



“Challenging People to Shape a Better Future Now”

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HELEN SILVIS
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DAVID KIDD
Graphic Designer

MONICA J. FOSTER
Seattle Office Coordinator

JULIE KEEFE
SUSAN FRIED
Photographers



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415 N. Killingsworth St.,
P.O. Box 5455, Portland, OR 97228.
Telephone (503) 285-5555.
E-mail: info@theskanner.com

World Wide Web site:
<http://www.theskanner.com>
Fax: (503) 285-2900

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Beating Not the Same as Parenting

“My uncles and their clique use ta beat me when I was a shorty. I didn’t get it then, but they later told me they was teaching me about the streets – they was just testin’ a n***a. Ya see a real n***a don’t back down. If he gets knocked down, he gets back up and keeps swingin’. You stay down, life gonna kick the sh*t out ya. Fam kept it real. Got love for ‘em beatin’ me. I lost a tooth, got



RELEVANT ROW

Hakim Hazim

government-dependent gang member. By following family and

By following family and mentors he received a résumé replete with criminal convictions, child support garnishments and undiagnosed post traumatic stress disorder and other co-occurring conditions

ma nose broken—ribs too, but I kept swingin’. Can’t be faded. See what I sayin’? S*+t I’m swingin’ now!”

He was amused at his words and expected a nod of approval. Dashing his expectations, I mused, “You’re swinging at what?” Defiantly he barked, “Life man—life!” The individual I spoke to years ago was reliving—with pride—the sad reality of his life story. Trapped in the false bravado of these traumas, he disregarded the reality that he was an uneducated,

mentors he received a résumé replete with criminal convictions, child support garnishments and undiagnosed post traumatic stress disorder and other co-occurring conditions.

They say, “seeing is believing,” and when it comes to violence, this maxim is dead on. In June 2013, the Office of Juvenile Justice Delinquency Prevention released a study that took place in a Chicago detention center. It revealed some glaring truths about how trauma impacts the decision-

making and psyche of youth:

- Of the study sample, 92.5 percent of youth had experienced at least one trauma, 84 percent had experienced more than one trauma, and 56.8 percent were exposed to trauma six or more times

- Witnessing violence, the most common trauma, was far more common in this study sample than in most community studies of youth and young adults

- More than one in 10 detainees had PTSD in the year prior to the interview

- Among participants with PTSD, 93 percent had at least one comorbid (co-occurring) psychiatric disorder. Among males, having any psychiatric diagnosis significantly increased the odds of having comorbid PTSD

Traumatizing events take place everywhere, but it is concentrated in poor communities of color. Abuse of various types, interper-

urgent. The shocking statistics remain the same today as they have for years:

1. Black on black murder is the number one cause of death among our young men

2. Suicide is the third

The culture of destruction and only be replaced by a culture of life and vision. Traumatic experiences are destroying our at-risk youth like a malignant cancer that is spreading unabated. The offender patients are in dire need of a remedy, and you could be part of the prescription.

Nearly five years ago I wrote an article that was a call to action for this country to take a more proactive approach toward mentoring at-risk youth. The article was not simply one in which I openly complained about things—I immersed myself in the fight as a volunteer, trainer, and advocate. Every child deserves the presence of a caring adult. Extend your hand—yesterday.

The need for positive mentors in the lives of young black males is urgent

sonal violence, gang turf wars and police brutality are common features of our poor communities. The code of silence reinforces the pathology.

The need for positive mentors in the lives of young black males is

Hakim Hazim is the founder of Relevant Now and co-founder of Freedom Squared. He is a nationally recognized expert in decision analysis, criminality and security.

Memorial Day: Dishonoring Our Vets

The last Monday in May, Memorial Day, was designed to honor those who died in service to our country. It is tragically ironic that around the same time we are honoring and remembering the dead, we are learning about deficiencies in the Department of Veteran’s Affairs that negatively affects the quality of life for those who were injured during their term of service.

Allegations that many veteran’s hospitals and medical centers do not assist those veterans needing medical care within the mandated 30 days are troubling. Some say that the lengthy waits may have been a factor in the deaths of as many as 40 veterans. The access problem is compounded by poor record-keeping at some veteran’s hospitals, making it impossible to verify how many veterans waited for medical attention and the length of their wait.

The controversy has led to calls for Veterans Affairs Secretary Eric K. Shinseki to resign, but it is unclear whether his resignation will serve any but a symbolic purpose if the medical treatment of veterans does not change substantially. In this highly partisan environment, it makes no sense for the White House to offer Shinseki’s head on a platter to satisfy the hyper partisanship of growling Republicans. Veterans, and those who represent them in Congress, come from all parts of the political spectrum. It ought to be in every-



BENNETT COLLEGE

Julianne Malveaux

one’s interest to improve access to health care for veterans.

There are other issues regarding fair and compassionate treatment for veterans that must be considered. The recent killings at Fort Hood, Texas suggest that there is

tion, and challenge an evaluation may take several months (or years). Even inaccurate claims are difficult to obtain for some veterans. More than 611,000 claims were backlogged (which means veterans had waited for more than four months for their claims to be processed.) The number dropped this year to 344,000 claims, which is still too many veterans waiting too long for help.

The recent exposure of long waits for medical treatment just scratches the surface of the way that veterans are welcomed back into our society. Military skills are

even higher unemployment rates, and often greater challenges.

More than 58,000 veterans are homeless, representing about 12 percent of the homeless population. More than half have disabilities or mental health problems. As many as 70 percent have substance abuse problems. There would be fewer homeless vets if the mental and physical health needs of veterans were addressed when these soldiers leave the military.

When our soldiers return from fighting for our country, they face a new fight – a fight to be treated fairly. That means shorter waits for medical attention, more focus on mental health issues, more assistance in reentering the job market, and more counseling to help families adjust to new household dynamics. Veterans should not have to fight for this kind of assistance. Haven’t they fought enough?

Regardless of whether we agree with the wars in Iraq and Afghanistan, we often thank our military for their service. Thanking a homeless veteran, or one who has waited more than 30 days for medical attention is lip service if the “thank you” is not accompanied by the assistance that so many veterans need. Memorial Day ought to be a day to commemorate the dead, and improve the ways we treat the living.

The recent exposure of long waits for medical treatment just scratches the surface of the way that veterans are welcomed back into our society

insufficient focus on mental health issues for our military, with the rate of Army suicides doubling between 2004 and 2009. Many veterans say that one of their stressors is the inaccuracy involved in evaluating their disabilities that have come from their service. Missing limbs, impaired mobility, extreme stress and insomnia are all factors included when a monthly disability check is calculated. Many take issue with the evalua-

not easily converted to civilian labor force skills, unemployment rates for recent veterans (those serving since 2001) are often high – 9 percent for veterans, compared to 6.3 for the entire population. President Obama has urged private sector employers to give priority to hiring veterans who have returned from Iraq and Afghanistan, but unemployment rates, though falling, remain high. Minority and women veterans had