

Africans develop health program

One hundred forty million Africans are expected to receive better health care during the next decade under a new program funded by the Agency for International Development in association with the World Health Organization and other agencies.

According to Stanley S. Scott, AID Assistant Administrator for Africa, the seven year program - Strengthening Health Delivery Systems - will involve the active participation of twenty Central and West African countries. It will concentrate on improving management, and planning, easing the severe shortage of properly trained health personnel, expanding rural health services and nutrition and immunization programs, and providing maternal and child care.

"This innovative program," said Scott, "is a part of our Congressional mandate to provide low cost health delivery services to the rural poor in Africa."

The long-term goals is to bring basic health care to villagers who now receive little or no health service. AID will provide about \$10 million to finance the program over seven years, with WHO and other donors assisting the countries with other aspects of the program.

The countries are: Benin (formerly Dahomey), Cameroon, Central African Republic, Chad, Congo, Equatorial Guinea, Gabon, Ghana, Guinea, Ivory Coast, Liberia, Mali, Mauritania, Niger, Senegal, Nigeria, Sierra Leone, Togo and Upper Volta.

The AID-funded program will be coordinated by health care specialists from Boston University and will involve the World Health Organization, the United Nations Development Program, UNICEF, France's Fonds d'Aide et de Coopération, and other donors and health organizations working in the participating countries.

The program director is Dr. David M. French, who, prior to his present appointment, was director of community health affairs for Boston University Medical Center. He left Boston for Africa and will have headquarters in Abidjan, Ivory Coast.

Dr. French received his M.D. degree from Howard University and a Master's Degree in Public Health from Johns Hopkins University. He is a Diplomate on the American Board of Surgery, Fellow of the American College of Surgeons, and a Fellow of the American

College of Preventive Medicine. His specialty is pediatric surgery.

Dr. French is a founder and a member of the executive committee of the National Association of Neighborhood Health Centers and also a founder of the Massachusetts League of Neighborhood Health Centers. He is a member of the Health Advisory Committee of the National Board of the National Urban League.

Throughout the program, AID, WHO, and the other countries and organizations will work closely with health ministries of the twenty African countries to improve the health delivery systems.

In addition, the AID program calls for wide use of consulting services from U.S. institutions, organizations and experts. Special efforts are being made to involve women and Black institutions such as Meharry Medical College, Howard University, Drew Medical School and Tuskegee Institute. The program also will call on African institutions, organizations and African experts.

AID and other groups in 1966 launched a program in the twenty countries to eradicate smallpox and control measles. AID grants enabled the African countries to continue vaccination programs through 1973.

According to Mr. Scott, the new program will build on the experiences and success of the smallpox eradication/measles control project. Such public health activities generate international cooperation and good will, he said.

The initial aim of the program is to develop senior and mid-level staff for ministries of health, and the health institutions particularly through the use of African Regional Health Training Centers such as existing facilities at Lome in Togo and Lagos in Nigeria.



DR. D.M. FRENCH

Local African Governments, regional organizations, and international agency personnel have been actively involved in structuring the programs and establishing and operating strategy and a regional coordinating committee. In addition, various health ministries are already planning to provide more services to rural areas with increased emphasis on preventive medicine.

To help the new project run smoothly, the AID Washington Office is providing technical coordinating assistance under the leadership of Dr. Edward B. Cross, Principal Health Officer, and Mr. Herman O. Marshall, Public Health Advisor, both of AID's Bureau of Africa.

Students hear library story

by Maggie Brister,
8th grader, Boise School

Miss Bette Hodges, the librarian at Albina Branch Library, visited Boise's journalism class to talk about the library levy, which is coming up on May 25th. Miss Hodges explained that if the vote doesn't pass for the libraries to stay open the branch libraries will be closed on June 1st and no books will be available to anybody. The branch libraries will be boarded up so no one could get books.

The libraries are run by Multnomah County, which also runs the police department, the welfare, and the court department, which cannot be cut on the money they get because of a law. Mult-

nomah County does not have enough money to run these things, and they are eight million dollars short. If they do close down the branch libraries about 120 people will be out of work. They will be the ones who have been in the libraries less than seven years.

If the majority of the votes are for closing the branch libraries, the only libraries that will be open are the one on Foster Road and the one downtown. That will make it hard for these two because lots of people will be coming in from in and out of the city, because these libraries are open to people from the whole county. It would be hard for school students to get their work done that have to get their work done in a library.

Birth control drugs effect women's nutritional needs

Women taking birth control pills need to be especially careful to fill their nutritional requirements, warn two Oregon State University nutritionists. Lorraine Miller and James Leklem have conducted research on the effects of oral contraceptives on the nutritional needs of women - specifically on vitamin B6.

While a majority of the more than ten million American women taking birth control pills will not have any adverse reactions resulting from the contraceptives, all women should be more aware that their nutritional needs are altered by taking the pill, they said.

