



Twistin' The 4th Away!

Robert Hearn and Inez Jones do the twist at a recent talent show at Turner Rest Home. The program was part of the facility's 4th of July celebration. The event included songs, poems, jokes and a mini fashion show as well as the dancing.

Photo by Mike Cunningham

Aldermen voice support

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from Kimberly Park Terrace housing development voiced the first and only opposition to the project.

Johnnie Mae Ingram, president of the development's resident's association, told aldermen the proposed Kennerly Street project would amount to putting an apartment complex "right on top of us."

there," she added. "The apartments are just taking over."

Ms. Ingram said the project could displace the basketball court in the neighborhood and leave the 2,000 children in the area with no place for recreation.

Aldermen were outraged that the

project had been discussed so much and had gotten so far in the process without city staff advising Kimberly Park's residents of the company's proposal. The board had decided to continue the matter and vote on it during Monday's meeting but instead it unanimously accepted M.B. Corporation's withdrawal of both projects.

Board delays action

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family care homes. That requirement was included in a text amendment and adopted by the city in 1982, thus prohibiting one family care home from locating within one half-mile of an existing facility. No opposition was heard at public hearings on the text amendment.

While the city-county planning staff agreed that Bethabara Hills "has an usual set of circumstances that warrants eliminating the half-mile spacing requirement in that: they are isolated from the surrounding residential area; they have sufficient land to construct another facility; and their proximity to the Enrichment Center contributes to the suitability of the site for a family care home," they recommended that the board deny Mr. Lyon's request.

Eliminating the one-half mile spacing requirement for all family care homes could have a negative effect if applied on a city-wide basis," City Planner Jim Yarbrough told the aldermen. "Neighborhoods would not be provided protection against overcrowding, dominance of family care homes, potential decrease in property values and loss of residential character. In addition, the purpose of integrating family care homes into normal residential environments would be lost if (they) were permitted to cluster in residential areas."

Bethabara Hill residents disagreed.

"If you had a retarded kid, if you had a handicapped kid, wouldn't you want . . .," began Tracy Verdine, another resident before she stopped unable to complete her statement because she began to cry.

"It's ironic that we're having this discussion about independent living on the eve of Independence Day," said Susie Lloyd, house parent at Bethabara Hills. "Our whole goal is to teach them (residents) independent living. I really don't understand how you can be against this."

Board members acknowledged they were dealing with a very touchy situation.

Alderman Lynne S. Harpe said, "I wish that there were some way I could feel comfortable in granting Mr. Lyon's request but we don't have that alternative."

The alternative is unavailable, said City Attorney Ronald G. Seiber, because current legislation will not allow the use of a Special Use Permit, authorized by the Board of Aldermen, to waive the half-mile spacing requirement of family care homes. State and local legislation only allows political jurisdictions the option of adopting the half-mile spacing requirement, Mr. Seiber said.

However, Mr. Lyon and Ms. Lloyd told the board no other group of people had restrictions governing where they could locate.

"It's discrimination," said Ms. Lloyd in an interview Tuesday, "because nobody else has any kind

of one-mile spacing requirements -- not group homes, not fraternity's or bars.

"I understand what they're talking about, not wanting the homes to spring up in everybody's backyard, but this situation we're in is just ideal. I don't know why they can't do this case by case. Why wasn't that brought up?"

In the absence of Aldermen Patrick Hairston, Robert S. Northington and Larry W. Womble the board decided to delay taking action until its July 17 meeting -- hoping for some additional insight from those aldermen.

In the meanwhile, Ms. Lloyd said she and the residents want the aldermen to come out and visit their home so they can see their special situation for themselves.

"I want them to see the home and how much land we have and maybe go down to the Enrichment Center and see what independent living can do," she said. "One of the guys down there is out from his parents and they put him in a rest home. He's too young to be in a rest home."

Ms. Lloyd said only Alderman Martha S. Wood has visited the family care home. Mrs. Wood said she was impressed and embarrassed by what she saw.

"Their rooms made my son's look like a pig pen," she said, later asking board members to take an half-hour out of their schedules to visit the home.

Health care in prisons is a concern

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five county-employed physician assistants (P.A.'s), under the direct supervision of health center doctors which also serve on the faculty at Bowman Gray, work from 8 a.m. to 2:30 p.m., Monday through Friday at the jail.

"We're the primary people the inmates see for health care," said Jerry Hopping, Senior P.A. of the jail and the health center. "We do the first screening and evaluate any future problems, and we can refer them to other sources or treat them as we see fit."

