

The Hughes

Report

By Thomas F. Hughes



(Editors note: This is continued from last week's front page story on the NAACP Election and the names complainers' names withheld on written request. The items in (---) in last weeks article are not in the book - but were comments by Thomas F. Hughes.)

The following items are from NAACP Constitution and By Laws for Branches.

Article V - Section 2:

All persons who endorse the aims and purposes of the National Association for the Advancement of Colored People and have paid the prescribed fees shall be entitled to vote at the organization meeting and to be elected to office.

Article V - Section 11

Only members in good standing shall be eligible to run for office or vote in a branch election. For purpose of running for office, a member in good standing is one who has been a bona fide member of the Branch at least 30 days prior to the date nominations are made. For purpose of voting in Branch Elections or signing a nomination petition, a member in good standing is one who has been a bona fide member of the Branch at least 30 days prior to the date the election is held or the nominating petition is filed. For all other purposes, a member in good standing is one who has paid the requisite minimum membership fee to the Branch.

(The above sections are the only qualifying requirements to run for office.)

NOMINATING COMMITTEE:

Article V - Section 4 (b)

The Nominating Committee shall meet promptly to elect a chairman and interview persons qualified as candidates for Branch offices.

(The commission given this committee does not give them the right to exclude anyone who expresses a desire to run for office or anyone called upon by the committee; whom they have interviewed and found that qualifies as shown in Article 5-Section 2 and Article 5-Section 11. Any other requirements are not according to constitution by laws and further imposition of such is thus illegal. This committee is not permitted to vote and determine who shall or shall not run but is only empowered to seek out qualified members and report back to the Branch.

Article V - Section 4 (c)

The Nominating Committee shall submit a report in writing at the November membership meeting of the Branch. This report shall consist of the names of those PERSON QUALIFIED to fill existing Branch offices and be members of the executive committee which the committee designates as it's nominations.

(NOTE: The above article says person qualified. Not the choice of the Committee. Thus the Committee is not authorized to make a selection or slate. If they were permitted to do so and they name only one and no one got on the ballot by petition this would be tantamount to election and no election by the membership would be necessary. It must be remembered the membership elects - not the Committee.)

Article V - Section 4 (d)

At said November membership meeting of the Branch additional nominations may be made for all officers and elected members of the executive committee by written petition signed by three or more members of the Branch in good standing as of the time of the meeting. No one shall be nominated by the nominating committee or by petition without having first obtained his written consent.

(NOTE: Everybody running must submit a written consent for his name to be placed on the ballot or the nomination is illegal).

(Further the by laws require that all qualified persons wishing to be on the ballot shall have their names placed on the ballot without the approval of any committee or officer. This would give members a choice. There can be no true election if the members are denied their choice.)

VOICE EDITORIALS

Happiness

by *Through*
Otto McClarrin *Health*

CALIFORNIA'S "RIGHT-TO-DIE" OR "LIVING WILL" LAW;

California is the first state in the nation where a physician may legally "pull the plug" on a terminally ill patient. The state's Natural Death Act will go into effect on January 1, 1977.

"Right-to-die" or "living will" bills have been tried on for size by over 20-state legislatures.

Many developed as a result of the Karen Anne Quinlan case. Strong opposition from local right-to-life and anti-"mercy-killing" groups have succeeded in bottling up most proposals through technicalities -- except in California.

At the core of the California bill is a draft of the "living will" - called "directive to physicians" - that patients must sign and have witnessed. It spells out conditions in great details.

California's bill requires two witnesses, excluding spouses, blood relatives, hospital staffers, and the patient's personal physician. Two physicians must diagnose the terminal condition and the will must contain the name of one of them along with his address and telephone number.

It becomes legal when it is signed two weeks after terminal diagnosis and is good for five years. Pregnant patients can't legally make such a will. Nursing home residents must have it witnessed by a patient advocate or ombudsman, since they may be "insulated from a voluntary decision-making role by virtue of the custodial nature of their care."

A patient can revoke the will either by destroying it or by notifying the attending physician. The doctor must note the time and date of the oral or written revocation on the patient's medical record.

JR. HIGH SCHOOL STUDENTS FIGHTING SMOKING HABIT:

For a number of weeks now a group of 7th and 8th graders at the Shenandoah School in St. Louis have been holding after school meetings. The group has nothing to do with sports, dances or stmp or stamps. These youngsters are all trying to quit smoking.

School officials and the American Cancer Society, which conducts the "kicking the habit" clinic, were surprised by the number of students seeking help in giving up smoking. The 38 students represented nearly one-third of the 13- and 14-year-olds at the school.

"I was a little surprised that 38 were heavy smokers who said they wanted to quit, but could not," said Principal Nola Mae Morgan, an ex-smoker and initiator of the program. More than a little surprised was Elke Moses, director of Professional and Public Education for the American Cancer Society in St. Louis. "I was just amazed when the principal called me," Miss Moses said.

The smoking problem isn't a new one for Dr. Morgan, whose office in past years was often graced by youthful smokers. "You mean you can't wait till recess or lunch?" She asked them. "No," came the reply, "we need held."

So for a number of weeks now the 120 7th & 8th graders at the school have attended an assembly once a week to hear a lung specialist, a neck surgeon and a psychologist talk about smoking.

Twice a week, the 38 students who signed up for help in quitting smoking attended "Rap Groups" given by a local counseling center. "Most youngsters at this age group smoke from pure pleasure. It's the 'in' thing to do," Dr. Morgan said. "Sophisticated people smoke, they think, and they want to be a little more grown up."

EDUCATION TODAY!

FOR A BETTER TOMORROW

COMMUNITY AFFAIRS

by Kenyon C. Burke

Planned Parenthood at 60

While attending the 60th anniversary of Planned Parenthood Federation of America, thoughts emerged ast

emerged as to what difference in the quality of life this organization has made for millions of men and women in the United States and for that matter, the world.

Margaret Sanger, the organization founder realized early in this century, how much personal freedom of choice in life depended upon an ability to be able to control fertility and therefore the number of children in a household.

Of course, as always, the forces of resistance to change and especially to those efforts attempting to improve the quality of life of the poor and disadvantaged in our society rallied to deny this important element of freedom.

In 1916, when Margaret Sanger challenged the legal restriction and barriers against allowing women the fundamental right of reproductive freedom by opening America's first birth control clinic in Brooklyn, N.Y., she was jailed for her effort.

Today, Planned Parenthood serves over one million patients per year, has 189 affiliates and operates 700 clinics in communities throughout the United States. Considering the unsatisfactory state of health care in the US, it's significant that a large number of Planned Parenthood's patients have their first contact with and entry into our health delivery systems.

In other words, this is often the first time that these women have ever seen or been ex-

amined by a medical doctor. By administering over 2.5 million pap smears, the examination for cervical cancer, Planned Parenthood clinics introduce their patients to the idea of preventive health care, a concept and service that one rarely finds present among the poor and the disadvantaged.

PPFA is largely responsible for the shift in public opinion toward fertility management and family planning. For the most part, health planners, social scientists and the movers and shakers of America generally understand and agree that there is a clear connection between the capacity to partake of American affluence and the limitation of family size.

We have come to acknowledge that by being able to control the size of one's family, more resources are freed-up for expenditure on health care, education, decent housing for those in the family.

Family planning efforts also serve as a built-in safety valve for preventing an unwanted pregnancy that would interrupt the completion of education and training experience that prepare individuals (males and females) to cope with and compete in our super-technological society.

Indeed, it is no coincidence that as groups expand their middle class and improve upon their standard of living, being able to control their fertility becomes crucial.

It's no secret that middle and upper class

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