

EDITORIAL/OPINION

Garlingtons will be missed, but not forgotten

Rev. John Garlington and his wife Yvonne will be missed by those in the city who believe in equal justice and equality for all in society. The Garlingtons were killed in an automobile accident in Florida on Jan. 16.

Although the entire city lost two outstanding citizens, Portland's Black community will be affected the most by the loss of the Garlingtons. Rev. Garlington was always involved in issues pertinent to the Black community. He was active in education, employment and other social issues.

Rev. Garlington was concerned about the crime problem facing residents of Northeast Portland. When citizens marched in the rain to protest drug trafficking and prostitution in their community back in October, Rev. Garlington marched alongside them, giving his support to their cause.

He spoke out against police brutality, and was an original member of the Police Internal Investigation Auditing Committee. This committee monitors the Portland Police Bureau's handling of public complaints.

Rev. Garlington was also active in the Albina Ministerial Alliance, serving as president. Rev. Garlington's deep Christian faith in God and humanity served him well as he led the fight against injustice and racism. To many Black Portlanders, Rev. Garlington was another Dr. Martin Luther King, Jr. Indeed both he and Dr. King devoted their entire lives to the betterment of all. This is why, like Dr. King, Rev. Garlington and his wife Yvonne will not be forgotten.

We at the Portland Observer wish to express our deepest sympathy to the Garlington family and the people of Maranatha.

EDITORIAL/COMMENTARY

HAP addresses the needs of the homeless

by Connie D. Easter

Who can escape the recent coverage by the media of the plight of the homeless. Headlines cry out for attention to the needs of the unemployed, fatherless, and the hungry. If NAHRO were to publish these same articles for Housing Authorities (HAs) across the nation, they probably wouldn't get a stir—simply because the homeless are not news to us. These same news stories we can easily match, winning the "one-up-manship" game hands down. We've seen people with stories so terrible the editors of these same papers would question the stories' basis in fact. Lives so disrupted we've wondered how the people managed to carry on. But regardless of who tells the story, its end always spells the same: deprivation, pain, and sorrow.

While the majority of press attention has been for the "transient," single person, within the Portland area, the Housing Authority of Portland (HAP) found the largest number of emergency services were already being provided for this population. But for families, most HAs would agree, the need for housing had long since reached the critical point. Certainly it's true these families—if they wait long enough for low-income housing or as true in some cases, even get on the waiting list—will eventually be served. It also might take a year or two. Yes, it can and still does happen for some—most generally for those who already have a fall-back system that can meet some of their most pressing needs until a unit is eventually available.

But what about those families that can't wait? Those who only need a short term (two to three months) life. Those for whom assistance, if given immediately, in the form of a total service package, can and will make it. Few HAs across the nation are prepared to provide this total package: adequate and steady incomes, job searches, child care, and the all-important daily bread. This was never the intent of low-income housing. For some HAs, this decision was particularly difficult, as long ago their organization's mission had been clearly defined: that is, to provide rental stock for those able to meet the majority of their needs with a minimum of support. It became quickly evident that for the Housing Authority of Portland to duplicate what other agencies had spent years establishing, would be a grave error in judgment, both financially and managerially. But of one thing HAP was certain—to serve the family who needed emergency housing was an area they couldn't ignore.

Countless figures were being touted as to how widespread the problem had become. HAP hired

a consulting firm, The Planning Group, simply to get the facts "straight." They also wanted the targeted population narrowed to geographic locations, within their area of responsibility. But most important, the bottom line had to be—housing of a short-term nature, while halting the reoccurrence of the homelessness.

The numbers were worse than most had imagined. Over 1,000 families, or 2,000 individuals in families, continue to sleep under bridges, in cardboard boxes, and in their or someone else's cars. Families who needed, as described earlier, a total package. So HAP divided its program into two phases. Phase I centered on what was immediately needed: supplied housing, access to resources for food, clothing, but also what HAP felt was an integral part, staff that could ease the referral process for other supportive services. Cut out all the "red tape." When appropriate, we wanted families to be able to stay within their own neighborhoods. We wanted them to maintain their privacy. Dormitory-style "night" shelters and private room residential shelters wouldn't make it. We wanted separate, individual units, studios, efficiency, or two to three bedroom units depending on the family's needs, both in a scattered site or single-unit style.

Further, any family seeking housing from HAP during this period, and for whom it was deemed an emergency, their names would go to the top of the waiting list for these specially allocated units. Through this process, all of the expertise could be brought to bear on the process of screening for appropriate families.

Because every city as a "core" area for its homeless, HAP's goal was to select sites outside the "Burnside" area of Portland, a gathering place for the chronically unemployed and rugged element of Portland's population. This gave rise to the "quadrant" approach, similar to the cluster apartment sites of Seattle's model.

This approach fit in particularly well in Portland as it sees itself as a neighborhood-based service delivery system. And all service delivery systems have been established with this plan in mind.

