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The Voice of the Black Community

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Time for discussion on helping uninsured

By John Mills.
SPECIAL TO THE POST

The next time you are sitting in a crowded restaurant or walking in the mall, look around. One in five people you see lack health insurance. That translates to over 1.2 million North Carolinians. Most of these uninsured folks are employed in service, retail or light manufacturing jobs that either do not offer health insurance benefits, or the cost of those benefits are more than the employee can bear.

Recent polls show health care affordability ranking as high as national security as a public concern – and that's saying something given global concern about terrorism. Cover the Uninsured Week, May 10-16, is an ideal time for a rational discussion on the issue.

However, rational discussion on this issue is hard to find as the debate quickly becomes mired in politics, finger-pointing and turf protection. How we approach the problem is often defined by our views on the appropriate role of government, our obligation to people in need and even whether we have a health insurance card or not.

A lack of insurance often has a dramatic impact. Without insurance, people often delay seeking medical attention for illness or minor injuries. However, late diagnosis and treatment can have real consequences. A study of more than 4,600 breast cancer patients found that uninsured women had a 49 percent greater chance of dying after diagnosis than women with health insurance.

Given the polarization in this country on so many crucial issues, it is probably too optimistic to hope that the current political season will produce an over-arching solution to the uninsured in the United States. However, that should not stop us from taking some straightforward steps that can make meaningful changes in the lives of people struggling to get access to health care.

At a minimum, it is essential that we find practical ways to help people afford care when they lose their jobs or in cases in which their medical conditions make them uninsurable through traditional means. The federal tax credit for displaced workers may prove to be an appropriate model, if we can make the process more user-friendly and assure the out-of-pocket share for all participants is reasonable.

It is also essential that we help people make use of current resources available to them. One startling finding is that 34 percent of the uninsured are people who are eligible but not enrolled in government health programs such as Medicaid.

North Carolina's free clinics and pharmacies are not waiting for a final political solution before jumping in to help. Free clinics are private, nonprofit, community or faith based organizations that provide medical, dental, pharmacy and mental health services at little or no charge to low-income working or uninsured people.

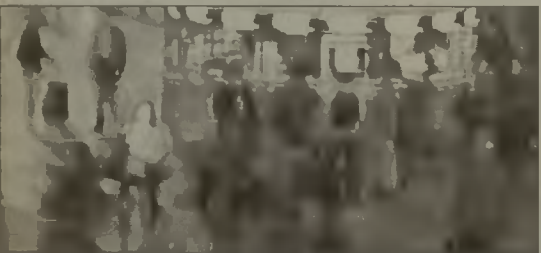
In 2003, the 57 member clinics and pharmacies of the North Carolina Association of Free Clinics provided \$65 million in free health care services to more than 125,000 patients. This care was delivered by over 8,000 doctors, nurses, dentists, pharmacies and other health care professionals and lay volunteers who donated their time and talents to assure that access to health care should not be limited by one's ability to pay.

In a great example of a "public-private" partnership, The Blue Cross and Blue Shield of North Carolina Foundation has awarded a five year \$10 million grant to strengthen and expand the network of free clinics and pharmacies across the state. By 2009, the grant is expected to double the number of people free clinics and pharmacies can serve. It is also expected to give every county in our state reasonable access to a free clinic.

However, the foundation's money alone will not get these new clinics open or keep the existing clinics operating. Every clinic requires the financial support of a dedicated cadre of business and civic leaders, along with the in-kind support from volunteer health care professionals and others to launch it and keep it going. The work is hard, but it could not be more meaningful. I would ask that everyone interested in real solutions for the uninsured to consider supporting or volunteering in a local clinic or becoming involved in an effort to bring a clinic to your community.

For more information about starting or supporting a free clinic or pharmacy, please contact the NCAFC at (336) 251-1111 or www.ncfreeclinics.org <<http://www.ncfreeclinics.org>>

JOHN MILLS is executive director of the North Carolina Association of Free Clinics.



WHAT ARE THE CM POLICE WEARING THESE DAYS?

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Brown v. Topeka Board plus 50 years

GEORGE E. CURRY



On Monday, we will be celebrating the 50th anniversary of the landmark U.S. Supreme Court decision in "Brown vs. Board of Education." While there is much to celebrate, we must realize that some of the same challenges that we faced on Monday, May 17, 1954 will still be present on Monday, May 17, 2004 – and beyond.

While listening to all the celebratory speeches, panel discussions, radio programs as well as watching television programs and reading special sections of newspapers, magazines and the Internet, we should be cognizant that we can't afford to celebrate the past while ignoring the present.

A report by the Civil Rights Project at Harvard University titled, "Brown at 50: King's Dream or Plessy's Nightmare?" [www.civilrightsproject.harvard.edu], states, "U.S. schools are becoming more segregated in all regions for both African-American and Latino students. We are celebrating a victory over segregation at a time when our schools across the nation are becoming increasingly segregated."

One reason we've lost so much ground is that many public officials who will be

honoring the Brown decision on Monday have been dishonoring the spirit of Brown by opposing the underlying premises that supported the decision. Mark my word: George W. Bush will have the temerity to utter some "compassionate" sentiments about Brown on Monday. Yet, this is the same president that came out last year on Dr. Martin Luther King Jr.'s birthday to denounce two affirmative action programs at the University of Michigan that were eventually upheld by a conservative Supreme Court.

