

# Next week: Dr. Prophet on School District reorganization

## Urban League Convention

Page 5



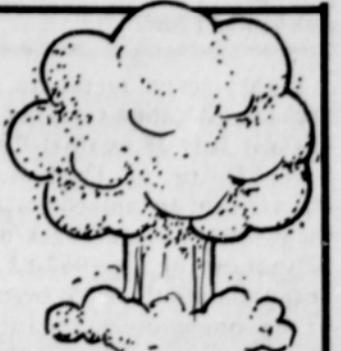
## Miss Tan Pageant

Page 10



## N-bomb fuel in NW?

Page 4



# THE NEW PORTLAND OBSERVER

USPS 959 680-855

August 4, 1982  
Volume XII, Number 43  
25¢ Per Copy

Two Sections

## Kulongoski spells out program

PORTLAND—Democratic gubernatorial candidate Ted Kulongoski today outlined a ten-point economic development program and strategy he described as "designed to give the people of Oregon hope for the future and a road map for Oregon's economic recovery, diversification and stabilization."

Kulongoski's plan included over fifty recommendations for specific programs or legislative action. He announced the package at press conferences in Portland, Eugene and Medford. The program calls for no increases in state spending.

"Oregon was once a national leader in economic development," Kulongoski said. "But in the last four years our economy has gone from the most diversified and healthy to its worst crisis since the Great Depression. I reject the notion that there is nothing the state can do. If ever there was a time for action, it is now."

Kulongoski's proposals, contained in a 40-page document, include providing assistance to small and medium sized businesses, increasing exports, creating a state investment program, major changes in the state's industrial recruiting, and assistance to Oregon industries in modernizing and retooling to compete in new markets.

"Oregon can no longer afford to drift further into the depths of this recession without an economic strategy that is designed to bring new jobs and prosperity to our state," Kulongoski said. "Already over 10,000 Oregonians have left the state in search of jobs elsewhere. Jobs for Oregonians must be the main concern of their Governor in these times."

Kulongoski called small and mid-sized business "the most productive source of new jobs for our citizens."

"It is time that we stimulated the birth and decreased the death of Oregon's small and mid-sized firms," he said. "To do that I am proposing to restructure the Department of Economic Development into an office of Economic Development, and get it out in the state working with our business people in all counties."

Kulongoski called for the creation of an institute for small business in conjunction with Oregon's system of higher education, regional business assistance centers, and the creation of an Oregon Development Fund to provide business capital.

(Continued on page 2 column 1)

## Gov. Atiyeh talks about Oregon

by Claudia Fisher

In an interview this week with the *Portland Observer*, Governor Victor Atiyeh discussed the Oregon economy, federal government policy, state policy to meet Oregon needs and minority business needs and differences between himself and Democratic opponent Ted Kulongoski.

The Governor began by stating that conditions existing now had been building for a long time. "Oregon didn't invent inflation or lead this nation into recession." In the past, he said, when the federal government wanted to cool down the economy, "Oregon got pneumonia." In a state very susceptible to economic downturns Atiyeh said he'd worked hard to bring economic diversification to Oregon.

State government has tried to do what it can to address high unemployment in the black community, stated Atiyeh. "I want the state to be a leader, and to create a talent pool of people to provide to agencies to fill state jobs," he stated. Working with State Affirmative Action Director Kay Toran, Atiyeh said his administration had done more than any one previously to achieve affirmative action including hiring or appointing six blacks to top positions, one to head a state agency.

Beyond "holding on to what we've accomplished," the Governor said, he wanted to continue to deal with specifics in recognizing where problems are and what efforts can

be made to address them in all communities, including the black community, that are hardest hit by Oregon unemployment. He stated he'd recently rejected a proposal CETA study on how to create jobs, instead "asking them to come back with a program for jobs to put young people to work."

### Jobs for minorities

There are two levels the state can operate from, the Governor said.

One level is what the state can do to assist minorities and the second one, he said, was to encourage private business to do business with minorities. Beyond set-asides for minority contractors, the state has a general program to make sure it does business with minority service providers, traditionally a high percentage of minority firms. Getting private business to do business with minorities is "a less formalized program," said (Please turn to page 2 column 4)



STATE SENATOR TED KULONGOSKI



GOVERNOR VIC ATIYEH

## The real crisis in Zimbabwe

by Bill Bigelow

Reading of the kidnapping of several tourists in Zimbabwe I was thankful I'd driven that road last July and not this year. I visited the African nation last summer hoping to learn about the changes resulting from ten years of guerilla war against the white minority government of Rhodesia.

