



# Speak Out

Do you feel the spirit of Christmas?

by Arnold Pitre



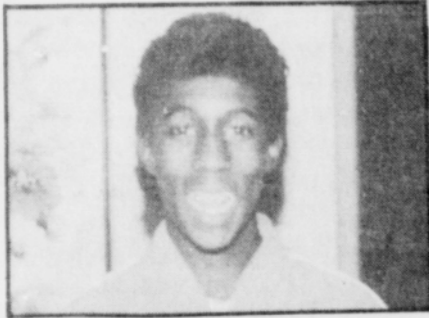
Danny Bergquist  
10 year old student

Yeah . . . I feel good inside at Christmas time. I like to see the Christmas lights. I hope it snows, so I can go skiing. I think that I will get a lot of presents this year. I like our Christmas tree.



Jeannie Moore  
Saleslady

Yes . . . This is the time of the year when we celebrate the birth of Christ, and I enjoy that. I enjoy hearing the Christmas music. I work in the Jantzen Mall, and it's nice to hear the music and work around the different people that come through here. It is a giving time of the year, and I enjoy giving. Most people are feeling pretty good at this time of the year, and it is nice to be around people when they are feeling the Christmas spirit.



Anthony Pitre  
14 year-old student

Yes . . . but not as exciting to me as when I was younger. I just like to see the younger kids have fun. I don't expect to get a lot of gifts like I used to as a kid, but it is fun to receive them. The family comes together at Christmas time. We do a lot of visiting, and seeing them is special to me.



Diane Matsubara  
7 year old 2nd grader

Yes . . . I like to get toys and I like to go see Santa. I went to the mall to see him and it was fun. He asked me what I wanted and I said a 10-speed. He kissed me on the cheek and said Merry Christmas.

# Community Mental Health

by Danny Bell

## Drugs, Alcohol and Mental Health

Good mental health in its optimum state entails a secure, productive, and social network that supports one's psychology. One's mental outlook is also greatly influenced by genetic factors that make up the bio-chemical balance within the brain. Obviously this is a delicate balance. Therefore, when an individual introduces illicit drugs and/or alcohol into the brain, one is at risk.

Few people realize that there is a new generation with chronic mental and emotional disorders. Generally the public tends to associate a preference for drug use with the stigma of mental disease. It is more acceptable to view abnormal or bizarre behavior as the result of drug abuse, which is an example of where the individual can be perceived as having control, rather than to construe that bizarre behavior as biologically based, and, therefore, out of the control of the individual. Yet current medical opinion maintains that anyone with a history of alcohol and/or drug abuse in the family is susceptible to the negative affects of chemical substance abuse. Although drug addiction and certain mental diseases share similar characteristics, they are two separate and distinct states of mind.

In some cases of drug induced psychosis, once the chemical substance abuse is discontinued, certain individuals return to living constructive, viable lives. Whereas in the bio-chemical case, where the individual indulges in drug abuse and has bio-chemical imbalance, discontinuing the chemical substance use may reveal further psychiatric problems, which will necessitate the use of clinical drugs to restore the chemical balance in the brain.

Take the case of marijuana, which to many is an innocuous drug. The American Medical Association, in a 1980 update of its report on marijuana, labeled it a dangerous drug based on a range of adverse, acute or long-term effects, both physical and psychological.

Just as any other habits, cigarettes, coffee, alcohol, marijuana, and the other drugs, as well as patterns of behavior, such as losing one's temper, or going to sleep, there are times when these types of behaviors may be done without harm. Albeit, when habits interfere with one's ability to cope, with one's quality of life, and is used as a mechanism to avoid the task of personal and social development, it becomes a detriment to the individual's ability to maintain adequate personal balance and social performance.

The 1979 study, "Highlights: Drugs and the Nation's High School Students, Five Year National Trends", states: "An in-depth study of 17 youngsters who abused marijuana found that one-third had learning disabilities, two-thirds had difficulties participating in class, and all seemed to have withdrawn from competition . . . Marijuana served, among other purposes, to sustain grandiose fantasies while avoiding anxiety-arousing situations."

If this pattern persists, it becomes a conditioned response to retreat from life's frustrations and stresses. The net effect is to arrest maturity at the point in which the individual becomes chronically involved with marijuana, and, there, the individual remains in perpetual adolescence.

There are facilities that address chemical substance abuse in our community. It is important for the individual who is involved in drug abuse to seek counseling, preferably in a group such as Alcoholics- or Narcotics Anonymous. Success for breaking the cycle of abuse is often attached to an individual getting involved with a support unit larger than oneself. Other options for recovery have been found in church and the belief in God.

The N/NE Community Mental Health Center has a dual-diagnosis group which deals with individuals who suffer from drug abuse and mental health problems. Other agencies which serve clients residing in N/NE Portland are The Project for Community Recovery (which specifically targets the Black population for client treatment), Alcohol Treatment and Training, St. Vincent de Paul, and T.A.S.K.

We invite our readers to write The Community Mental Health column, at 128 N.E. Russell, Portland, Oregon 97212, attention Danny Bell.

something about them. It was an experiment at non-social, non-public relations, multi-organization gathering for presentation and discussion of community issues.

The participants were greeted by State Representative Margaret Carter and Amelia Lanier from the Oregon Commission on Black Affairs. Commissioner Carolyn Leonard of the Oregon Commission of Black Affairs distributed information and explained that the Commission under her leadership is going to do everything possible to be supportive of the African American economy.

The presenters of papers were: Mr. Matthew Chavis, Ms. Ora Hart, Commissioner Carolyn Leonard, Bishop A. Wells, Mr. Joseph Lambert, Mr. Owen R. Owen, Dr. Ozodi Osuji, Mr. John H. Brown and Mr. James Washington. All papers presented were excellent quality and pertinent to the economic development of the African America community.

