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THE BLACK VOICE

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SICKLE CELL ANEMIA PATHOLOGY

(Editor's note: *This story is reprinted with permission from Ramparts Oct. 71 issue.*)

Invariably the patient is Black, invariably young, perhaps your own age, in fact, a thought which may disturb you when they bring her out on stage for you to see, for you to question. She (or he) has been wheeled from her hospital bed for your convenience, you medical education. It is a lecture in biochemistry. Most likely, you have been reading about blood and about hemoglobin, the molecule red blood cells contain; the protein with a backbone of iron, the carrier of whatever pure oxygen can be sucked from polluted air.

By now you know hemoglobin well, you have memorized it: its four polypeptide chains, two alpha two beta (the "globin" part of the molecule); its four iron-containing "heme" groups; its fetal and adult forms; its electrophoretic patterns; its abnormal varieties; hemoglobin C and M and E and—this is the powerful one, the terrible one—hemoglobin S. One of its Black victims is in front of you now, probably frightened, sitting before strange, mostly white, mostly male, faces. She is in a wheelchair, looking up for a moment, meeting your curious stares, then looking down at the floor.

"Tell these young doctors something about yourself, Miss Williams," the instructor says, smiling. "Tell them why you are in the hospital."

This is an exercise in "clinical correlation," an attempt on the part of the medical school to demonstrate that the "basic science" courses of your first year or two are not irrelevant or as sterile as they seem. This is what the catalogue calls "contact" with patients, "early exposure" to "clinical material." You have been looking forward to it, bored by years of organic chemistry and physics, lectures and diagrams. You are nervous perhaps, like Miss Williams, but you are proud of your knowledge, and confident, like a doctor.

You observe her closely: her arms and legs are long and skinny and gangling; her abdomen is short but full and protruding; her legs are heavily bandaged; her eyes are yellow; intravenous fluids run into her arm; she is dressed in a limp hospital nightgown; she is weak and difficult to hear.

"I have sickle cell disease," she says quietly. "Sickly cell anemia." Then she tells you her story, which typically goes something like this:

She is twenty-four years old and has been in the hospital eighteen times. She would get tired easily ever since she was a child; she did not develop as rapidly or as well as the other children; she would often get colds and more severe respiratory infections. At age seven her tonsils were removed. At age eight she was hospitalized for a month with severe joint pain, fever, and heart murmurs, diagnosed incorrectly as rheumatic fever. At twelve she developed ulcers on both ankles which would not heal, even now, twelve years later. She then began having periodic attacks of severe, incapacitating pain in her bones and joints, her back and her abdomen. These "crises" would last about a week, leaving her exhausted, weaker than ever, and sore all over.

When she was fourteen her appendix was removed. At sixteen her spleen was removed. In the last eight years she has had more than six hospital admissions for the treatment of her recurrent leg ulcers which have eaten down to the layer of muscle and bone. Two admissions for pneumonia, two for long episodes of fever, chills, night-sweats and diarrhea. Now, she tells you, she is urinating blood, and her belly is swelling like a balloon and her heart, her doctors have told her, is too big and is getting tired. She can not sleep lying down, but only on three pillows, and she wakes up at night gasping for breath. Her eyes have been yellow for six years and her liver, she knows, is not working right. In her life she has received (if she remembers right) eighty-six transfusions of whole blood.

"Thank you Miss Williams," the instructor says, and you awkwardly mumble thanks too, as she is wheeled back to the hospital.

In the brief discussion that follows, you learn that there is no cure for sickle cell anemia, nothing, in fact, that substantially helps a patient endure a crisis. You learn that very few patients with the disease—which strikes one Black in five hundred—manage to survive to the age of thirty. You guess, as you leave the lecture room with friends for lunch, that Miss Williams, with the soft voice and the memories of pain and the presence of pain, will be dead before you practice medicine. But in fact, she is dead much sooner than that

Drop of blood from healthy man's finger (l.) is transferred to test liquid (c.). Cloudiness in liquid in test tube (r.) shows sickling trait that could cause disease in this man's children.

INSIDE

Weather FORECAST

CALIFORNIA: A big test for Dr. Jansen, the educational psychologist at Stanford University whose negative hypothesis on Blacks' genetic inferiority won him a "noble" prize. Warm currents 85 degrees high blow from Washington's foreign diplomatic arena, as Stanford's graduate first class honors African student reports Jansen to his country's US ambassador because the psychologist refused to grade the African's class term papers; and also because Dr. Jansen made the statement: "I do not think some people (Blacks) are good enough, no matter how they try."

