

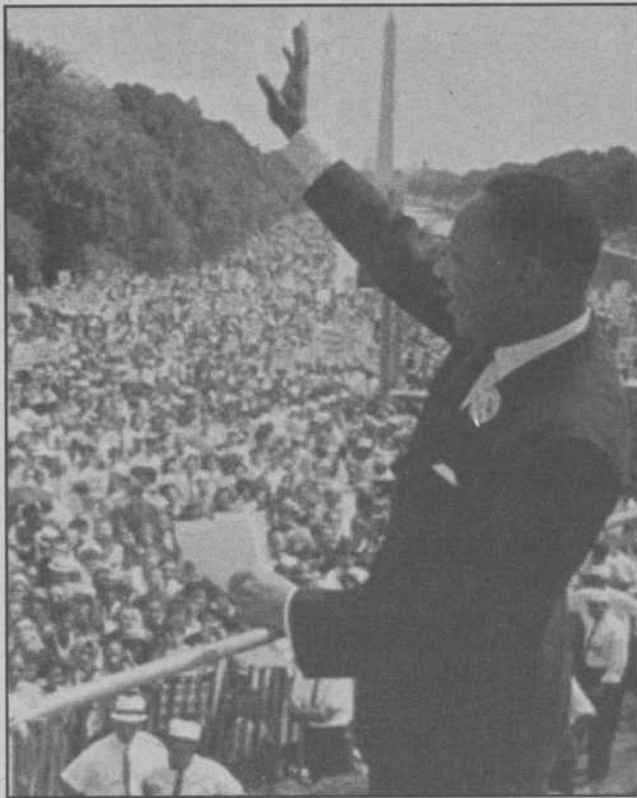
MLK Memorial challenged to find donors

WASHINGTON (AP) - After a disappointing year of raising money, the project to build a National Mall memorial to Martin Luther King Jr. enters a critical phase with a looming rival for donors' dollars.

Organizers insist there are plenty of generous people willing to give to both the King project and a proposed National Museum of African American History and Culture, which last month got a major boost when President Bush said the building belongs on the mall.

"I do not believe we'll be in direct competition," said Harry Johnson, president of the King Memorial Foundation. "I believe there is enough support to make both of them happen."

The King effort took in just over \$5 million in 2004, even though goals had ex-



Martin Luther King Jr. acknowledges the crowd at the Lincoln Memorial for his "I Have a Dream" speech at the March on Washington, D.C., in this Aug. 28, 1963, photo.

ceeded \$30 million. Total contributions for the project stand at \$35.5 million, barely one-third of the projected cost.

If it cannot reach \$67 million by next January, the project will not have enough money to break ground, as scheduled, in 2006 and keep to its projected 2008 opening.

Johnson said the foundation has "turbocharged" its money-raising efforts with public service announcements featuring Oscar-winning actors Morgan Freeman and Halle Berry. It also enlisted the National Basketball Association as part of the promotional campaign.

"We're coming out of the quiet phase of the campaign, going into our public phase," Johnson said.

Most of the money raised so far has come from high-dollar corporate donors, including \$10 million from General Motors, \$9 million from Ad Council, \$5 million from designer Tommy Hilfiger, \$1.1 million from the Alpha Phi Alpha Fraternity and \$1 million from Fannie Mae, the mortgage

company.

GM spokesman Edd Snyder said company officials are not concerned, noting that memorials to President Franklin Roosevelt and Holocaust victims ran into numerous snags and delays.

"If you take any of those memorials, they have all had extensions or movement," Snyder said. "I guess it's a matter of course."

This year could be the last in which the King project does not face the prospect of going head-to-head with the Black history museum for dollars.

The museum project is operating with just \$3.5 million from the government and no full-time director or staff. An engineering firm is studying four possible sites for the museum, one of which will likely be picked early next year. After that, fund-raising efforts figure to get more aggressive.

"It is moving," said Rep. John Lewis, D-Ga., a civil rights leader who has sought the building. "There's strong bipartisan support for the museum. It's going to happen. We just have to raise the

money."

At least one company has agreed to help fund both the museum and memorial. In 2002, Columbus, Ga.-based insurer AFLAC Inc. was the first major donor to the Black history museum, giving \$1 million to the presidential commission then studying possible sites.

Johnson said AFLAC also recently pledged an undisclosed amount for the King Memorial, as did Bank of America and Proctor & Gamble.

The landscaped memorial would cover a four-acre triangle on the shore of the Tidal Basin, between the Lincoln and Jefferson Memorials and next to the FDR Memorial. It would include an elevated walkway overlooking the basin, a huge stone marker in King's likeness and numerous oak, pine, magnolia and cherry trees.

"We're moving forward," said Paul Devroux, one of the architects for the project. "From an architecture standpoint, as long as my client is asking us to continue to do work, we will continue to do work."

Health leaders: Ethnic disparities still a 'national embarrassment'

By George E. Curry
Special to Sentinel-Voice

WASHINGTON (NNPA) - Racial and ethnic disparities in health care is "a national embarrassment" that won't be solved without a comprehensive plan that addresses issues ranging from the federal government's role in reducing disparities to increasing the number of African-Americans, Latinos and Asian-Americans enrolling in medical school, according to four key CEOs in the health care industry or foundations.

In a joint forward to a special issue of *Health Affairs* magazine dedicated to racial and ethnic disparities, which was published Wednesday, the four leaders said:

"Any effort to reduce and eliminate disparities in health must be comprehensive to be effective. It must include strategies that address the 'triple whammy' confronting communities of color in the United States: (1) disproportionately low levels of access to health care, (2) relatively low levels of health care quality when such care is made available, and (3) the adverse social and economic conditions faced by people of color in their own communities."

The forward was signed by Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation; William C. Richardson, president and CEO of the W.K. Kellogg

Foundation; Robert K. Ross, president and CEO of the California Endowment; and John W. Rowe, chairman and CEO of Aetna insurance company.

In 2002, the Institute of Medicine issued a report titled "Unequal Treatment" revealing that African-Americans and Hispanics receive a lower quality of health care than Whites. The special report and the attention given to it by four national leaders are intended to keep the medical community focused on the problem.

They noted in the forward that extraordinary progress was made in the United States during the 20th Century. Life expectancy improved from 49 years at the start of the century to 80 years at its close. The infant mortality rate fell by more than 90 percent between 1915 and 1977, and most communicable diseases were either eradicated or greatly reduced because of improved sanitation and widely available immunizations.

At the beginning of the 21st Century, however, racial and ethnic barriers still prevail. The leaders observed:

• The infant mortality rate for Black babies remains nearly 2.5 times higher than for Whites; although rates have decreased for both population groups, the gap remains largely unchanged compared

with three decades ago

• The life expectancy for Black men and women in the United States remains at nearly one decade fewer years of life compared with their White counterparts.

• Rates of death attributable to heart disease, stroke, and prostate and breast cancer remain much higher in Black populations.

• Diabetes disease rates are more than 30 percent higher among Native Americans and Hispanics than among Whites.

• Black and Hispanic-Americans receive a lower quality of health care than their White counterparts, even when accounting for other control factors, such as insurance status and income level.


"Solving this national embarrassment will not be easy," the leaders said. "At the outset, it must be clear that the strategies for eliminating disparities in health care and health status will, by necessity, be different." The special issue of the magazine carries articles on such topics as federal policy levers for quality improvement, the private sector's role and response and the need for what is being called cultural competence.

Neil Calman, president and CEO of the Institute for Urban Family Life in New York, observed:

(See Disparities, Page 13)


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