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The Daily Tar Heel

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The (Native) American way

The call for recruiting Native-American faculty members has been heard, and it appears that something finally is being done.

Tuesday's meeting between members of the Carolina Indian Circle and Provost Richard McCormick was the first in a series of steps that should be taken to deal with issues of Native-American faculty.

While McCormick and the University are to be commended for taking some initiative in trying to recruit a Native-American faculty member, efforts must not stop there. UNC cannot afford to exercise the same carelessness that led to the mysterious disappearance of a list of 250 Native Americans with Ph.D.s. Instead, it must stay committed to recognizing the need and striving to meet it.

And while some may argue that Native Americans only make up a small portion of the University community, they must realize that numbers do not make this portion any less significant. Like all students, who often feel the need to have someone with whom they can identify, UNC's Native-American students have that same need.

In addition, Native Americans are a sizable minor-

ity across North Carolina — and a segment of the population that should not be overlooked so completely at the state's flagship institution. Thus, it is the responsibility of the University to pursue the Carolina Indian Circle's goals and take their concerns seriously.

Eventually, Native-American instructors should be permanent members of the University community, and Native-American courses should be part of the curriculum.

Although McCormick has said there won't be any immediate decisions made about hiring a Native-American woman who currently is being interviewed, University officials must remember that students should not be expected to wait forever. The University must remain committed to its plan of raising the consciousness of deans and department chairmen about the need for faculty diversity.

Perhaps with the help of these department chairmen, deans and other University officials, students and others in the community can begin to experience the culture from not just one, but several degree-holding Native-American faculty members.

A sigh of relief

On behalf of women around the nation, may we just say, "Whew."

On Monday, the U.S. Supreme Court declined to hear an appeal from a lower court ruling that declared Guam's broad prohibition on abortion unconstitutional.

Consistent with the Reagan/Bush agenda, the Supreme Court gradually has been eroding the scope and authority of the 1973 Roe vs. Wade decision. There has been speculation that the Court was preparing to overturn outright that decision, which prevents states from outlawing abortion.

Recent court decisions have allowed states to place restrictions, some of them severe, on the availability of abortion. But the Court's refusal to hear Guam's appeal clearly announces that the attack on Roe vs. Wade will only be allowed to go so far.

If the Court were of a mind to overturn Roe, this case would have been a golden opportunity.

Guam's law allowed for an abortion only when two doctors agreed that the procedure was necessary to save the mother's life or prevent a "grave" threat to her health. This law stopped just short of completely prohibiting abortion, and an affirmation of the law would have delivered a grievous blow to

women's rights.

The Court's refusal to hear the case is not necessarily a resounding affirmation of Roe, since the five justices voting not to grant the appeal did not write an opinion explaining their action. But beggars can't be choosers, and these days abortion rights advocates will take what they can get — and be happy about it. The fact that the Court skipped an excellent opportunity to overturn Roe is cause enough for celebration.

The future is looking bright, as well.

While Supreme Court justices should not be nominated and affirmed for their political leanings or opinions of the law on particular issues, it is highly probable that any Clinton nominees to the Court will tend to protect rather than denigrate the authority of the Roe decision.

As a matter of principle, ends should never be allowed to justify the means. Hence, activists on both sides of the abortion debate are wrong when they consistently promote and encourage litmus tests for nominees to the Supreme Court.

But the women in America, whose interests require that coathangers continue to be used for clothes and not surgery, are fortunate that the current administration is, at least, on the right side of the debate.



At last: Medical community recognizes women

The medical profession suddenly is realizing that women exist.

For the past 20 years or so, women have been making strides in health and medical careers, establishing themselves in the upper echelons as doctors and researchers. Unfortunately, women on the other end of the stethoscope have remained second-class citizens.

The medical profession doesn't have a particularly good history of listening to women's concerns or focusing on women's problems. For centuries, the healthy, normal specimen of mankind has been just that — mankind. Doctors and researchers have wielded a double-edged sword against women's bodies.

On the one hand, women have been seen as fatally flawed merely because we are women. We are the second sex, the weaker sex. Something about having a uterus and ovaries damages you as a human being, makes you more susceptible to mood swings, less intelligent, less rational. Because we diverge from the male norm, we are deviant. We are other.

On the other hand, we never thought we'd achieve too much equality.

By ignoring or discounting the medical experiences of women, researchers and doctors have become too egalitarian, too willing to overlook the differences between the sexes. Not only are healthy white men the standard for health, unhealthy white men are the standard for disease.

The medical profession, stuck in its male-focused mentality, has overlooked the fact that health problems might affect woman and men differently. It has long ignored disease symptoms peculiar to women. Studies and research often have focused exclusively on male

subjects. As a result, scores of women have suffered or died of common health problems unrecognized by their doctors.