Again, not wishing to duplicate what other agencies had spent years to establish, HAP's program called for the removal of some units of HAP's existing stock, and in turn, leasing them to an agency within specific locations, that had demonstrated expertise and willingness for the task. Only those agencies with well-established track records of sound and adequate levels of case management, coupled with sufficient staff, would be considered. Further, they had to have the reputation of maximizing what

few resources might be available to meet the family's needs, while at the same time stabilizing the situation. Contracts would be one year in length and re-evaluated biannually, in the beginning. Although a one to three month commitment of service per family was also a bottom line, there had to be room for flexibility on both the part of the agency and HAP. "We simply couldn't be put in the position of turning 'emergency' housing into 'permanent' housing," related W. E. (Bill) Hunter, executive director.

HAP first set about identifying a specific number of units in each geographic quadrant for the housing. Later came the identification of those projects within these areas, based on numbers or those developments with a high rate of vacancy, regardless of whom they served, elderly or families. Particularly important were discussions with HUD for removal of these units from originally intended use. Agreements both with HUD and subcontracted local service agencies as to expectations by all were additional steps.

Phase II of the program called for the acquisition of adjunct properties to complete the total quadrant approach in appropriate areas where HAP properties are unavailable. Staff were authorized to determine the costs and potential source of property for the purchase of a duplex or fourplex to be secured at the point of heaviest need.

The end product would be a total of 12 units divided between four of the county's six quadrant areas which would need to be removed from the regular rental rolls and the purchase of one to two additional duplexes of fourplexes—all of which would be leased to social providers. HAP would provide the property and maintenance of such, but the other necessities such as bedding, furniture, etc. would have to be provided and maintained by the contracted agency.

"It has not been an easy process," related Bill Hunter, "this process of assuring a sound program, meant to continue. But the results have been gratifying. We view this process as one by which several needs can be filled: families can receive emergency services, working relationships between agencies will be enhanced, vacant units within HAP need not wait months to be filled, and new hope will be kindled in many who now face despair.

"Granted not all 'kinks' in the armor have been ironed out, but we're well on our way. And, we'd be more than happy to share our expertise with anyone interested in duplicating this effort."

Connie D. Easter is the Public Affairs Coordinator of the Housing Authority of Portland.



Healthwatch

by Steven Bailey N.D.

Last week the *New England Journal of Medicine* (Vol. 314, No. 4) published a study from Denmark which states that "obesity has a strong genetic component." This, like other adoption studies makes use of the enormous data available through the Danish Adoption Register, which has the records of every non-familial adoption in Denmark between 1924 and 1947.

The statistical assessment of biological parents' weights, adoptive parents' weights and children's weights shows a strong probability of obese mothers having obese children and virtually no relationship between adopting parents' weight status and their children's future weight.

From this probability assay the

authors declare an end to the debate on obesity as a result of environment versus heredity. They do however state that environment may influence the genetic traits and further that exercise may diminish obesity.

While the authors declare that obesity may soon be treated with genetic screening, and that the environment is mostly insignificant, they ignore one important component which may totally obviate the worth of their study. These statisticians treat the nine months of interuterine life as non-environment.

While medicine recognizes the ability of diabetic high blood sugar to significantly alter the birth weight of children, these authors toss out serum nutrition

to the fetus as insignificant, when from a logical and scientific basis it is essential. Truly the only human study that can approximate an environment versus heredity study will occur with test tube babies in which the biological parents do not involve themselves with the incubation of the fetus.

There are a couple of sad points to this study. One is that this prestigious magazine did not screen for this statistical manipulation of the study groups; and secondly, that during a health renaissance of public awareness of diet and lifestyle, a study such as this can do much to de-emphasize the importance of proper nutrition, exercise and appropriate lifestyle.

EDITORIAL/COMMENTARY

Reproductive freedom is a Black issue

Dear Sisters:

The International Council of African Women is best known for our work on international issues that bring together women of African descent around the world. This is because we are community activists who care about and work on international, national and local issues including rape, food cooperatives, civil rights, and Black independent schools.

Today, we are writing you about problems often unacknowledged by our community: teenage pregnancy, birth control and abortion. We, as Black women need to consider that:

1. Black teenagers (under age 18) account for 28% of all Black births in the United States.

2. 54% of Black teenagers are sexually active.

3. Black adolescents seeking birth control do so about 14 months after their first sexual experience.

4. Among 18-year-old mothers, nearly six in 10 have not completed high school.

5. 85% of young Black mothers (under age 25) and their children live in poverty.

6. 60% of children born to teenagers outside of marriage, who live and are not adopted, receive welfare.

7. Black children living in single-parent households increased from 32% of all Black children in 1977 to 49% in 1980 and 54% in 1983.