WASHINGTON DC: Fair but unpleasant weather. Harmattan in the embryo. African diplomats in the US on the alert searching for actions to take as their countries' students, brothers, sisters and sons are complaining about the many Dr. Jansens in quite a good number of universities.

WISCONSIN: Spring weather blossoms anti-war demonstrations. A high of 78, and a low of 46. Cops block UW–Madison students demonstration against US bombing of North Vietnam. Pellets in form of toilet papers rain on cops. Brothers take over Lawrence University's administration, Appleton, charging administrative negligence and blindness toward Black needs. More trouble in the offing from late April thru June.

The Agony of Darlene Brown

by San Spralls
of the Voice

Up until two years ago Sister Darlene Brown's life was not uncommon from any other southern born girl's. This reporter had the delightful experience of knowing Darlene when she was long legged, had skin browned by the hot Missouri sun, and was plump from that southern soul food. For many the journey from the age of 17 to the age of 19 is short and sweet. For Sister Brown this period marked a time of extreme hardship.

Approximately two years ago Darlene's high school education, social life, and her overall morale suffered a serious setback. This happened as a result of a blood clot. The blood clot foreshadowed what she later learned was the sickle cell trait. Soon after the clot developed, Sister Brown began to ache in numerous points throughout her entire body.

Darlene sought relief at a hospital in Milwaukee. She was "treated" with antibiotics there for a period of two weeks. At that time sickle cell was not a national issue and virtually nothing was known of it by non-specialists. As a result of her doctor's vague understanding of sickle cell anemia, Sister Brown was released.

A short time after her discharge from the hospital she suffered a recurrence of what she described as agonizing pain in her joints. This time Darlene registered at another hospital in Milwaukee.

There she was given blood transfusions. This reporter visited Sister Brown while she was in the hospital. Each time new blood was placed in her body she seemed to gain new strength and vigor. Two or three days after the blood transfusions she became weak and feeble. After three weeks the hospital, being unable to cure Sister Brown, released her to go home again.

After three months at home the cycle began to repeat itself. Each hospital stay was longer than the one before it. During the last two years Sister Brown has seen at least ten doctors and made an undetermined amount of trips to the hospital. Her hospital stays ranged from two weeks to two months, which was the duration of her last stay.

Normally the sickle cell trait does not present a crisis situation as it did in Sister Brown's case. Although Darlene's case is unusual, it serves to stress the ability of sickle cell to come in many forms. In order to give you an idea of the magnitude of the sickle cell problem this reporter visited the S.E. Wisconsin Sickle Cell Center. I quote a portion of their literature on sickle cell "a person's hemoglobin contains the sickle cell abnormality whether he has the trait, variant, or anemia. The trait, however, is the mild form, and likely to cause little trouble."

Sister Brown has the sickle cell trait. In fact, one of every ten Black people have it. If the trait which is the "mild" form can do these things to Sister Brown, how much more terrible the disease must be!

During Darlene's last stay in the hospital she was given intra-veinous feedings until her vein collasped. Her doctors tried some type of heat treatment on her until she developed burns. If this story has seemed gory up to this point don't take a sigh yet because the half hasn't been told.

It is obvious that one must be a true soldier to fight the sickle cell problem-especially if you have it. Today Darlene is tall, dark-skinned, and thin from the battle with sickle cell.

Her physical condition at this point is much better than it has been for the past two years. She is currently living at home in Milwaukee. Sister Brown like many other individuals is dealing with sickle cell on a day to day basis. It will take the collective efforts and support of all Black brothers and sisters to win this battle.

No Cure Yet for Sickle Cell

An estimated 75,000 people in the United States have sickle cell anemia. Up until 1972, when a white family was reported as having the trait, the disease was strictly the Black man's "plague." While about one in every 500 Black Americans have the disease, ten percent have the trait.

People with the sickle cell trait, though they may not develop the disease itself, can pass the disease along to their children. A Black child with sickle cell anemia has only a very small chance of surviving. If he does survive, he will most likely be crippled for the rest of his life, he will also be subject to constant hospitalization.

There is no cure for sickle cell anemia as yet, and the doctors usually try to deal with the disease in it's developed stages instead of in early stages. Several theories or methods of therapy are being used, for example, partial blood transfusions are used. Dr. Carl Pochedly, in a report written for the *American Journal of Nursing,* describes the transfusion process and why it fails.

"Every six to eight weeks, 350 cc of whole blood is given and 500 cc of the patients blood is removed. In this way, the number of sickled cells in circulation and the blood viscosity are reduced. However, this technique is limited by complications of hepatitis, hemochromatosis, and reactions to blood transfusions."