It's now "winter" in Zimbabwe —75 or 80 degrees of bright blue skies and dry California-like heat. Miles and miles of flat bushland make up the terrain of the kidnapping—the area between Victoria Falls and Bulawayo.

Falls and Bulawayo.

This is ZAPU country. The loyalty of the local Ndebele people is with Joshua Nkomo, known affectionately as Father Zimbabwe. Nkomo, a rotund, slightly graying man, heads the Zimbabwe African People's Union (ZAPU). His army shared in the victory that forced the white minority regime to agree to genuinely free elections.

Nkomo lost those elections to Robert Mugabe, leader of the other guerilla organization, the Zimbabwe African National Union (ZANU) based in the Shona-speaking eastern part of the country.

Though winning an overwhelming majority, Mugabe offered Nkomo a junior partner role in his government. Nkomo accepted, but the fragile alliance slowly began to crumble.

The kidnapping of the tourists is really a symptom of a larger crisis in Zimbabwe. The magnitude of the problem was easily sensed last July and August when I drove with a group of Americans throughout the country. We met with Nkomo at his home in Bulawayo, spoke with cabinet ministers in Harare and sought out dozens of farmers, teachers, miners and ex-guerillas.



Mine-worker in Kamativi tin mine in western Zimbabwe.

Though people I met were full of hope—and spoke glowingly of the tremendous changes already transforming their country—they were cautious. They are painfully conscious of living in a landlocked country in a region dominated by a hostile industrial and military giant: white South Africa.

Researchers at the University of Zimbabwe were downright gloomy, telling us that 30 to 40 per cent of all industry in the country is owned by South African companies. Eighty per cent of foreign trade, including much of Zimbabwe's energy needs, still passes through South Africa.

Unwilling to accept this dependence, Zimbabwe has joined together with eight other Southern African (Please turn to page 2 column 1)

## Medical program announced for "medically poor" residents

The Multnomah County Medical Society announced a program today that will provide free and reduced health care for thousands of Multnomah County residents.

The new program, called Project Medi-share, is targeted at the "medically poor," those who have lost their primary source of income, have no medical insurance and do not qualify for any other medical assistance program, according to Dr. George Caspar, MCMS president. An estimated 105-125,000 Multnomah County residents are considered medically poor.

Over 236 primary care physicians and 170 specialists will treat patients referred through the medical society. To be referred, a patient must be a Multnomah County resident; have a clear and present need for non-emergency medical care; be unemployed, or dependent on some-

one who has been unemployed, for over 60 days; show evidence of continuous full-time employment with a termination date after January 1, 1981; have no third party insurance coverage and be ineligible for any other public or medical assistance program such as Medicaid or Medicare, Champus, Project Health or VA coverage.

Persons meeting these qualifications may call 227-2737 and a registered nurse will determine eligibility and arrange an appointment with a participating physician. Those who are already receiving free or reduced-cost care from their personal doctor are urged to remain with their doctor instead of calling Project Medi-share.

Patients who can pay for any part of the physician's service will be asked to do so, said Brad Davis, the

medical society's executive director.

He also stressed that physicians can only offer their professional service. Out-of-pocket laboratory work, x-rays, medical and drug supplies and hospitalization are not included in the program.

"We are trying to get suppliers and other medical care providers to join us in this effort," Davis said. "Whether that occurs has yet to be determined, but the physicians' part of the total health bill will no longer be an impediment to those needing care."

Davis cited several reasons for launching Project Medi-share: The physicians' responsibility to serve patients regardless of their financial situation; the pressing need for volunteers; and the threat of less-effective government-mandated programs.

"It would appear that unless volunteerism is exercised, the government will mandate a program that will be considerably less effective than a program developed by the private sector," he said. "We also hope our example will fan the flames of other major volunteer efforts on a variety of social and economic fronts."

Davis stressed that Project Medi-share does not eliminate the source of the problem and is not intended as a long-term solution.

"Financing care for any impoverished group is a society problem and far exceeds any one group's capacity to deal with it. . . . This is our attempt to deal with an acute, catastrophic, short-term situation."

Taped information about Project Medi-share and its eligibility requirements is available through Tel-Med by calling 248-9855.



BRAD DAVIS