Physician assistants are individuals who have studied medicine, having received a bachelor's degree and the equivalent of a masters, Mr. Hopping explained. In addition, P.A.'s are the only group of medical practitioners that are required to undergo periodic recertification and retaking of their exam. The P.A.'s who care for the inmates at the county jail are under the direct supervision of the practicing physicians at Reynolds Health Care Center. All physician assistants' work is supervised, although not directly, by a doctor.

"About 90 percent of what walks into a physician's office can be handled by a physician extender," Mr. Hopping said.

The number of patients that Mr. Hopping or one of his colleagues sees depends upon the number of inmates in the jail. Currently, the county facility averages 314 to 320 prisoners. About half of that number are seen by a physician assistant during an average day, Mr. Hopping said.

Because the prisoners are relatively young, ranging from 19 to 35, they are fairly healthy, he added. Heart disease, hypertension and diabetes are major health problems the physician assistants often treat, Mr. Hopping said.

"There's also colds, athlete's foot, headaches and there's a lot of dental problems," he said. "About 20 percent of what we see is dental. (Which doesn't hold true with the general population but) is in line with what we're finding out from other correctional facilities."

With the exception of emergencies, all inmate requests for medical attention must go through a physician assistant, Mr. Hopping said. There have been no major contagious diseases passed from inmate to inmate, he added, unlike outbreaks of AIDS (Acquired Immune Deficiency Syndrome) and Tuberculosis reported in some of the larger correctional facilities.

"We do see a number of people with athlete's foot," he said. "If someone comes in and they don't have it they'll get it. There is all kinds of lice. If we find one indi-

vidual in the cell block with lice, we'll treat the whole block."

What Dr. Chandler calls the best book, and one of a handful, on prison medical care notes that the majority of inmate ailments are minor ones.

"The medical problems are, for the most part, quite ordinary and similar to those found in military recruits, but the circumstances force that practitioner to live at wit's end," wrote Dr. Chandler in a review of "Care and Punishment: The Dilemmas of Prison Medicine," by Curtis Prout and Robert N. Ross.

"Before the prison uprisings of the early 1970s, prison medicine was largely a neglected field. The recognition of medical conditions in prisons and jails has come from the zealous pen of the reformers, from news accounts of riots that temporarily inflame popular sympathies for the poorly treated inmates. . . . But, for the most part, the general population has preferred to ignore prison medicine."

"Some health problems are self-imposed ones because of the use of drugs and alcohol," Dr. Chandler said. "Inattention to simple rules of health . . . causes problems that could be prevented."

The doctor has toured other county jail facilities and found that the health care provided in Forsyth is comparable and sometimes far exceeds the level of care given to some prisoners. More than \$200 million was spent by states to maintain inmates' health, according to a 1980 survey by the Associated Press. Estimates say this year's health care costs will skyrocket to about \$1 billion. The average state spends \$3.57 per day, per inmate for health care.

The quality of service is bound to improve as professional care givers' attitudes toward inmates becomes more objective, Dr. Chandler said.

"The professional who delivers care in the prison or jail system has to be certain his or her attitude is correct," he explained. "There is a certain ambivalence, that is paradox at the most, you're treating a populace that is being punished because of something they've done."

"We have to impose the same standard in the jail that we do with people outside the jail. We have to be their (inmates) advocates. Not that we condone what they've done, but we can't have a street attitude about their health."

Mr. Hopping agreed.

"We try to avoid finding out what an inmate is in for," he said. "I'll ask an inmate how long he's

in for, but I won't ask what he's in for. By not knowing I can't be judgmental."

The book "Care and Punishment" helps physicians and their assistants overcome the negative feelings and other obstacles facing them while practicing medicine in the country's prisons and jails, Dr. Chandler said. The National Commission of Correctional Health Care, a branch of the American Medical Association, is another supportive arm for medical professions.

"The ambiguity of caring and punishing at the same time is especially striking in the case of medical care for the goals and assumptions of medical care often come into direct conflict with those of correctional policy and

discipline," Dr. Chandler wrote. "For the nurse, physician's assistant, physician, and even for the prison guard, this book has a message that is instructive; it explains how things really are and how they got that way."

A space shortage is the only major problem care givers are having at the Forsyth County Jail, Mr. Hopping said. The proposed \$35 million new jail would solve that problem, both gentlemen said, offering them a ward to care for bed-ridden inmates, more space for around-the-clock nurse care and a cleaner work environment.

"When our service is compared to that of others," Dr. Chandler said, "we provide better than some."



Photo by Mike Cunningham

Dr. Ted Chandler, left, and Jerry Hopping, a physician's assistant, say inmates in the Forsyth County Jail receive some of the best health care given to prisoners. Through a special arrangement between the county and Bowman Gray School of Medicine, Mr. Hopping and five other P.A.'s work on a rotating schedule to treat inmates' ailments.

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