

School teaches Black pride

by Ulysses Marshall

The Black Educational Center School started in May of 1970 as a full time summer program to help Black children develop pride in their history and culture and to sharpen their academic skills. The Center set as its goal the opening of a full time school. After operating the summer program and Saturday classes during the school year, the Black Educational Center opened its full time school in September of 1973. "The success of the program has always been because of the commitment of parents to give their children an excellent education and the hard work and dedication of the teachers," says Ron Herndon.

Herndon is the director of the Black Educational Center School. The school gives the children the regular academic curriculum, plus enlightens them about their Black culture and makes them a well rounded individual. This is essential because as Herndon says, "Whoever's culture you have adopted, you will judge yourself and others in that manner. We want three things from our children: academic competence, thorough awareness of their culture and we want them to help solve the problems of the Black people." The school has grades from 1st to 4th. "This is a school that was designed for the needs of Black children."

"Without the parents' support, and the encouragement that was given by the Black community, it never would have been. In no way do I mean to belittle the support of others, but without Black people's support, we would have been gone a long time ago."



RON HERNDON

Thirty students are enrolled at the school, and they have a staff of three teachers. The parents help with fund raising, helping supervise field trips and offer suggestions about the curriculum. Parents also have taught a class on some topic they were familiar with.

One of the valuable lessons that the Black Educational Center has taught is that Black people are more than capable of planning, developing and sustaining programs that are designed to meet their needs. That with commitment, desire and dedication Black people can successfully work at solving the serious problems they face.

Dr. Semler moves offices

Accomplishing the seemingly impossible by maintaining uninterrupted service for patients, the Semler Optical Offices have moved their Portland operation to the new Semler Building at S.W. 3rd & Yamhill. Semler's has been a landmark at S.W. 3rd & Morrison for over 3 generations.

The move was necessitated by the downtown renewal program which has called for the leveling of the entire block bounded by Third, Fourth, Alder and Morrison. The Semler Dental Clinic and Semler Optical offices occupied space in the 100 x 100 five story building which was owned by the Semler family for over 60 years.

The Semler Optical Company was founded in 1925 by Dr. Harry Semler (now deceased). Since 1962 his son Dr. Larry Semler, Optometrist, has headed the Optometric firm with fully staffed branch offices in Salem, Eugene and Hazel Dell. In addition to Optometric Services, Hearing Aid supplying is provided by the firm using modern electronic testing devices under the direction of Licensed Hearing Aid Technicians.

Dr. Semler is a graduate of the Pacific University School of Optometry and is associated in the four offices by the following optometrists: Dr. R. Hull, Dr. M. Kelly, Dr. J. Berry and Dr. G. Stenhouse - Portland, with Dr. H. Webb - Eugene, Dr. E. Kwan - Salem, and Dr. R. Beaderstadt - Hazel Dell.

"Optometrical services have moved to new degrees of vision correction perfection, as well as to new highs in fashion lens, shapes and frames" Dr. Semler stated, explaining that both varied focal corrections are included not only in single standard lenses but also in the very popular contact lenses.

"Although our move was made under an ultra short time limit we hope to announce the formal opening of our new location as soon as the contractors put the finishing touches on the remodeling of our new offices at S.W. 3rd and Yamhill" Dr. Semler said.

Black Caucus supports Young

WASHINGTON, D.C. - The following statement was released by the Congressional Black Caucus after a meeting with U.N. ambassador Andrew Young, one in a series of meetings with Cabinet officials:

The opportunity to meet with our former colleague and present United Nations Ambassador Andrew Young continues the close working relationship members of the Congressional Black Caucus have had with an individual who has given a crucial and significant role in the formation and implementation of United States foreign policy.

Ambassador Young's willingness to speak out with candor, truthfulness and insight has brought a refreshing openness to the conduct of our foreign policy. It is a measure of his success in discussing with the public matters formerly debated behind closed doors that concerted efforts have been undertaken to undercut his position and strength. It is no wonder that there is consternation among those who have failed to speak out against racist regimes, who have subordinated human rights to "Realpolitik."

