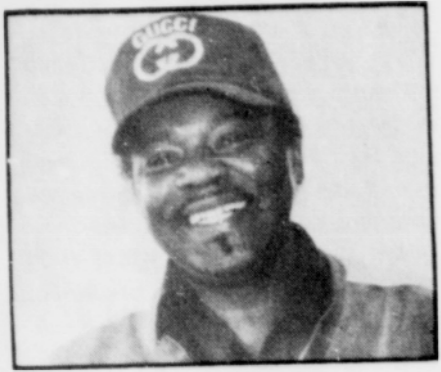




Speak Out

Do you think most people are enthusiastic about the upcoming new year?

by Arnold Pitre



Leonard Wade
Warehouseman

It's the beginning of the New Year and everyone should be at least thankful. It's good to be alive. I enjoy my wife and five kids, and I am thankful for them. I have good friends that I can relate to and visit; I'm thankful for that. There are people that are depressed, but it depends on each individual's situation. If they just thank God that they are alive, and believe in helping others; if they can, things won't be so depressing. I do not dislike anyone; I give respect to everyone. And I feel good about myself. People nowadays should stick together and respect one another, especially we Black people; and then we can go a long way and be enthusiastic about the future.



Terrell Horsley
Waiter

Yes... People set New Year's resolutions, and try to keep them, and that gives people something to work towards. As a young person, I look forward to the New Year. I am thankful to be here. I can see where older people may not be so enthusiastic about the New Year. It reminds them that they are getting older, and that may be depressing to them.



Janice Woods
Medications Nurse

No... because of all the Reaganism politics that are affecting everyone. That is what I am hearing from most people — on the bus, my friends — everywhere I go. My son, who is 18 years old, just registered to vote, and he has been complaining about Reaganism. He says he will vote for Gary Hart. I'm enthusiastic because my sons will be on their own after this year, and I'll have my house all to myself... I love it.



Ernestine Broadous
Proprietor
Steens Kitchen

Yes... I do not depend on the political system to determine how I feel about what the future holds for me. I have a greater source to rely on. It's spiritual — where there is always hope. Therefore, I am enthusiastic about the future. If we all put our trust in our spiritual being and exercise more faith, everything will be all right. The phrase on our money is so appropriate: "In God We Trust." We should do just that.

Reporting to Begin on Adolescent Suicide Attempt

At the urging of social workers, the 1987 session of the Oregon Legislature passed the law regarding suicide attempts by individuals under the age of 18. The intent of the law is to provide a referral for subsequent intervention or counseling to the teenager who has acted to take his or her life. The law also specifies that the treating hospital will report demographic and statistical information to the Health Division beginning January 1, 1988.

The Oregon Health Division announced that a proposed rule for reporting suicide attempts by adolescents has been filed with the Secretary of State. The rules outline procedural requirements for hospitals to meet certain requirements contained in the Oregon Revised Statutes.

The Center for Health Statistics was designated by the administrator of the Health Division to be the recipient of the reportable information. Data items that will be collected include: sex, age, race, date of

attempt, method of attempt, place of attempt, resident city, blood alcohol level if available, resident county, previous known attempts, education, hospital of treatment, inpatient or out-patient status and if the teen was living with both parents.

It is hard to predict how many reports will be received since review of studies done by others suggest anywhere from 7 to 200 attempts for every suicide. In 1986 there were 20 deaths due to suicide for individuals younger than 18, which could mean anywhere from 140 to 4,000 reports may be received during 1988.

The reports should yield very useful data, because the number of attempts is unknown at this point. This is not just a problem in Oregon. Interest has been expressed in Oregon's data by many national health groups, since no other states are known to be collecting this information under mandatory reporting procedures.

The Other Story

Last week, in an article entitled, "Joe Holcomb Remembered," I wrote of the grief, anger and tragedy that was expressed by the approximately 200 persons who gathered to pay their last respects to Joseph Scott Holcomb. Holcomb, 27, was killed December 12 at the M&S Coin-Op Launderette at 4236 N. Mississippi.