But things are looking up.

Physicians are finding that research on heart disease in women is a full generation behind that of heart disease in men. Scientists have been doing experiments and research on this particular medical problem for about 50 years. Unfortunately, the overwhelming majority of their subjects have been — you guessed it — men.

Heart disease generally doesn't affect women in the same ways it affects men. It doesn't strike them at the same point in life. The symptoms often are not the same.

Doctors and researchers have been charting the course of heart disease in men for the last half-century. This process has just begun for women.

But at least the medical profession is beginning to realize the problems women face. Some agencies — like the Center for Disease Control in Atlanta — are even doing something about it.

In January, the CDC will add three new diseases — pulmonary tuberculosis, recurrent pneumonia and invasive cervical cancer — to the list of diseases that indicate fully developed AIDS in people infected with HIV, the virus that causes AIDS. The decision follows repeated demands by activists who accused the government of ignoring symp-

ptoms suffered primarily or particularly by women.

Currently, the center lists 23 indicator diseases that lead to an AIDS diagnosis in HIV-infected people. One of them, Kaposi's sarcoma, is a cancer that occurs primarily in men.

The CDC originally opposed adding the three new diseases, because they occur fairly frequently in people who are not infected by AIDS. But activists presented studies that showed these diseases are more common and worse in HIV-infected people because of the virus's destruction of their immune systems.

The revised list has the potential to affect government disability benefits for thousands of people currently infected with HIV but not diagnosed with AIDS. An AIDS diagnosis also would allow these people to participate in drug trials and qualify for low-cost AIDS drugs.

Just as important, the revised list arms women with powerful, federally backed ammunition in their battle with physicians — particularly gynecologists — who have refused to take their worries and concerns seriously. Tricia Grindel, an activist with AID Atlanta, told one reporter, "I've heard horror stories of women with persistent gynecological problems who request an HIV test and are refused."

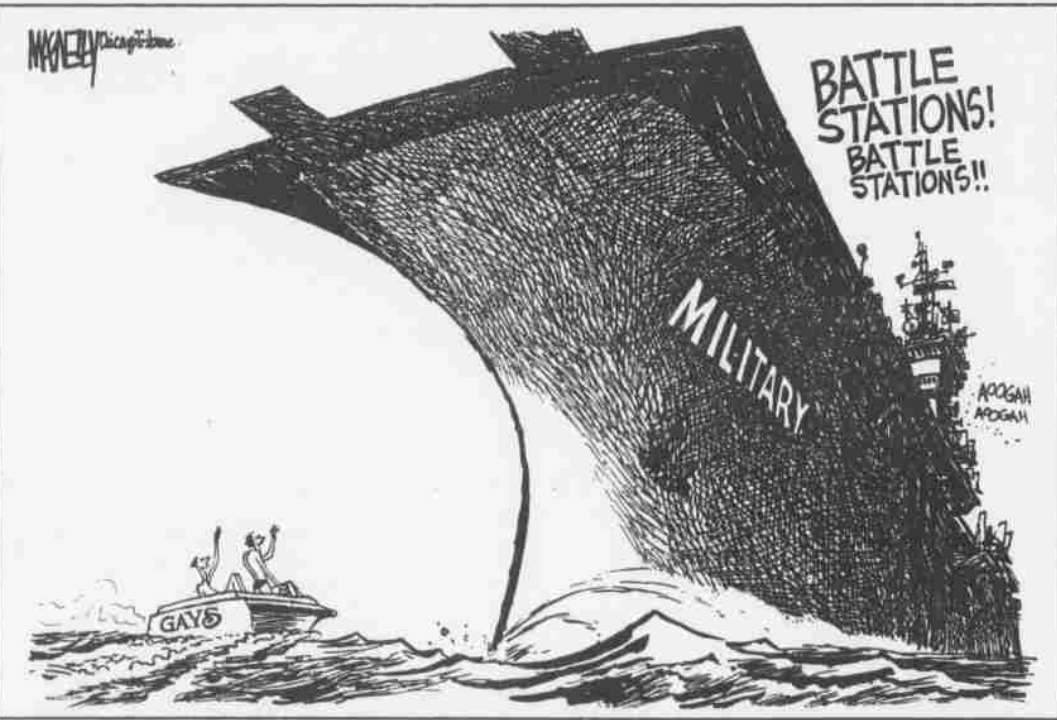
By accepting cervical cancer as an AIDS indicator in HIV-positive women, the CDC has taken an important step in helping female patients achieve equal status in the doctor's office.

A small step, but significant.

Alisa DeMao is a senior journalism and political science major from Garner.