8. A study conducted at Attica State Prison in New York found that 90% of the inmates were born to teenage mothers.

These facts and statistics paint a frightening picture of the condition of Black women and children. Yet our community too often denies the existence of this problem. Often we think preaching to children about morality and severely controlling their movements are enough to prevent unwanted pregnancies. These strategies are obviously failing.

Similarly, when young Black women have unexpected pregnancies, they face the difficult choices of: 1) having and keeping the baby (and possibly ending their education); 2) giving the baby up for adoption (in the face of record numbers of unadopted Black children); or 3) having an abortion (if she can afford it, since the 1977 Hyde Amendment prohibits federal funding of abortions for poor women). If she chooses the latter option, she must find safe, affordable services.

To add to her problems, she may experience racist harassment at abortion clinics because

these clinics are the targets of fanatic anti-abortion zealots. Abortion and family planning clinics have been bombed around the country, and women entering these clinics have been verbally and physically attacked. What the newspapers have not reported is the fact that most of the people attacking these clinics are white men, while most of the women using these clinics are Black women. Thus, we have white men violently interfering with Black women's rights to choose what is best for themselves, which is nothing new. Since slavery, our right to control our reproduction was challenged by white men and this racist attack on Black women continues today.

The birth control and abortion issue is a sensitive and serious one in our community. We have real and legitimate fears about the genocide the profit-oriented health industry has practiced on our people. However, we should not confuse this crime with the issue of birth control and abortion, because if the right of Black women to make our own reproductive decisions is lost—then we again face forced child birth. Forced child birth is as wrong as forced sterilization. Forced child birth is what we dealt with during slavery—and if the right to make our own choices is taken away from us, we let ourselves again be bred like cattle to supply cheap labor for America.

ICAW has determined that we shall not sit back and let our sisters experience racist harassment and face these difficult decisions without our voices of support being heard. For far too long, the Black community has seen the struggle for safe birth control and affordable, legal abortions as "white women's" issues, while being blind to the incredible numbers of Black women also affected. Perhaps we are more vulnerable, because our usual financial situations don't allow us the privilege of private physicians and secret overseas abortions. Too often, we are in public facilities, get our birth control from public sources, and have to put up with racism and harassment white women can avoid by having more resources and choices.

ICAW has agreed to work with the National Black Women's Health Project, the National Council of Negro Women, Women Ministers of Greater Washington, the D.C. Rape Crisis Center, and the National Organization for Women (NOW) in a March to Save Women's Lives, a national

demonstration of 150,000 people to show our support for safe birth control and legal abortions.

The March to Save Women's Lives will be held March 9th in Washington, DC and will bring together community leaders, celebrities, and elected officials to show the world we are tired of "moral majority" (read immoral minority) attacks on our rights—both our reproductive rights and our civil rights. The day after the March, March 10th, we are working with NOW on a Congressional Lobby Day for the Civil Rights Restoration Act of 1985, which is currently being blocked in the House by an anti-abortion amendment. While we often fail to see the link between reproductive rights and our civil rights, you can bet the Right Wing has made the connection.

The Black community is amazingly silent on this issue. It is as if we fear speaking out. But in this era of skyrocketing teenage pregnancies, starvation of women and children in Africa, and callous insensitivity to the struggles of people of color, it is outrageous that Right-wing forces, under the leadership of the Reagan administration, are trying to move us back to the 19th century. The "good old days" weren't that good for us—remember slavery, Jim Crow, and coat-hanger abortions? These things killed more Black women than child birth.

ICAW hopes that each of you is moved by the plight of our sisters—moved to erase our collective silence on abortion and birth control. The "immoral minority" is trying to turn back the clock of our progress and they have taken our silence for weakness. NOW IS THE TIME for us to make our own statement. ICAW hopes that you will join us in Washington, DC on March 9th to show that we are not indifferent to the fate of our community. Now is not the time for fighting among ourselves or quibbling over whether we can/should work with white women on this issue.

ICAW will work to provide housing assistance to all sisters traveling to Washington for this March. Low-cost transportation is also available and all participants are asked to wear white. We will have a large banner with ICAW's name on it, and we hope each of you is marching proudly beside us. Please contact the Rape Crisis Center at (202) 232-0203, and tell us you want to March to Save Women's Lives!

In Sisterhood,
Nkenge Toure
Co-Coordinator, ICAW

Portland Observer



USPS 959-680-005
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NEWSPAPER
Association - Founded 1885

The Portland Observer (USPS 959-680) is published every Thursday by Exie Publishing Company, Inc., 1483 N.E. Killingsworth, Portland, Oregon 97211, Post Office Box 3137, Portland, Oregon 97208. Second class postage paid at Portland, Oregon.

The Portland Observer was established in 1970.

Subscriptions: \$15.00 per year in the Tri-County area. Postmaster: Send address changes to the Portland Observer, P.O. Box 3137, Portland, Oregon 97208.

Alfred L. Henderson, Editor/Publisher
Al Williams, General Manager



288-0033

National Advertising Representative
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New York