

# Roundtable invites community to discuss issues

BY SANDRA ISLEY  
THE CHRONICLE

Local issues such as housing, schools, drugs and racism will be pondered next week during the Black Leadership Roundtable's annual State of African-Americans in Winston-Salem Forsyth County forum.

Organizers say the forum will be open-ended, allowing anyone in attendance to present any issue that he or she would like.

"Anybody can bring anything that they feel like they want to bring. This is the one time we're not going to worry about your grammar. We're not going to worry about dangling participles," said State Rep. Larry Womble, a co-convenor of the Roundtable. "We want to hear the essence of what's on your heart."

The theme of this year's forum is "The Community Speaks." It will be held Jan. 19 at 6 p.m. at the Head Start Center on East End Boulevard.

On the agenda will be the discussion of the new voting machines that will be used in this year's elections. Co-convenor Linda Sutton wants to make sure that everybody will be educated on how to use the new voting machines.

"One of the major issues will be trying to make sure that our

right to vote is guaranteed and making sure our votes are counted and people are educated, especially senior citizens that don't know how to use the new equipment," said Sutton, a well-known local voting rights activist. "They're not computer savvy, so that's going to be a big issue."

There are many other issues that Womble hopes will be addressed. One issue is the lack of economic growth in East Winston.

As he handed out fliers announcing the meeting, Womble said he was approached by a man who wanted to know what was going to be done about the minimum wage.

"Only \$5.15 an hour - a person cannot live on that kind of salary. Those are slavery time salaries. You can't advance," Womble said. He encouraged the man to bring the issue before the Roundtable and let the group see what it could do about it.

Another issue centered around economic growth is the lack of quality businesses moving into black communities. Womble says many have complained about there being too many hot dog and burger stands. People want to see more sit-down restaurants move into the area.

Others complained about scarcity of jobs and lack of promotions once they get a job.



Roundtable leader Linda Sutton speaks during one of the organization's most recent news conferences.

"These are all issues that the Roundtable wants to hear about.

Womble called the Roundtable a group of action. In the past, the group has addressed complaints from residents via protests and other pro-active measures.

"We don't have to answer to any boards. We don't have to answer to any rules and regulations. We don't have to answer to

a whole lot of bureaucracy... We can act on things in a quick and effective way," Womble said.

A few years ago, the Roundtable was the only African-American organization to call for the city manager to hire an African-American police chief. Roundtable members argued that a black chief could better bridge the gap between law enforcement and the black community. A few

days after the Roundtable made its declaration, Pat Norris was named the city's first black police chief.

"Our population is 46 percent black, and we want our Police Department to mirror that, so we knew that an African-American police chief would be sensitive to that," Sutton said. "She is strong enough, and she has the knowledge, the ability, the tenure and everything else to do the job."

The group also was instrumental in getting City Hall to expand New Evergreen Cemetery, a historic black graveyard in East Winston, and implement an ordinance limiting the use of pepper spray by police officers. The Roundtable addressed the pepper spray issue after there were fatal consequences for a local person sprayed with it.

Members of the public are invited to come out and air whatever grievances they may have. For more information about the meeting, call 776-2404 or 784-9373.

## Hispanics

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published report, in Community, Work, and Family (August, 2005), Grzywacz sought to bring the "voices, needs and experiences" of migrant workers to the

attention of work-family scholars. The article included this interview with a migrant farm worker: "I left Mexico when my older son was 1 year old. I always tell my friends how bad it hurts doing that. I feel sad when I remember my son in Mexico because my wife and I are eating meat here and maybe he is only eating beans and rice there.

"This is very upsetting to me. I talk to him every two weeks or once a month. Once I asked him what he would like for me to get him, and he told me that the only thing he wanted was for us to come back to Mexico. This broke my heart because he is a child and he needs his parents with him."

Grzywacz said the study results suggest that agencies and professionals who work with migrant workers should focus on ways to enhance communication between migrants and their families as one way to meet the mental health needs of Latinos. For example, placing public telephones in rural areas would allow workers to talk to their families more frequently.

Co-researchers were Sara A. Quandt, Ph.D., Thomas A. Arcury, Ph.D., and Antonio Marin, M.D., all with Wake Forest Baptist.

- Contribution by Jaimie Hunter, MPH

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## PTSD

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experience that he or she develops PTSD. In addition, females, people who have other psychological illnesses or a family history of mental disorders, and people who experienced their own trauma, such as the recent loss of a loved one, may be especially vulnerable to the condition.