Alisa DeMao
Life Under Siege



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The Daily Tar Heel

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READERS' FORUM

Educational Foundation benefits entire University

To the editor:
It was disappointing to read the lead editorial in your Nov. 12 edition regarding the Educational Foundation. I was quite puzzled by what would have motivated the editorial board to author such a piece.

The Educational Foundation's effort to reach out to current students so that those who are interested might become a part of supporting the Carolina athletic program and the student-athletes who constitute it seems to be a very appropriate endeavor on the foundation's part.

The Educational Foundation has supported athletics at this University since 1938, and it has done so in a manner of full compliance with NCAA rules and regulations.

It is an outstanding organization made up of quality people — more than 90 percent of whom are graduates of this University.

Besides having provided the means to fund a college education for more than 6,000 UNC students during the past 54 years, the Educational Foundation is responsible for many other good works on this campus.

The foundation recently committed \$3.65 million to the University's Bicentennial Campaign and in recent years gave \$50,000 to the University's libraries to assist in keeping those facilities open for longer hours to benefit the student body as a whole.

It is not my inclination to question your editorial stances, but I do feel that this one was unjust.

I appreciate the opportunity to share some of the positive aspects of a first-class organization that exists to benefit this university, its athletic program and its students — past, present and future.

JOHN D. SWOFFORD
Director of Athletics

Pelvic exam article gave important information

To the editor:
I was offended and disgusted that Ruth Dobson and J.J. Warlick could not see past the frank and informative discussion of a terror-shrouded medical procedure to appreciate the worth of the article "Dreaded pelvic exam key to

women's fight against cervical cancer."

The deterring of a still somewhat dehumanizing experience for women is needed to convince women to go to talk to the Student Health counselors in the first place. Women hesitant about the procedure might be just as hesitant about talking about the procedure with a counselor. If more people had an idea of what went on in the exam before they even went to the clinic or doctor's office, more women might be inclined to make the appointment that could save their lives.

When I read Dobson and Warlick's letter, I was confused as to their reasoning to keep the goings-on of a pelvic exam from the public. They questioned, "since when have the minute details of any health examination procedure been relevant news?"

And I answer, "since people ceased to blush at the mention of the word vagina."

Perhaps Dobson and Warlick still feel some kind of Puritanical shame about their own anatomies that prevents them from direct discussion of genitalia.

I would like to think that this is not the reason, and maybe I have just missed their point entirely.

In any case, I completely disagree with their conclusion, and I applaud the DTH for its revealing coverage of a medical issue that continues to be frightening for a lot of women. In order to stop women from dying of cervical cancer, we must, as a society, get over our hang-ups about our gonads and get rid of the mystery surrounding a life-saving medical procedure.

EMILY WALSH
Sophomore
Biology

Ad for unethical women's center should be pulled

To the editor:
Mr. Wallsten, I was extremely irritated this morning to open up my DTH and find yet another advertisement for the Triangle Women's Health Center. This ad upset me because, Mr. Wallsten, as you are more than fully aware, this organization is run in a highly unethical manner.

The owner (and former lead doctor) is currently serving a prison term, and his son, the business manager, is also facing such a term for tax evasion and

money laundering. The people in question are Dr. William Brenner and his son Bill Brenner. Another son, Brian, who is a graduate student at UNC, also works in this disreputable center. The center is currently under investigation for lying about the ages of fetuses so that they could exploit their customers by pumping up the price of abortions.

Mr. Wallsten, a friend of mine informed you of all this, as well as of a blind report issued against one of Dr. Brenner's sons, and asked you to stop running the ads so as not to lead the "girls" of UNC into such a den of criminals. "Women," you corrected, as well you should have. But one aspect of political correctness which you seem to have completely missed is that using respectful words for groups of people should be out of ACTUAL RESPECT for that group of people.

Mr. Wallsten, it is more than clear by the persistence of these ads that your respect for the female population on this campus takes a back seat to The Daily Tar Heel's almighty advertising revenues.

Let me remind you that women helped elect you to the position that you now hold and that you have a duty to act responsibly toward them in light of this news, which you know to be true. I hope that you will do so in the future.

EMILY FOX
Senior
International studies

Letters policy

The Daily Tar Heel welcomes reader comments and criticisms. We attempt to print as many letters to the editor as space permits. When writing letters, please follow these guidelines:

- Letters should be limited to 400 words. Shorter letters have a better chance of running.
- If you want your letter published, sign and date it. No more than two signatures.
- All letters must be typed and double-spaced.
- Include your year in school, major, phone number and hometown.
- If you have a title relevant to your letter's subject, please include it.
- The DTH reserves the right to edit letters for space, clarity and vulgarity.