Ignorance is another problem. Though the first case of sickle cell anemia was reported in 1910 by Dr. J. B. Herrick, little applied research was done on the disease. Only recently have funds been appropriated to combat the disease and the ignorance surrounding it.

Afro-Center Combats Sickle Cell Anemia

by Leslie Hewlett
of the Voice

In an effort to combat Sickle-Cell Anemia The Afro-American Center, The CAC (Community Action Commission), The Masons, The NAACP, The Urban League and others have joined together. The committee they formed in early March is called SCACO (Sickle-Cell Anemia Community Organization).

Their primary goal is for mass testing in the Black community and their target date is May 27. Center representatives are: Tony Bristow, Ayo Joyner, Carolyn Long and Kwame Salter, center director.

On April 22, The Masons will present Gladys Knight and The Pips. Members from SCACO will be prompting sales and all proceeds will be dispersed in the community for financing the testing. During the concert, seven year-old Tiajuana Burns will be presented as the Sickle-Cell Anemia Poster Girl.

Questions about sickle-cell were answered April 18 by Dr. Calloway of the Afro-American Studies department on the TV program Focus. Also answering questions on that date were medical students Brown McGhee and Marlino Morris on WISM Party Line.

Participating in the "Walk for Life" on April 15 and 16 were community children. On Saturday the children canvassed neighborhoods from 9-5 while high school students attended booths at the three shopping centers. On Sunday students walked from 2-5 and were honored at a dinner sponsored by SCACO that night. During the walks the youths distributed information on sickle-cell anemia and sold tickets for the concert. In addition residents were asked to purchase tickets to be donated to various neighborhood centers. Madison businessmen were also asked to purchase tickets which would enable many neighborhood children the opportunity to see Gladys Knight.

Pakistani WORLD CRISIS II

by December Fourth Movement

(editor's note: *This is the second and the last part of the analysis of the Pakistan/ Bangladesh Crisis)*

The inception of Pakistan as a Moslem state was initiated by a British educated Moslem elite in the 30's. The British occupation of Hindustan took advantage of the caste stratification of the Hindu religion to set up a division of labor that was more beneficial to the Hindu people than to the Sikhs or the Moslems. The determination of the Moslem Land-owner class to attain higher status was used by the British to establish another division of that Hindustani land area.

What appeared as geographic naivete and religious determinism in instituting a new government separated for a thousand miles by its religious counterpart, overlooking the historical ties that had bound the regions together for centuries, was actually the middle class Moslem collaboration with the British, in exchange for ruling class position in a new country. The religious idealism used to justify this human betrayal, has been manifested in the deaths of millions of Hindustani people.

Pakistan cast itself off from many industrial benefits and mineral resources in India. Forced to rely on an agricultural economy, the ruling class crudely took advantage of the better technological equipment and western profit-motive techniques left by the British in West Pakistan, to exploit the largely agricultural, more populated state of East Pakistan. In order to produce a new colonial market for industrial products, the imperialism that had created Pakistan to weaken India, once again created antagonistic conditions between agricultural and industrial class structures in what is now a divided country.

To protect their interests, capitalist rulers have always engaged in the ideological construction of a popular need, one which will camouflage the profit-motive basis of conflict. In a similar historical phenomenon of agricultural subordination to industry, the northern industrial powers in this country engaged in a power struggle with an agricultural monopoly in the South, all under the pretext of "emancipation of the slaves". To this day a colonizing status is maintained over the Southern economy, the Southern bloc in the Senate being nothing more than the "reactionary immortality" of carpet-baggers with dixie dialects. The idealistic smoke-screen projected by the media is the myth that northern sections of this country are not as racist as southern.

Likewise, the birth of Bangladesh, brought on in part by the destruction of the idealism of a Moslem "pure race" will only be hampered by another ideological limitation, if capitalism is allowed to reinstate its domain over the political economy.

In a financial situation comparable to many starving, exploited people in America, the leaders of West Pakistan and Bangladesh, look indiscriminately to any country for financial support. The welfare status of states like Pakistan maintains a recycling of the imperialist dollar at the final expense of the world's peoples. Unless the real "minority" is identified and effectively fought against by the people of Bangladesh, their new government is merely a progressive step away from an oppressive tradition, but not a liberation.

Nixon's Benign Neglect

by Kenny Ferrin
of the Voice

The American policy towards minorities, has been one of "benign neglect," if not simply plain neglect. The Nixon Administration has ignored the tragic problems facing the poor Black Communities of America. It has wiped out of its consciousness, if indeed such a notion ever existed, the idea that the *richest country* in the world, religious, young and revolutionary in origin—should be able and is morally obligated, to help the Afro-American in their fight against ignorance, poverty and poor health conditions.