As a member of the Congressional Black Caucus, Ambassador Young was among the leaders of our efforts to move the United States government toward policies which would lead to majority rule for the people of southern Africa. He was an early leader of those who moved for a ban on the importation of Rhodesian Chrome, now part of our laws. He was among the

Caucus members who met with former Secretary of State Kissinger to urge these and other positions on the government.

Today, when he has the position and the influence to make his views heard and to bring policy into conformity with what can only be described as elementary positions, his views are called into question by those who would have us forget their vigorous support for past foreign policy mistakes, including the war in Vietnam and the support of regimes in daily violation of the principles our nation espouses.

We are heartened that Ambassador Young has brought serious discussion about policies and practices which have been enmeshed in the inertia of the status quo. The President's support for his efforts is well-justified. The Congress, itself, is to be commended for soundly defeating just last week an attack on the Ambassador through an amendment to cut his staff. All decent Americans must speak out against scurrilous attacks on members of the Ambassador's staff on the floor of Congress. The attempt to red-bait leading national figures is a shocking reminder that we have not fully escaped the mentality that plagued the country in the 1950's.

We know, and Andy Young knows, that change comes only through struggle. His courageous efforts to bring about change in the nation's foreign policy and to better the condition of people throughout the world deserve the nation's respect and support.

Medical finance specialist say:

Reorganize health care before sending government the bill

by Martin Brown*

(PNS)—Health care costs will keep skyrocketing, despite President Carter's efforts to ground them, until a comprehensive national health plan replaces the jerry-built system that now encourages needless spending by hospitals and doctors.

That is the argument being made by a growing number of medical finance specialists, who believe the cost of health care depends not on whether it's public or private but on how it is organized.

President Carter plans no comprehensive national health program until health care inflation slows down. But that might be putting the cart before the horse.

According to Theodore Marmor of the University of Chicago, Dr. Rashi Fein of the Harvard Medical School and others, it is precisely the absence of a well organized national health plan that allows costs to rise so rapidly.

Since 1950, health care costs have jumped 1000 percent, more than anything else on the consumer price index.

Because the worst inflation hit at the advent of the Medicare and Medicaid programs, some have blamed government involvement. Yet the rate of increase is the same for both private and public health care here.

Meanwhile in Great Britain, where the government funds most health needs, the percentage of Gross National Product spent on health care has dropped by about a third within the past 15 years.

One explanation is that in Britain all funds go through one governmental agency, which also oversees quality control and can prevent needless spending.

In the U.S., roughly \$60 billion a year in federal money is dispersed through a plethora of public and private, profit and non-profit agencies. Few are accountable to either the consumer or the government.

And the funds are dispersed without

regard to the total effect on health care. As a result, analysts believe, government aid and competitive economics have encouraged:

- *excess purchase of expensive equipment;
- *excess construction;
- *excess hospitalization;
- *the transfer of private care costs onto the public bill;
- *and the neglect of many health care needs for which government incentives are lacking.

California's Governor Brown observed, shortly after Carter announced his plan, that "the medical-industrial complex rivals the Pentagon for cost over-runs and out-of-control inflation."

Ninety percent of all health care dollars, public and private, flow through financial intermediaries that take money from consumers and the government and give it to hospitals and doctors. The federal government most often uses the non-profit but private Blue Cross insurance organization.

To some, this is putting the fox in charge of the chicken coop.

Blue Cross was founded by hospitals, and hospital representatives continue to dominate its local boards of directors. Critics charge it has been responsive primarily to the hospitals, not to the public.

"The picture that emerges (of Blue Cross) is one of total unaccountability," according to Sylvia Law, director of the Health Law Project at the University of Pennsylvania.

"Hospitals are paid in advance for whatever they claim. Books are audited, often years later, by commercial auditors with no particular expertise in health services and no capacity to judge whether or not a cost is reasonable."

This lack of accountability has allowed hospitals to load private care costs onto Medicare. The Journal of the American Hospital Association, for example, recently reassured its readers that to manipulate Medicare is neither immoral

nor illegal.

"On the contrary," it said, "it is a well-established principle that a taxpayer may take advantage of loopholes in the tax law without any fear of criticism."

Knowing they will be reimbursed almost without question by Medicare, Blue Cross, or another form of insurance, hospitals have been encouraged to spend needlessly on equipment.