The University of Michigan Law School program was upheld by a vote of 5-4, with Justices Clarence Thomas, the second black to ever sit on the court, and Justice Antonio Scalia among the dissenters.

Bush has said that if he gets the opportunity, he will appoint Supreme Court justices in the mold of Scalia and Thomas. Having barely squeaked by recently with a string of 5-4 decisions supporting civil rights, if Bush gets re-elected in November and appoints one or possibly two Supreme Court justices, as expected, it's unlikely that a Brown-like case would be upheld by a reconfigured Supreme Court.

Writing in the National Urban League's "Opportunity Journal," Gary Orfield of Harvard observed: "We are celebrating the 50th anniversary of the Brown v. Board of Education decision in the midst of a profoundly

conservative administration, and as schools have become more segregated in almost all of our states.

"We are celebrating as Chief Justice Rehnquist – who opposed Brown while a Supreme Court clerk, and who has consistently fought to limit and reverse school desegregation – presides over the court in his 18th year. And we celebrate as Thurgood Marshall's chair is occupied by an African-American justice who has voted with Rehnquist for decisions allowing for the resegregation of schools, in one case disputing basic premises of Brown v. Board of Education."

While looking back at Brown, we can't close our eyes to what's happening today.

What we have today is an administration that is hostile to civil rights, one that is packing the federal court with right-wing ideologues and one whose primary enforcement of the nation's civil rights laws are largely left to an attorney general who actively opposed federal court orders in his native Missouri that would have helped desegregate St. Louis and Kansas City public schools.

Moreover, we have a president who calls himself a "compassionate conservative" while being, as one member of the Congressional Black Caucus noted, "compassionate toward conservatives. And we should remember that on

Monday when George W. Bush pretends to have compassion for African-American causes.

Blacks will be celebrating Brown because it formally ended – at least, on paper – America's version of apartheid. The Brown decision had a greater impact outside of education than it had on public schools; a decade after the decision, 98 percent of all African-Americans in the South still attended all-black schools. Brown provided the legal foundation for removing barriers in public accommodations, employment, housing, voting and other areas. For that, we have much to celebrate.

In the hoopla that's surrounding Brown, we should be mindful that the Brown decision came about only because brave citizens and lawyers had the courage to challenge injustice. School systems were forced to end segregation. The most honorable way to celebrate Brown on Monday will be by rededicating our lives to challenging the segregation and injustice that remains so prevalent in society. If we don't act now, people looking back on this period 50 years from now, will have nothing to celebrate.

GEORGE E. CURRY is editor-in-chief of the NNPA News Service and BlackPressUSA.com. His most recent book is "The Best of Emerge Magazine," an anthology published by Ballantine Books.

This mother knows best about STDs

By Michelle Lopez
SPECIAL TO THE POST

When I recently celebrated Mother's Day, I didn't want my kids to give me flowers, candy or even breakfast in bed. I just wanted them to talk with me about sex.

My son, Rondell, is 17, and my daughter, Raven, is 14. We've had regular chats about sex – often embarrassing and sometimes humorous, in an awkward sort of way – for years now. So I know too well how tough it can be for parents to talk to their kids about sex, and vice versa.

But in my house, there is no way to avoid the "big talk." I have AIDS, and Raven was born HIV-positive.

Raven and I are both very fortunate to be as healthy as we are. Her HIV has been below a detectable level for eight years, and mine is the lowest it's ever been. But

every single day we face reminders of our mortality. We often take our medications together and make regular trips to the doctor to see how well our bodies are responding to the treatments. And all three of us have little family check-ins about the other things going on in our lives. With two teenagers, that usually means girlfriends, boyfriends, and the possibility of sex.

With each passing day, that becomes more likely. By 13 years old, nearly 7 percent of American kids have already had sex. By the time they graduate from high school, it's 61 percent. It might have been easier for me to let my kids learn about sex and its consequences in the classroom, but if I had waited for that to happen it might have been too late.

Half of all new HIV infections each year in the U.S. are estimated to be among

people age 25 and younger. That should worry America's moms – and dads. But the good news is that what we say to our kids about sex and its consequences can make a huge difference in their behavior. In studies I've read, four out of five teens said that their parents' attitudes influence their decisions about relationships and sex. And urban African-American youth said that they respect their parents more than anyone else – friends and teachers included.

Raven is a brave girl and she is open about her health status, so people in our Bronx neighborhood know she has HIV. The boys call her "the girl with AIDS," which breaks my heart, but that's her reality. Just as I've faced uncomfortable realities with my kids, Raven confronts them with her friends and potential boyfriends. As if being 14 isn't tough

enough, she has to deal with her disease and how it complicates young love – in a grown-up way.

Like many adults I know, though, most teens don't discuss HIV or other STDs with their partners before experimenting with sex. I've found that, even at home, I'm the one who has to get the conversation started. I tell them that it's okay to ask me anything at all about sex, and I explain how complicated and emotional it can be. An important part of the discussion is about condoms, and with Rondell, motherly hints about HIV testing.

As much as we talk the birds and bees at our house, I still wonder if my kids are listening to me or telling me everything. And like any mother of teenagers, I rarely stop worrying about what they're doing. But even a mom with AIDS deserves an occasional break.