This policy which the Nixon Administration has followed is identical to that which has been followed towards Africans. Just as the Nixon Administration has refused to allocate the resources necessary to help the poor in Africa, so President Nixon has cut Domestic Aid to the lowest level in the history of the program; admittedly his 1969-70 program was the lowest aid recommendation proposal since the program began.

The spirt of 76 in which generous and useful Economic Aid Programs for minorities were established and in which the Vista Corps was created in the early sixties here has, in fact, been replaced by a great moral vacu-u-u-um, filled only by many expensive, empty Vice Presidential trips to various states in America having authoritorian--state--governments. In the mean--time, many people watched as Afro-Americans began to look else where in recent years for help from other countries. The American policy towards Africa, like that which has followed towards its own Black people has been one of benign neglect.

WHA RADIO PROGRAM

by Denise Quarles
of the Voice

Black Journalism and Communication Arts students are in the process of producing a radio program oriented toward Madison's Black community and the Black student community. The stomping grounds for this program will be WHA radio station.

WHA station manager, Ralph Johnson has granted the students 2hrs. per week for their programming purposes. Tentative days for the program will be Monday and Friday. The time will be 5:15 to 6:15 pm. during the months of April and May. A pilot tape will be made April 19 and this will determine the date of the actual broadcast.

The program will cater to community matters and other matters that are meaningful to all Black people. It will be a clearing house for all information of importance to students and Madison's community alike.

The students involved in producing the program prepared themselves for its production by taking part in a two day radio workshop April 13 and 14. The workshop was led by Larry Meiler, in charge of radio for the School of Agriculture. All aspects of radio were covered in this workshop from the legal facets to the actual production.

The students producing this program aim to refine their broadcasting techniques for the first 2hrs. per week program in order to get more time on the WHA FM station. They also hope to make the news and other broadcasting material statewide. In doing this they would get students and other community persons to send news to Madison that would benefit Black Madisonians. Likewise, they would send Madison news to other cities.

Proposal for a better record library is in the making. The students will do this by sending letters to record houses to obtain promotional records, copies and prints of old records.

Even though the students are not getting paid for this broadcast, they feel it is important for this type of program to exist because of the service it will be to the community.

ANEMIA HEALTH PROBLEM

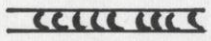
expose by
Carolyn Long

Sickle cell anemia is a blood disease due to a defect in the body's hemoglobin. Blood contains red cells which are normally round in shape. All blood cells contain a substance called hemoglobin. This hemoglobin carries oxygen from the lungs to all parts of the body. The normal red cells contain a normal hemoglobin (A). When normal hemoglobin releases the oxygen it carries, its shape remains round. If the cells containing the sickle hemoglobin (S), releases its oxygen, the red cell's shape changes to a sickle. In other words, red cells become sickled shaped because they contain sickle hemoglobin.

normal blood cells  sickled blood cells 

What happens when the cells are sickled is that they get trapped in the small vessels and capillaries they must pass through to reach all parts of the body.

BLOOD VESSELS

normal  sickled 

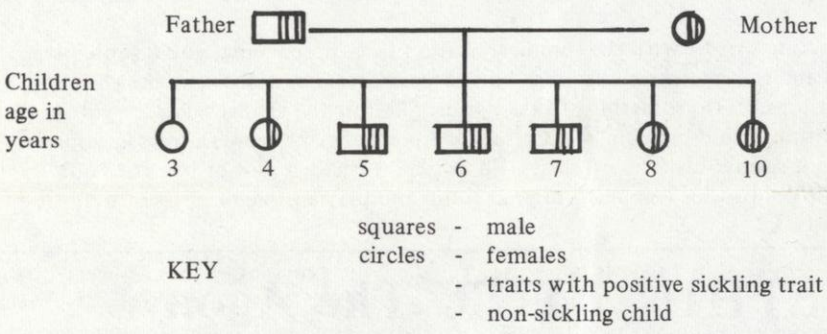
The sickle cells are trapped in the vessels or attach themselves to the walls of the vessels which disallows their passage through the blood stream. The normal, round cells flow easily.

Sickle cell anemia affects mostly Black people. I say "mostly" Black people, because the disease does affect Indians and people of Mediterranean descent. The disease was first recognized on the African continent and for many years it was believed that the disease had its origin there. However, recent literature suggests that the disease did not originate on the African continent, but that is spilled over into Africa from Southern India. The first person diagnosed as having the disease in Chicago in 1911 was a nineteen year old Indian man—not a Black man.