That explains why there are now 100,000 excess hospital beds in the nation, by the estimate of Health, Education and Welfare Secretary Joseph Califano. And it sheds light on the oversupply of elaborate ultra-specialized facilities and the lack of badly needed outpatient and family care clinics.

In Seattle, there are five open-heart surgery units, each costing \$180,000 a year, according to a study by the General Accounting Office. Together, they provide a capacity for 1,092 operations, yet only 300 are performed annually.

There are seven cobalt machines, each of which cost \$95,000 to install. But they are used at only 65 percent of capacity.

Similar studies in other major cities reveal virtually identical patterns of overbuilding and overequipping. A popular new item is the CAT Scanner, an X-ray machine that allows the physician to obtain a 3-D picture of internal organs. It cost at least \$600,000 to install.

Hospitals in Southern California have already bought more CAT scanners than are needed for the entire western U.S., according to Bernard Tresnowski, senior vice president of Blue Cross. Yet, he says, "the precise uses, benefits and limitations of these scanners have not yet been determined."

Hospitals overload on such technology because they are competing for doctors and neither Blue Cross nor anyone else requires them to cooperate regionally.

Meanwhile, physicians who know they will be reimbursed for hospital treatment but not out-patient care overuse the expensive facilities, often in a manner injurious to patients' best interests.

A 1976 study by the Social Security Administration found that cooperatively funded hospitals such as the Kaiser Permanente Plan or the Health Insurance Plan of New York, which provide incentives for cost-saving, hospitalize and perform surgery at only half the rate of private institutions. The average length of hospitalization was three times shorter in such situations.

The authors, Clifton Gans, Barbara Cooper and Constance Hirschman, also found that patients had better access to physicians in the cooperative hospitals. They get to doctors in an average of six hours while private practice patients have to wait an average of 13 hours.

All this suggests that trying to control the rising cost of health care simply by announcing a ceiling on inflation, as the Carter administration is proposing, is not likely to be effective.

Neither will more health insurance, whether public or private, according to health economist Marmor.

"Whatever insurance—public or private—is offered as a cure for medical inflation, it becomes iatrogenic—the disease of which it purports to be the cure," Marmor writes in the current issue of the journal, *The Public Interest*.

"What we need instead a plan that provides ample protection against disastrous medical costs, encourages worthwhile preventive care, and offers incentives to efficient practice."

Governor Brown came closer to the heart of the issue when he proposed a health care cost commission, which would have power to set maximum rates for a full range of hospital services, from room charges to x-ray fees. He noted that hospital care had already been "socialized" because the bills of most patients are paid by an "invisible third hand," government or insurance companies.

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The Nation

NEW YORK—That was a landmark decision in Washington on April 18 when the U.S. Court of Appeals reversed a lower court's decision denying the contention of a former physicist for the Department of Navy, Thomas E. Kinsey, that he was refused a position as a securities salesman because of his race. Although he passed all exams and had outstanding qualifications Legg, Mason & Co. refused him a job. His appeal was handled by Chester C. Davenport and Willie L. Leftwich of the famous D.C. firm Hudson & Leftwich, aided by Drew Days, III, now Assistant Attorney General for Civil Rights for the Department of Justice.

M. Carl Helman, President of the National Urban Coalition put it very succinctly why the struggle for civil rights continues when he addressed the Harvard Law Forum. "In the period of more than 350 years which have elapsed as Blacks passed from legally enforced bondage to the legalized status of free citizens and workers...none of the laws, executive orders, court decrees, and governmental agencies created during that time have yet managed to close the economic gap between the Blacks and the whites," he observed.

Terence Todman, Black Assistant Secretary of State headed a seven-member U.S. delegation to Cuba, the first such meeting in 16 years. Discussion was over overlapping fishing zones off Florida.

Army Secretary Clifford Alexander has chosen Dr. Percy Pierre, dean of the Howard University School of Engineering as the new Assistant Secretary for Research and Development. Pentagon sources have revealed.

Notice

It's a Merry, Merry Month of May! So why aren't you strolling through the park? Oh, so you don't have anyone to stroll with? We have someone for you. The Adult Volunteer Program has a number of senior adults who would like to be your strolling friend.

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