

Our children: Where will they go?

Grassroot News, N.W. — "In the past years so much emphasis has been placed on women's rights, the elderly and minority affairs, and a lot of this concern has been properly placed. But there is a population of people that we have been neglecting. Not so much the runaways and drop-outs, but the adolescent population as a whole." Lee Madison, a treatment coordinator of Harry's Mother, a youth treatment center, describes the forgotten children of our community whose environment warrants flight, and those so-called problem students placed in exile because they fail to conform to a set of standards. These children are more than a statistic because each one represents another Dr. Charles Drew, Harriet Tubman or Langston Hughes.

Rance Spruill, director of one of the most effective support structures that's open to the forgotten child, the Albina Youth Opportunity School, believes that the root of the problem stems from the transformation from child to adult. "I guess it starts in the 4th or 5th grade. His or her mind moves to different things and they start to lose them in the schools. The school carries on; the kids go one way and the school goes another. Maybe the two meet up sometime by graduation, however, in the meantime, the student is lost. They have lost whatever they gained in those first four years."

"When you enter high school, the system expects you to survive on your own and in many cases these youth aren't prepared. They need nurturing and attention that the high schools can't give them because they have 1,000 other kids to deal

with. So therefore, they find it somewhere else and generally it's going to be in unacceptable ways. So you got these kids running around two steps below the gang mentality. These groups are running around getting into problems. Sometimes you see more kids outside the school than inside. School just becomes where everybody's at."

"It wasn't any different when I was going to school but we didn't have the alternatives. We wouldn't dare have a crap game across the street from school. The kids today are very informed but they are not making wise decisions."

"Among the problems is one of chronic nonattendance. When they aren't in school, they are either at home or walking up and down the streets. The kids that were here in '71 generally came to school because there wasn't any options open. If they were in the streets they ended up getting into trouble. Nowadays there's a lot of neighborhood competition. I call it program hopping. They will move from whoever is paying the buck. They run around in a circle but they really are at a standstill. It creates a dependency. Many programs concentrate on volume and cost-effectiveness and the mental part of that person is last. This needs to be turned around."

"I don't think any child goes bad. There are some things you don't have anybody else that you can hold responsible for, like the judge or the courts, so you hold that child. Is it the kid's responsibility to have something to eat or clothes to wear? And a lot of kids are put in that situation. By the time they're 15

years old they are adults having gone through things that most 25 year olds haven't. By the time they're 20, they have done everything. What then is there to look forward to? They are lost in the shuffle and they don't see how they fit in so they just survive. They go from whatever and whoever is going to satisfy their immediate needs."

"They don't develop any skills to plan their life by because they are in the habit of just existing. You do whatever you have to do and I'm not saying that it's a bad way, but you have to be able to change with the times. Later on, if you have to get up early and you have got in the habit of sleeping late, it's going to be hard. Now there are a lot of 25 year olds who think from hand to mouth like a 15 year old. They just get lost and then they do whatever they have to do."

Another way to drop out is to run away. "There are about one million children who run away each year—6,000 in the Portland area," Madison begins. "Between the ages of 12 and 18 they break away from the parents. Things aren't black and white. There's shades of gray. There are environmental factors such as problems in school, parents, and peers. And of course the economic. Children who come from broken homes are more likely to run away."

"Kids that run really have no place to go. They may go to a peer or another parent whom they feel is the best. But few run to the social agencies. From what I can see, black children have a tendency not to run because of the extended family structure. This is a natural part of the Black family, and the white



RANCE SPRUILL

family structure isn't set as such."

Since children have nowhere to go, they run directly to the streets and its institutions. The curriculum of the street often leads them to conflict with the law. And there is no running away from the streets.

The concluding thoughts to remind us of these forgotten children are provided by Dista Caldwell. "It is the underprivileged child about whom we are concerned. For it is this child upon whom the ultimate success of our race depends. We must salvage from the wreckage this down and out group and lift it to a higher plane of civilization if we as a group are to survive and live on into the future."

Dental school seeks child patients

"WANTED: More Young Patients."

If the School of Dentistry's children's clinic could post a classified ad, so it would read.

According to the American Society of Dentistry for Children, more than half the youngsters in the United States have never been to a dentist. Fifty per cent of all two-year olds have one or more decayed teeth. These statistics are confirmed by Dr. Arthur Retzlaff, chairman of the department of pediatric dentistry at the School of Dentistry.

Why the neglect? "Two basic reasons," said Dr. Retzlaff. "Frequently, parents' own anxieties about visiting a dentist keep them from scheduling checkups for their youngsters. Then, there is the popular notion that baby teeth fall out anyway, so why not postpone appointments until the permanent teeth come in? Both reasons conspire to keep children out of dental chairs."

According to Dr. Retzlaff, prevention of tooth decay should be on every parent's mind from the milestone moment when the child's first tooth emerges.

He cites "nursing bottle mouth" as a common dental malady among infants. "Unsuspecting parents who allow their babies a bottle, especially one filled with juice or Kool-Aid, are creating a great bacterial medium for tooth decay."

Dr. Retzlaff recommends that dental visits begin at three years of age, or sooner if suspected problems exist. He suggests that parents consider the School of Dentistry when making that first appointment.

"Here at the clinic, we emphasize the virtues of prevention as well as on making visits to the dentist a pleasant routine experience for the child. The combination of early checkups, a proper diet, fluoride supplement, and good oral hygiene at home can mean the difference between a mouth full of troubles and a happy smile," he said.

At the School of Dentistry's children's clinic, 160 undergraduate dental students and eight pediatric dental residents see approximately 700 children each month. "Yet, we are always in need of more young patients," Dr. Retzlaff said. "Appointments with many children give the dental students a broad base of experience."

Care at the children's clinic is highly supervised and makes use of the latest equipment and advanced techniques. "Undergraduate dental students treat the less complicated dental problems," Dr. Retzlaff said. "Residents do the specialized work."

Children as young as 15 months have been treated at the clinic. "Our cut-off age is around 12 years," Dr. Retzlaff added, "and we are equipped to treat both mentally and physically handicapped youngsters."

The clinic charges for treatment at about half the rate of private fees.

"There are no special requirements to visit the clinic," Dr. Retzlaff emphasized. "If a child needs dental care, we are available."

For more information on the services provided by the clinic and the hours they are open to treat children, the parents of prospective patients can call either 225-8880 or 225-8871.

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