Media reports, including my own, gave similar descriptions of the meeting and the five-block silent march. At such an intense, emotionally charged gathering, it is mandatory that journalists attempt to paint an accurate picture of the proceedings, the environment and expressed personal feelings of the people involved. The "Joe Holcomb" article attempted to do just that.

The first reports of the shooting alleged that Holcomb was shot while attempting to aid a woman who was being harassed by two Black men near the Coin-Op Launderette at N. Mississippi Avenue. This information hit the newspapers and electronic media like a bomb. Unfortunately, it was the only information available to journalists at the time.

Now, there are reports circulating through the Black community that media accounts of what happened are inaccurate, except for the fact that Holcomb was shot.

If the story was rewritten according to the new information, it would read like this:

(1) The woman who is alleged to have been harassed was the girlfriend of the man who is alleged to have done the shooting.

(2) The woman was not being harassed. Instead, she and the man, who is said to have shot Holcomb, were having a personal, street-level dispute.

(3) That Joe Holcomb's impression of what was going on, from the place where he worked across the street, was inaccurate.

The reports say Joe Holcomb cornered the man and proceeded to physically rough him up. The man, unable to fight off Holcomb, shot him.

The reports also allege that the so-called harassed woman is actually a well-known prostitute who worked closely with the man who is alleged to have shot Holcomb.

So far, in spite of all that have

happened, the woman remains faceless and nameless. Why? One can only speculate. On the street, there is talk that maybe she doesn't exist at all.

To the friends, family and relatives of Joe Holcomb, he was a hero. But there are those who feel that Holcomb was just an unfortunate victim of circumstance.

A Black man, who asked that his name not be used, said, "Man, this racial thing is thick down here. You see, what we need to look at are the things that happened before Holcomb was shot. Here is this good citizen, a white man, who looks out his window and sees what he thinks is harassment. So, he runs out of the place where he worked and confronts a Black man. At that point, everything turns black 'n' white. His intentions might have been good, but all I saw and all that the other Black people saw was a white man chasing a Black man. No matter what his reasons, that was the picture that was created. When those kinds of pictures are created, it splits people right down the middle. What do you think white people would have thought if the situation would have been in reverse and a Black man was seen chasing a white man? I don't think they would have thought, 'Hey, there's good citizen Joe Blow chasing John Doe.' So whatcha think the Black people thought when they saw Joe Holcomb chasing a Black man? That's why no one has come forth with information."

There appears to be a growing belief that white businessmen along N. Mississippi Avenue are attempting to use the Joe Holcomb incident as a means of removing so-called "Black undesirables" from that part of the neighborhood. While it is not my job to speculate about the Holcomb incident or about the information I've shared here, it is worth my time to pursue this story further.

There is something deeper here; something that will tell us about why some residents along N. Mississippi Avenue feel like they are living in Mississippi.

There is something here that will tell us why some residents of that neighborhood saw Joe Holcomb as just another white man chasing a Black man.

It's there. Somewhere.



Health Watch

by Steven Bailey, N.D.

How You Get AIDS

When discussing the transmission of AIDS, or how we get AIDS, it is helpful to revisit the "germ theory". The "germ theory", credited to Louis Pasteur, states that infection consists of: (1) an opportunistic organism; (2) a route of transmission; and (3) a susceptible host.

AIDS is consistent with the "germ theory". The organism is a virus now called the HIV or AIDS virus. The route of transmission is agreed upon by the scientific community as being fluid exchange from an infected person to an uninfected host. The "susceptible host" portion of the AIDS condition is the least clear area of current understanding of AIDS.

The AIDS Virus

The AIDS virus has been identified, yet we already have isolated at least 18 different HIV viruses. Not only are there a wide variety of these viruses (all capable of initiating AIDS), but the virus is capable of continual change. The multiplicity of organisms and frequent mutations of the virus is the reason orthodox medicine no longer predicts an early vaccination program for the condition (as we were promised in the early part of 1984).