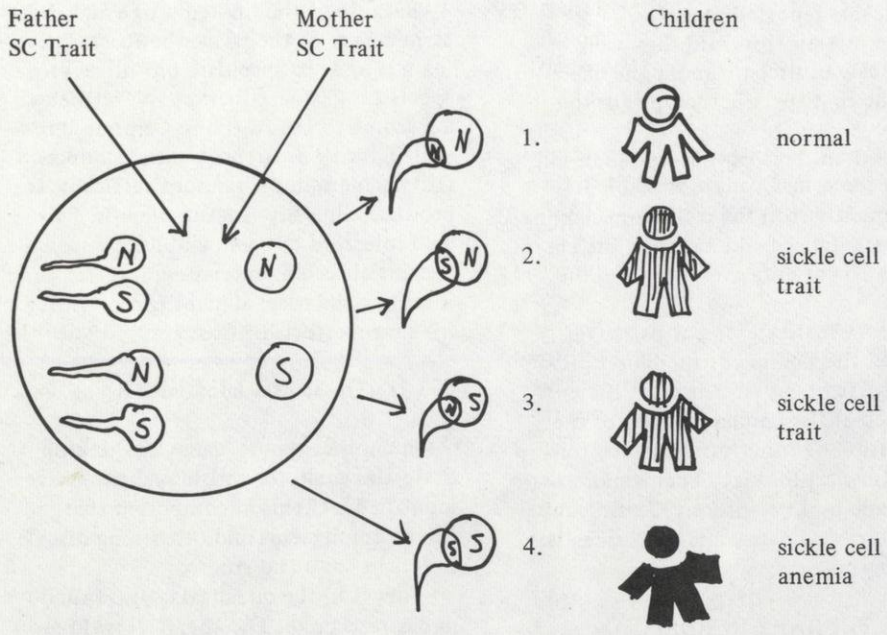
To have had sickle cell anemia in Africa during the great malarial epidemics was to be at a great advantage. Those persons with sickle cell anemia were immune to malaria. Now that malaria is licked, sickle cell anemia is no more an advantage.

HOW IS THE DISEASE TRANSMITTED?

Sickle cell anemia is an inherited disease that passed on from parents to children. The family tree (below) of a patient with sickle cell anemia illustrates how the disease is transmitted.



Put another way, whether you have sickle cell anemia or the sickle cell trait depends upon whether your parents produced sperms and eggs which carried genes for sickle hemoglobin.



This figure shows that, in a situation in which both parents are carriers of the sickling trait, there is a 25% (or 1 in 4) chance that they will produce a child with sickle cell anemia, and a 50% (or 2 in 4) chance that they will produce a child with sickle cell trait. There chances of having a normal child equals their chance of having a child with sickle cell anemia.

WHAT IS THE SICKLE CELL TRAIT?

The sickle cell trait is an inherited condition which affects the red cells of the blood. When this condition is present, the red cells (which are normally round in shape) become distorted or sickle in shape. We normally hear that people carrying the sickle trait "carries the gene but has no anemia and is not sick." Recently, evidence points up the fact that such persons may face many difficulties and often death under certain circumstances. Among the precipitating factors are: "flight at high altitudes, infections, particularly those involving the respiratory tract, anemia, alcoholic intoxication, and underwater swimming," during general anesthesia for surgery, and emotional disturbance. Below are some examples which reveal that having the sickle cell trait can also be dangerous for persons engaging in strenuous activities:

> **V.H., a 21-year old man, complained of faintness, after a 20-yard crawl during his first day of training and suddenly lost consciousness. He was dead on arrival at the medical clinic . . . Histologic sections of all organs displayed massive congestion of the vasculature, with sickling of virtually all red blood cells. Hemoglobin electrophoresis of post-mortem blood revealed SA hemoglobin.**
>
> **L.T., a 21-year old recruit, complained of faintness and numbness of the legs and lost consciousness while running once around his barracks after arriving for training. On admission he had regained consciousness and complained of pain and weakness in the legs. He was in no acute distress . . . General physical and neurological examinations revealed no cause for illness but he suddenly became apneic (ceased breathing) . . . He died 8 hours after collasping . . . Tests for sickle cells at autopsy were positive.**

It is possible for pregnant women carrying the sickle cell trait to face complecations. Even though much evidence has pointed in this direction, reports are still controversial:

> **In one series of 500 pregnant women with sicklemia (sickle cell trait), compared to a similiar number of normal controls, no difference was noticed between the two groups in the frequency of abortion, toxemia, prematurity or perinatal death, but the incidence of pyelonephritis* during pregnancy and the puerperium* was found to be definitely higher among women with sickle cell trait.**

WHAT ARE THE SYMPTOMS?