### How to recognize PTSD

PTSD can manifest in a variety of ways. Its symptoms often appear within weeks of the traumatic event and may persist for days, months, or even years. These symptoms may be frightening and disabling, affecting all aspects of a person's life.

Victims of PTSD often experience panic attacks - sudden feelings of extreme anxiety during which their heart rate increases and breathing becomes more rapid (hyperventilation). During panic attacks, it is common for the person to feel as if he or she were dying or losing control, or to

feel dizzy or unsteady. Panic attacks usually last only a few minutes, but sometimes last for 20 minutes or more.

A person with PTSD often experiences flashbacks, or vivid recollections of the traumatic event. Flashbacks may cause severe emotional stress that can often result in further injury. He or she may momentarily lose touch with reality, reliving that event in his or her mind. During the flashback, the person experiences the same sort of fear, anxiety, and horror that he or she felt during the actual event.

The distress can often leave the person feeling numb and detached from others. It may prove difficult to express normal, everyday emotions and feelings toward other people. Relationships may be damaged if people with PTSD cut themselves off from the rest of the world. And too frequently, alcohol or drugs may be used to numb their pain.

This psychological distress can also result in other anxiety-

related symptoms. For example, the person may have difficulty sleeping due to feelings of restlessness or even recurrent nightmares. Feelings of irritability, anger, or guilt - especially survivor's guilt - can interrupt normal functioning and have a negative impact on one's well-being. The person may feel especially vulnerable and possibly paranoid, fearing that his or her life might be in danger.

For children, school performance may suffer from difficulty concentrating, and for adults, inability to concentrate may result in poor job performance. Finally, the person with PTSD may develop major depressive symptoms.

### What treatments are available?

Treatment for PTSD is twofold; it involves both therapy and medication. Cognitive-behavioral therapy by trained psychologists or therapists can teach the person how to cope with the trauma-induced stress.

Therapy is highly recommended and helps the person come to grips with both the traumatic event and the anxiety symptoms. Behavioral activities such as exercising, eating a healthy diet, and choosing relaxing activities like meditation or yoga relieve stress and therefore may help in the healing process.

Medications, including anti-depressants and anti-anxiety drugs, may also be prescribed either short-term or long-term. Selective serotonin reuptake inhibitors (SSRIs) are often chosen as the first-line treatment because they maintain healthy levels of the neurotransmitter serotonin in the brain. Serotonin is associated with feeling stable; low levels of serotonin can result in feelings of apathy, depression, and anxiety. Only a doctor can decide which medication is appropriate and prescribe it.

Seeking professional assistance from a therapist or trained

## RX

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results in December to the World Health Organization. During the project, Furberg said he was struck by proven methods to reduce costs that could be put to use in this country.

"Taking steps to reduce drug costs doesn't have to hamper drug development, as drug makers claim," Furberg said. "Adapting policies and tools already in widespread use around the world could produce major savings for U.S. consumers without compromising the quality of medical care."

Furberg said the proven methods being used in other countries are:

- Government establishment of drug reimbursement rates. The United States is the only country with open, essentially unrestricted pricing. A drug maker can set any price that the market can bear, and payer reimbursement rates are based on this price. In all other countries, governments establish drug reimbursement rates based on potential benefit to patients, disease severity, availability of treatment alternatives, numbers of

potential users, cost-effectiveness and drug prices in other countries.

• Restrictions on price increases. While there are no restrictions on price increases in the United States, some other countries restrict increases and regularly review drugs every two to four years after initial approval.

• Mandated price cuts. Countries such as Australia, Germany, Japan, and the United Kingdom impose mandated price cuts. China recently announced plans to cut the average cost of prescription drugs by 40 percent.

• Reference pricing. In contrast to many high-income countries, the United States has never accepted reference pricing, which sets reimbursement at or near the lowest-price drug within a drug class.

• Manufacturer rebates. Many countries use this option, leading to major cost savings. The rebate amounts are not openly discussed, as part of the negotiated agreement. In return for rebates, drug

companies typically require that health plans limit access to competitors' drugs. The United States has allowed this on a limited basis: The departments of Veterans Affairs and Defense have negotiated very favorable deals with pharmaceutical companies.

• Competitive bidding. Although competition may be good for price control, brand-name drugs are shielded from direct competition through patent protection. In the United States, competitive bidding for purchasing con-

tracts applies mostly to generic drugs. After the patent on a brand-name drug expires, several companies typically market their less-expensive generic versions.

"Something must be done to counteract the escalating cost of prescription drugs," said Furberg, who estimates that drug expenditures could be reduced by 30 percent to 50 percent by lowering the cost of brand-name drugs and stimulating the use of generic products.



Furberg

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