied to receiving government welfare checks. Many poor children were uninsured.

Now: The welfare reform law of the 1990s, and coverage expansions for children that preceded it, broke the link between Medicaid and welfare.

In some states, Medicaid's coverage for children reaches up into the middle class. About 1 in 3 children, regardless of income, are covered by Medicaid, says the Kaiser Family Foundation. Among poor children, that rises to 3 out of 4.

President Barack Obama's health care law expanded Medicaid to cover low-income, working-age adults with no children living at home, a major group that had been left out by safety-net programs. The expansion is optional for states, and 30 states plus Washington, D.C., have either accepted it or proposed to do so.

Medicaid has evolved into a blanket program for all low-income people.

Then: Medicare did not cover prescription drugs.

Now: Prescription coverage took effect in 2006 under Republican President George W. Bush. Obama's health care law strengthened the drug benefit by gradually eliminating a coverage gap known as the "doughnut hole."

"It's the typical American style of doing things," said economist Gail Wilensky, Medicare administrator under President George H.W. Bush. "Add a little here, add a little there. It's messy, but it's how we do things."

The incremental approach sometimes finds political acceptance more readily, Wilensky added.

When Medicare was enacted, the American Medical Association opposed it as "socialized medicine." But Johnson cajoled a promise from the organization that doctors would not resist its implementation.

Then: Medicare and Medicaid used private insurers behind the scenes to process claims, but not generally to deliver benefits.

Now: Private insurance plans increasingly are the consumer-facing side of both programs.

About 3 in 4 Medicaid beneficiaries are enrolled in private managed care plans. About 30 percent of Medicare beneficiaries are in so-called Medicare Advantage plans, a part of the program that has been growing rapidly. The private plans usually offer lower out-of-pocket expenses when compared to traditional Medicare, but restrict choice of hospitals and doctors.

The prescription drug benefit - also known as Part D - is offered through private insurers as well.

Then: Income wasn't a yardstick for Medicare benefits.

Now: Increasingly upper-income seniors are being charged more. Higher premiums for "Part B" coverage of outpatient services, as well as for the prescription drug program, kick in at annual incomes of \$85,000 for individuals and \$170,000 for couples.

It's a trend that can be expected to continue. As policymakers grapple with Medicare's long-term financing problems, many beneficiaries who consider themselves middle class and not wealthy could end up paying more.

Online: Kaiser Family Foundation - <http://kff.org/medicaremedicaid/50/>