IN INFANCY

The disease is not detected in infants until they reach approximately 6 months of age, according to the literature. This is not the rule, however, because the disease was detected in the Madison poster girl at the age of two months. According to the literature, the child is protected by fetal hemoglobin during the first year of life. Symptoms at this age are both bizarre and nonspecific.

> **In a series of 64 cases of sickle cell anemia diagnosed in the first year of life, the major complaints included irritability with no apparent cause (63%), colic (63%), failure to thrive (62.5%), recurrent fevers with no specific etiology (58%), jaundice (36%), and intermittent nausea and vomiting, again with no apparent specific etiology (25%).**

The list goes on. Of specific interest in this age group is the painful swelling of the hands and feet which is described as the *"hand-foot syndrome."*

IN OLDER CHILDREN

There are three types of crises that can occur in older children. The most common is the periodic crisis (acute disturbance with various manifestations). This one is more easily recognized. The most common characteristics of this crisis are the following:

> **" . . . fever, severe pain in the extremeties, chest back and/or abdomen. Pain in the extremeties may be diffused or muscular; it may be localized to a joint which becomes swollen or warm simulating rheumatic arthritis. Abdominal pain sometimes accompanied by absence of bowel sounds and board-like rigidity, is often so severe as to suggest an acute surgical condition.**

IN ADULTS

The symptoms found in adults are not much different from those found in older children. Adults have, in addition to those found in children, chronic leg ulcers.

DIAGNOSIS

Unless one has a high suspicion, sickle cell anemia can often escape correct diagnosis. Below is a partial listing of diseases that can easily be mistaken for sickle cell anemia: appendicitis, complications due to perforated ulcers, rheumatic fever, syphilis, pneumonia, encephalitis (brain infection), arthritis, rheumatic heart disease, congenital heart disease, brain tumor, meningitis, and malaria. This is a reflection on the limited amount of research that has been done in the areas of sickle cell anemia.

A special problem in diagnosis is posed by patients who have severe abdominal pain, muscle spasms, absence of bowel sounds, vomiting, fever, and leukocytosis (an increase in blood cells due to an infection).

There are two tests that can be given for the disease. One is the Sickledex test. This consists of a simple prick of the finger for the drawing of the blood. The blood is then put into a container. If the blood turns cloudy, it's an indication that the person is positive for the sickle cell trait. The other test is the electrophoresis test. This involves taking this cloudy sample of blood and running it through a machine (the electrophoresis machine) to determine the exact nature of the hemoglobin defect. The Sickledex test is the most simple and the cheapest, costing between $1 and $6. The electrophoresis is a more complicated procedure yielding more accurate results. Its cost is approximately $20.

MANAGEMENT

Currently, there is no cure for sickle cell anemia. Treatment consists of blood transfusions during childhood. The need for transfusion declines as the child progresses in age. In young children, crises are often severe enough to require hospitalization but the older child who does not have severe infection or severe anemia can often be treated at home with rest, warmth, fluids by mouth and medications to relieve the pain. Blood transfusions should, however, not be used "unless specific indications exist such as severe anemia, presence of serious infections as meningitis, pneumonia, etc., preparation for elective or emergency surgical procedures, and in case of severe crisis and/or extreme pain where other measures have failed." Oxygen inhalation is useful in combating anoxemia which may be associated with severe anemia shock and congestive heart failure. Prolonged use, should however, be avoided.

BCSA MOVES ON COMMUNITY PROBLEMS

by Femi Taylor
of the Voice

Black Community and Student Alliance is a newly-formed, statewide organization of Black students. It is committed to the community needs of Black people, and the reuniting of Black students with their communities. By transforming the abstract skills of students into real community programs, BCSA works to screen those theories obtained in a university setting through the liberating process of using all resources and knowledge that serve to remove oppression from our communities. It is the Black community that determines which actions are relevant and necessary, and therefore the programs of BCSA.

Acting in that capacity of serving the interests of Black people, BCSA has twice submitted a statement of grievance to the Ad Hoc Committee on Minority Affairs, a regent committee gathering information for the improvement and enlargement of so-called minority programs under the merged system. The incident occuring at Wisconsin

Bruce Crosby, Chairman of BCSA

Center, Thursday, April 13, were preceded by similar incidents initiated by the statewide body of Black students in Milwaukee and Stevens Point.

A group of fifty Black students marched to the hearing site in support of the BCSA statement of grievance. The statement was read by Bruce Crosby, Chairman of BCSA, presently a student at UW–Platteville.