The award winning paper, with the help of a colorful graphical chart, explained a framework for community development. In this framework, the business community is central and the community non-profit organizations have a key lobby role to play. In other words, he showed that all elements of the community have a role in his economic network. The task then is to develop the appropriate synergistic linkages.



# Health Watch

by Steven Bailey, N.D.

## Concepts on Health

Thus far in this series on AIDS, I have written about the new federal definition of AIDS, general symptoms, testing for AIDS, and a general overview of the immune system and how it is affected by the AIDS virus. Before I begin on how you get AIDS (transmission) and what you can do once infected, I would like to discuss the general concept of "health" or "wellness" and how it inter-relates with the current AIDS crisis.

"Health" is currently defined as "optimum functioning with freedom from disease and abnormality." Orthodox American medicine (allopathic, i.e., M.D.'s) has, to a large part, emphasized, both in education and practice, a primary, if not sole, importance in the "freedom from disease" portion of health. The American public is now taking a renewed interest in the concept of "optimum health", and the medical community is finally beginning to understand the relationship between "wellness" or "optimum health" and the potential to develop serious disease.

"Optimum" is defined as "the best or most favorable condition for a particular situation". This means that optimum health may vary from person to person or with time and situation, but that it employs the very best of health for each situation. In a singular situation, this means personal energy, clearness of thought, emotional vitality and stability, creativity, as well as an absence of disease. It would also mean that limiting symptoms such as nervousness, digestive disturbance, irritability, etc., were not on-going conditions of one's day-to-day life.

There are many reasons most of us do not experience optimum health. The stresses of twentieth century life (job stress, pollution, etc.), interpersonal conflicts, less-than-adequate exercise, and less-than-optimum nutrition are some of the most common reasons for our not achieving our full health potential. Promiscuous life-style, as well as drug abuse, contributes to ill-health dramatically in some segments of our society. When considering the AIDS crisis, all of the above-mentioned stresses are noteworthy.

The conclusion of this series will look directly at optimum nutrition and exercise, as well as other support programs for the immune system. It is the other above-mentioned stresses that we now take note.

### Twentieth Century Life

There are many "givens" to living in the twentieth century that are substantially different from previous human experience. The type of work we do, how much physical work is required on a daily basis, how much of our diet is comprised of whole foods, and how many new environmental toxins we encounter are all substantially different from even our grandparents. Much of this we cannot change, but we can accommodate these new stresses with changes in our life-styles and eating habits.

The automobile, television, changes of jobs have all contributed to a dramatic decrease in how much the average American exercises. Many people have taken up jogging, joined spa's, or taken up other "aerobic" activities, but, for most of us, brisk walking (i.e., to work, at lunch, etc.) is sufficient for our exercise needs. At whatever level you wish to exercise, your program should be one that leaves you feeling good shortly after working out (i.e., 1 to 2 hours). If you feel "drained" for some time after exercising, you are probably overdoing it.

Our diets have changed dramatically with corporate farming and the wide-spread processing of our foods. "The American Journal of Epidemiology" recently listed the 15 most common foods in the American diet. "This 15-food list began with white bread and rolls as number one; cookies, cake and donuts as number two; followed by hamburgers, soda and 4% milk as three through five. French fries, at nine, were the only vegetable, and whole wheat bread, at 15, was the only grain. White flour, red meat, dairy and sugar made up the rest of the 15 most common foods.

Simple changes to a more basic "whole foods" diet would do much to change America's "epidemic" levels of chronic and degenerative disease. Decreases in white flour, red meat, dairy (fat), and simple sugars, with increases in salads (dark greens), fiber (whole grains, beans, fruit and veggies), and some level of trace mineral supplementation is an excellent starting place; more specific nutritional suggestions will follow in the conclusion of this series.

Next Week: How You Get AIDS

## Nero Sponsors Community and Economic Development Award

Mr. David M. Nero, Jr. sponsored a cash award for the best paper presented on African American economic development. The papers were read aloud and judged at a colloquium sponsored by the Oregon Business League and the Nigerian Professionals of Oregon on November 14, 1987. The colloquium was held at Williams Baptist Convention Center located at 220 N.E. Beech

Street, Portland, Oregon.

The colloquium attracted 21 registrants, all local African American professionals and business men and women. Dr. E.C. Ogbuobiri was the moderator for the colloquium. This seminal meeting, as intended, provided an opportunity for some people with powerful ideas to lay them out and explore them with colleagues and individuals in the community who are in a position to do

## Lottery Exceeds Forecasts

The Oregon Lottery transferred \$11,679,906 to the state Economic Development Fund, exceeding the forecast amount by \$4 million. The lottery has earned \$21,314,714 to date for economic development projects for the 1987-89 biennium, an increase of more than \$5 million over the \$16 million projected for the period. This quarter yielded an additional \$3.1 million for economic development.

State lottery law requires, quarterly economic development receipts in excess of \$8 million go into a reserve fund to cover income fluctuations. When the reserve

reaches \$2 million, 75 percent of the excess is applied to the special public works fund and 25 percent to the strategic reserve fund.

In the previous quarter, \$1.55 million was transferred to the reserve. The transfer of \$450,000 will raise the reserve fund up to its mandated level, and the excess will go into the two programs.

Other programs benefitted by lottery proceeds include the Regional Strategies Program, Oregon Busi-

ness Development Fund, Targeted Training, Tourism Marketing, Higher Education, Stabilization Fund, the Oregon Resource Technology and Development Corporation, and others.

"It is great news for the entire state," comments Richard Reiten, Director, OEDD. "The additional money, which primarily goes to the special public works fund, will significantly benefit Oregon's cities, counties and ports."

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