The vitamins most likely to be affected by oral contraceptives are vitamins B2 (riboflavin), B6 (pyridoxine), B12 and C (ascorbic acid). Other nutrients affected by the pill are folic acid and zinc.

The two Agricultural Experiment Station researchers said groups of contraceptive users who need to be the most careful about maintaining good nutrition are teenage girls, users who smoke or take drugs, women older than thirty years of age and women contemplating going off the pills to have a child.

"Teenage girls taking oral contraceptives run a great risk of developing nutritional deficiencies because their bodies already have high nutrient requirements for growth," Leklem said.

"Cigarettes and drugs add yet another insult to the body and increase nutrient requirements. Smoking in particular increases the body's need for vitamin C."

Miller said women older than thirty must be careful of their vitamin intake levels because the levels of vitamins in the blood go down after that age and more vitamins may be needed to maintain health.

But the Oregon State University scientists warned that women who want to stop taking oral contraceptives to have a child run the greatest nutritional risk of all.

"Pregnancy increases nutritional requirements. If a woman with nutritional deficiencies becomes pregnant soon after going off the pill, other deficiencies may result which could be harmful to the fetus as well as to the woman," Leklem said.

The problems of nutrition and birth control are complicated further because of the variety of pills on the market.

More than thirty types of birth control pills are available and doctors prescribe one they feel is right after looking over a woman's medical history, her physical condition and her family medical history.

"Physicians need to become much more aware of nutrition and its influence on good health," Leklem said. "Very few medical schools offer courses on nutrition although it would be to their advantage to teach it. Nutrition in the medical world now is confined mainly to dietitians who work in hospitals where it is too late to do much preventative nutritional planning or in clinics where they are assigned primarily to planning weight reduction diets."

The two Oregon State University scientists said more communication is needed between nutritionists and physicians to insure better health, but added the doctor is still the most valuable source of information for women who want to take birth control pills.

Women should talk to their physicians about the pill's influence on nutrition and be prepared to plan their diets more wisely. Then together, the woman and her doctor can write a prescription for good health as well as one of the pill.

"Some non-prescription supplemental vitamin pills designed specifically for oral contraceptive users are available, but they should not be necessary if the woman eats a proper diet," Miller said.

The B vitamins are needed for maintenance of a healthy nervous system and for normal cell metabolism. Riboflavin, or B2, is found in milk, cheese, liver, split peas, spinach, enriched bread and cereals. Pyridoxine, or vitamin B6, can be found in tuna, soybeans, nuts, bananas, spinach, whole grain and enriched bread, cereals and raisins. Foods rich in vitamin B12 are liver, fish, meat and eggs.

Vitamin C is needed for tissue structure and repair. Citrus fruits, tomatoes, cabbage, spinach, broccoli and potatoes contain vitamin C.

Folic acid's function in the body is to help maintain cell division, protein metabolism and red blood cell maturation. Foods high in folic acid are liver, nuts, asparagus, spinach and legumes such as soybeans, kidney beans and lima beans.

Zinc is found in whole grain breads and cereals, fish, eggs and nuts. It is needed for utilization of food and for carbohydrate metabolism.

PSU gains School of Urban Affairs

A new School of Urban Affairs at Portland State University has gained final approval and will begin operating no later than July 1st.

The State Board of Higher Education, meeting at PSU last Thursday, endorsed President Joseph Blumel's plan "to accent that part of our curriculum which no other institution in the state system can lay claim to or hope to match."

The School of Urban Affairs idea, first proposed by Blumel in a "State of the University" address shortly after he took office, unifies six curricular or research programs now under jurisdiction of the dean of Graduate Studies

and Research and the dean of the College of Social Science.

The programs are Administration of Justice, Institute on Aging, Black Studies Certificate Program, Urban Studies Certificate Program, Urban Studies Center and Urban Studies Graduate Programs.

Blumel emphasized that no new curricula are involved and there will be no added administrative costs growing out of creation of the new school.

State Board action represents the last step along the road to final approval for the new school. In 1974, a ten member committee of faculty, staff, students and local government representatives

recommended establishing the school.

Purposes of the move were to improve administrative coordination, strengthen interactions between the University and the broader community, and highlight the urban mission of the University.

Early in 1975, another committee, which had been appointed to study the structure of the proposed school, recommended including the six units under a dean who would report to Leon Richelle, vice president for academic affairs.

Finally, in November 1975, the PSU Faculty Senate endorsed the urban affairs school by a 44 to 3 vote.

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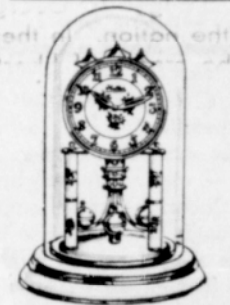
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