What is significant about the activities of the Ad Hoc Committee on Minority Affairs to BCSA is the revealing incidents about the nature of that Committee springing from a UW–Whitewater Conference, March 3. The conference was called to introduce Black, Latino, and Native American students to that committee as a viable source of input for so-called minority programs under the newly merged system.

At the historical site where in 1969 Black students attending that institution were chased out by a mob of white students and police officials, the Ad Hoc Committee on Minority Affairs convened to hear program suggestions in a "food and lodging-free" gesture of "minority awareness."

However, Black, Latino, and Native American students took note of the fact that no members of that committee were chosen representatives. Acting members submitted that their selection to serve on the committee was as much a mystery to them as to their constituent student groups.

In consequence, all non-regent members of that committee, Black, Latino, and Native American, resigned at Whitewater. This means that the committee was legally dissolved from its original intentions of providing student, as well as faculty and administrative sources how the universities are meeting minority needs. It has been operating in that dissolved state since Whitewater.

Certain statements made by members of the dissolved committee suggest that BCSA refuses to recognize legitimate channels to the university. However, the position of BCSA as regards the Ad Hoc Committee is not one of isolation from the resources of the university, or withdrawal from the needs of Black students not actively involved in the positive efforts of BCSA. Our position to Black students is a representative one: One that is cognizant of the source of isolation among commonly oppressed Black students throughout Wisconsin, and is actively struggling to correct the withdrawal forced on the isolated Black students in groups for fifty or less in institutions. Black students are the first to be taxed with loans, and the last to be recruited.

Contrary to statements made by Mrs. Mary Williams, regent member of the dissolved committee, indicating that BCSA has made itself unavailable to questions involving areas of concern to Black students, BCSA was formed as a necessary response to the lack of concern for Black students on the part of the university. The formal methods of receiving viable representation on the Ad Hoc Committee have been exhausted by BCSA, with no response from the dissolved committee. The actions of BCSA serve to remind the committee of its incorrect procedures, while supporting any attempts on the part of Black faculty and administrators to utilize the dissolved structure for possible program input. The statement clearly reads:

We recognize the invalidity of so-called minority student hearings without representation. This same kind of non-representative legal farce serves to exploit our people on every level of local, state, and national government throughout this country.

We recognize also the availability to the public consciousness provided to us by these hearings, and overlook no possibility in reaching the ears of our people. We take this opportunity to define the collective needs of Black students throughout the state, *and offer our support* to any Black organization, faculty or administrator who attempts to correct these so-defined injustices through the long and winding labyrinth of ad hoc non-representation.

Mrs. Williams statement, "We don't plan to recognize the group for fear that it would cut off recommendations from other groups" is totally unfounded.

BCSA is the only representative statewide body of Black students. Its knowledge of statewide student problems would be a valuable asset to such a committee. Our insistence that a dissolved committee is not only non-representative, but comically designed to misinform and disorientate what was intended as a corrective measure, is made in the active service of all Black students, faculty and administrators.

As a Black Community oriented organization, the Ad Hoc Committee is a secondary concern to community programs already in progress. BCSA survival programs are working to bring clothes and food to our people in the Milwaukee community. We call on all interested groups, Black and white, to aid in the survival of Black people. Food and clothing can be channeled through local chapters, or received by contacting BCSA Field Chairman, Doug Wilson, in Milwaukee (963-4154). Information can be obtained through the Ministry of Information, by contacting Femi Taylor, Afro-American Center, Madison, (263-1790)

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SOMETHING FOR WOMEN

by Jean Collins
of the Voice

Sisters, are you ready for Spring? Spring is girl-watching season and, hopefully, the weather will soon cooperate so you can break out in some man-pleasing fashions and some hip blue jeans.

Maybe your natural isn't acting quite right and you have trouble getting it together; maybe your skin is causing headaches, or maybe your Black beauty is being affected by the strains placed on it by the college environment.

One of the best Black beauty books on the market today is also one of the least expensive. First put out in 1970, it's called the *Black Beauty Book* written by Dee Gipson who is director of her own Black modeling agency. The book only costs 35¢ and has lots of invaluable information. I'll give you a few samples.

Dry hair, splitting ends, and brittleness are all enemies of a beautiful natural. To combat all of these problems, buy an oil like olive oil or mineral oil and heat it. Use a cotton ball, separate your hair into sections and oil your hair. Massage the oil into your scalp and let it soak in for a half an hour. Finish the treatment by taking a big towel and giving your hair a hot towel wrap. Put the towel in water as hot as you can stand, squeeze out excess water, and wrap the towel turban style around your head. After a couple of wraps, brush your hair and roll or braid it up.