Route of Transmission

The AIDS virus is spread only through the exchange of bodily fluids. Like serum hepatitis, you cannot get AIDS from casual contact such as hugging, shaking hands, etc. You can get the AIDS virus from four specific routes:

- (1) Sexual Transmission: to date, the number-one cause of transmission;
- (2) Sharing a hypodermic needle with an infected person;
- (3) Iatrogenic: blood transfusions, primarily pre-1984, as we currently do a much better job of screening donors. The role of pooled contamination of vaccinations and/or immunoglobulin supplies remains a potential source of the virus; and
- (4) Intra-uterine (from infected mother to fetus).

(1) Sexual Transmission:

There are many forms of sex that can be involved in the transmission of AIDS. Certainly we all recognize that homosexual intercourse has been a major cause of the spread of AIDS. While gay populations are now doing better at practicing "safer sex", there are still many other groups and activities that are "at risk".

Heterosexual sex is a well established method of transmitting AIDS. Both male transfer of the virus through semen to women and female transfer of the virus through vaginal secretions to men is accepted as a common cause. As in the above two cases, the transmission of AIDS from one woman to another woman through secretions in lesbian sex is possible.

The precautions are well established for preventing AIDS:

- (a) Cease promiscuous lifestyles;
- (b) Establish monogamous relationship or practice abstinence. At least consider your partner's sexual history before exchanging fluids. An HIV test might prove of value.
 - (i) Utilize "safer sex" practices of using a condom when exchanging fluids with your partner if there is any doubt about whether either partner might have been exposed to the AIDS virus.
 - (ii) Abstain from deep kissing with persons suspected as potential HIV positive (could be anyone).

(2) Shared Hypodermic Needles:

We all have the ability to say no to intravenous drugs. If you or someone you know are using intravenous drugs, it is essential that you do not use the same needle that others have used. Sharing a needle one time could be enough to get AIDS.

(3) Iatrogenic:

It is harder to prevent iatrogenic AIDS, as we trust in the medical system. Blood donations are much safer than even two years ago, but 100% certainty of safety has not been reached.

(4) Intra-uterine:

I feel it is worthwhile to get an HIV test prior to conceiving children. Any public health clinic and most physicians will be happy to provide these services (HIV testing).

Next Week: "The Susceptible Host": This is the conclusion of the series. Why we are susceptible, and what we can do to strengthen our immune systems.

New Year's Changes

After working in the North-Northeast area for the past two years, Dr. Steven Bailey will be moving to his Northwest Clinic on a full-time basis. The Cascade Naturopathic Clinic will now become a new clinic run by Dr. Gregory Donnavan.

"While I enjoyed the people and work that I did at the Cascade Clinic, I simply had to consolidate into one clinic," stated Dr. Bailey in a recent **Portland Observer** interview. "I will still be accessible to most of my patients and will maintain a low-income clinic at my Northwest location."

Dr. Bailey will maintain his column "Healthwatch" in the **Portland Observer**. His clinic, the Northwest Naturopathic Clinic, is located at 2606 N.W. Vaughn St., at the foot of the Fremont Bridge. He can also be heard Mondays at 9:00 a.m. on KBOO, 90.7 FM.

Pre-Engineering Scholarships Awarded

NEW YORK, NY — Kay R. Whitmore (R), president and executive director of Eastman Kodak Company, supports the valuable link between technological education for minority youth and the health of American industry as he congratulates students (L to R) Theresa Fuentes, Michael Gispert, and Deirdre DeVane. The three were among nine high school seniors to receive 1987 Pre-Engineering Scholarship Awards from the National Action Council for Minorities in Engineering (NACME).

The awards were presented at FORUM '87, NACME's seventh annual nationwide conference, held in Philadelphia, PA. The event drew a record 450 leaders of American industry, education, government and minority organizations to address the challenging issues confronting the minority engineering effort. As NACME's newly elected chairman, Mr. Whitmore will preside over FORUM '88, June 1-3, in Houston, TX.

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