Always use a good conditioner or creme rinse like L'Oreal, Alberto Balsam, and Revlon's Flex Balsam after each shampoo.

A hot oil treatment for the face can make you look much better, especially if your skin is sallow from lack of sleep or you have a skin problem–excess dryness. A simple hot towel treatment only requires three things; a facial masque compound, vaseline, and a big towel. Apply the facial masque (Avon puts out a lemon-scented facial masque that drys in only five minutes) and let it harden. After it has hardened, wash it off, dry your face and apply the vaseline in a thin film. Once again, put the towel in water as hot as you can stand it and put it over your face. Do this about two or three times finishing with cold water.

Make-up looks best when it is tastefully applied over a good foundation. Some really good skin products are Flora Roberts, Libra, Revlon, Helena Rubinstein, and Ultima II.

Now for clothes. Check out a designer named Willi Smith, he is a brother who besides doing designs for retail dress shops, designs clothes for prominent entertainers like the "Honey Cone." His name is usually on the labels of clothes he designs and his knits travel everywhere with little wrinklage.

For weird, eye-attracting jewelry try the second hand stores.

How about something for your mind to keep it off of Jody and Johnny Taylor? Run down to the Black Market on State Street. Check out the Tarot cards, you can buy kits complete with information on what the Tarot cards symbolize, how to use them, and their history. Blow your man's mind, look into the truth revealed in the Tarot cards and tell your man what he's been doing before he knows he's going to do it.

A few parting words. With the summer vacation fast approaching, you'll probably feel restless and trapped. Anxieties can show in your face, emotions can take their toll on your beauty. Do something to take your mind off the changes you are going through. Nothing mind-blowing; write a few bad poems, plant some flowers in your room (I've got several varieties of plants, I'd be glad to share a root or two for your botanical trip) or just lock yourself in your room and play a game of chess or bid.

Later, Sisters.

SOMETHING FOR The Agony

A drug that permanently corrects sickle cell anemia in the test tube is undergoing its first clinical trial in human patients, a team of Rockefeller University researchers reported recently.

The investigators said they were cautiously optimistic about the chemical, the first specific therapy for the disease.

Based on their laboratory studies in which the drug Cyanate was able to permanently stop the cells from sickling, the Rockefeller team has tried the chemical on 10 patients over a six month period.

The Cyanate treatment has so far reduced the sickling of the blood cells in the patients by 25 per cent, they reported at the annual meeting of the Federation of American Societies for Experimental Biology. Their report was made by Dr. Anthony Cerami, Dr. Peter N. Gillette, and Dr. James M. Manning.

MORE THERAPY NEEDED

They cautioned, however, that it would take another year and a half of Cyanate therapy to prove any clinical benefits to the patients.

"The present indications support our initial findings that Cyanate in the amount sufficient to prove clinically measurable effects is well tolerated by man, and animal studies have so far revealed no irreversible toxic effects," said Dr. Cerami.

"The results have encouraged us to extend our clinical trials and at the same time to intensify the parallel investigation into the long term pharmacological and toxicological effects of Cyanate in laboratory animals," he said.

The only other form of treatment used on sickle cell anemia is the compound Urea. This drug, however, has serious side effects and its potential benefits have been challenged by other researchers.

CYANATE TOLERANCE

Because of the limited scope and short term nature of the trials, the Rockefeller team refuses to speculate on future prospects for Cyanate therapy. Nevertheless, according to Dr. Anthony Cerami, "present indications support initial findings that Cyanate in the amount sufficient to produce clinically measurable effects is well tolerated by man, and have encouraged scientists to extend clinical trials and intensify the parallel investigation into the long term effects of Cyanate."

STUDY OF LUNG DISORDERS

In another report, three Washington State University scientists said they have identified a chemical compound that causes emphysema and other lung disorders in cows and goats.

They said the chemical is also found in cigaret smoke. The chemical is three-methylindole (three M), and it is produced from fermentation occuring in the intestinal tract of cows, reported Dr. James R. Carlson, Dr. Melvin T. Yokoyama, and Dr. Earl O. Dickinson.

When Three MI is given to cows and goats, either orally or by injection, the animal develops emphysema and other lung troubles. These lung disorders are a major problem among live stock owners.

"The relationship, if any, between acute form of pulmonary edema and emphysema in cattle and chronic diseases is not known," they said.

"But the adverse effects of three MI and related compounds on biological membranes and the presence of these compounds in cigaret smoke offer a new approach in the search for causative agents in pulmonary disease."