BUILD ON A PROUD TRADITION
CITY OF ROCHESTER SEeks RESTAURANTS TO PARTICIPATE IN SENIOR MEAL PREPARATION AND DELIVERY PROGRAM

Staff report

Mayor Malik D. Evans announced on Tue., Jan. 4, 2022 that the City is seeking up to thirty restaurants to participate in its Senior Meal Program to provide free meal delivery to city seniors who are dealing with transportation challenges.

“"The Senior Meal Program is beneficial to both [ ] seniors and [ ] restaurants of the city of Rochester," said Mayor Evans. "We want to continue enhancing the safety and well-being of our seniors by giving them the comfort and ease of warm and healthy meals delivered to their homes."

The city's Department of Neighborhood and Business Development will award restaurant grants of up to $50,000 to support selected restaurants in each quadrant of the city. Participating restaurants are required to agree to prepare and deliver free meals to area seniors for a one-year period. The grants may be extended for up to three years if participating restaurants are approved by City Council each subsequent year.

According to the city, phases I and II of this program were "highly successful," with 26 businesses that delivered close to 43,000 free meals to city seniors age 55 and above who were unable to travel or frequent restaurants due to the COVID-19 pandemic.

The city is contracting with ABVI-Goodwill Industries of Greater Rochester, Inc. and its 211/LIFE LINE program to facilitate enrollment services for seniors. Selected restaurants will coordinate with ABVI-Goodwill to provide and deliver the free meals at designated dates and times. Restaurants are permitted to use third-party delivery companies to support their operations.

The grants are intended to be used by participating restaurants as working capital to offset their operational expenses associated with the Senior Meal Program. Funding for the program is provided through the federal American Rescue Plan Act (ARPA).

To receive a grant, restaurants must operate within the city of Rochester and be in good standing with all regulatory requirements, including zoning codes, taxes, fees, insurance and fair hiring practices.

Applications and all associated documentation must be e-mailed to Daisy Algarin, Director of the city’s Neighborhood Service Centers, at daisy.algarin@cityofrochester.gov by 5:00 p.m. on Mon., Jan. 17, 2022.

Complete details on restaurant eligibility requirements, required forms and applications are available at http://cityofrochester.gov/restaurantgrant. For more information, contact Daisy Algarin at the e-mail address above or at (585) 428-7711 or (585) 698-6643.

Photo of restaurant during the pandemic by Andrew Seaman on Unsplash.
Cindy Langston has been appointed as senior vice president and chief information officer at Excellus Blue Cross Blue Shield (Excellus BCBS). The announcement came on Thur., Jan. 6, 2022 along with a statement from Excellus BCBS saying, “Langston is the company’s first female chief information officer.” Reed also noted that Langston is “tremendously generous with her time and service to our [greater Rochester] community.”

Excellus BCBS says Langston’s role is to deliver a new technology foundation, develop market leading capabilities and ready the organization with the talent and technology needed for the future. “Cindy impressed us with her ability to step outside her comfort zone and lead in an area that wasn’t as familiar to her,” Reed said.

Langston’s leadership journey has taken her across the globe—she spent 10 years as an international consultant leading large global IT implementations in Australia, Japan, England, Singapore, Scotland and South Korea, according to information provided by Excellus BCBS.

“I’m a believer in developing strong women, and I’ve had a lot of opportunities to work on it having three daughters and five granddaughters,” said Langston. “You don’t see many women in the STEM [science technology engineering and mathematics] field, so I’m always trying to encourage, mentor and coach women to think about some of those disciplines.”

Langston is not an Excellus BCBS newcomer. She began as vice president in the organization’s information technology sphere in 2014; three years later, she was promoted to lead the entity’s analytics and data division as chief analytics data officer.

Excellus BCBS says Langston serves the Rochester community in a variety of ways, including as board chair of the YWCA of Rochester and Monroe County; member of the Women’s Leadership Council of the United Way of Greater Rochester and the Finger Lakes; and past chairwoman of the YWCA Racial Justice Committee and Stand Against Racism events.

Langston says her leadership journey started 40 years ago when she was a teenager in Chicago working her first job at a fast-food restaurant. It was there, working the fry line, that she accidently discovered her “Golden Fry” rule of leadership.

Here is how Langston describes her “Golden Fry” moment of epiphany: “[My] boss once said, ‘I need you to get a broom and bring it into the dining area.’ Langston complied and gave her boss the broom. Langston says she “never forgot [her boss’] reaction when she handed him the broom—she had wanted her to sweep the dining room. Instead of voicing his intention, he looked at Langston with disgust and called her an unflattering name.

“It was there and then that I vowed to never, ever act that way toward any future employees of mine,” said Langston. “Respect would also be of the utmost importance to me. I have kept my Golden Fry rule ever since.”

Langston attributes her success to her faith and support of her husband and family. “I’m humbled and grateful for this opportunity,” she said. “I hope the statement that I’m making by being a female CIO here at Excellus BCBS is that anything is possible.”
Most people know that the American Red Cross collects blood from donors and distributes it where needed, and that they are first responders in times of local and national disasters. However, there is so much more to an organization that has been providing assistance to those in need for more than 140 years!

The American Red Cross shelters, feeds and provides comfort to victims of disasters; supplies about 40% of the nation’s blood; teaches skills that save lives; distributes international humanitarian aid; and supports veterans, military members and their families. The Red Cross is a not-for-profit organization that depends on volunteers and the generosity of the American public to deliver its mission. Following is a very brief overview of what the organization provides.

Disaster Response and Recovery: We respond to an emergency every 8 minutes.

No one else does this: not the government, not other charities. From small house fires to multi-state natural disasters, the American Red Cross goes wherever we’re needed, so people can have clean water, safe shelter and hot meals when they need them most.

* We respond to an average of more than 60,000 disasters every year
* 95% of our disaster relief workers are volunteers
* The vast majority of disasters we respond to are home fires

Our work doesn’t end after disaster strikes.

After the emergency phase of a response has been completed, we turn to helping people recover and addressing lingering community needs. Working together with community leaders, government and relief agencies, we organize and execute recovery strategies that include:

* Providing emergency financial assistance in the immediate aftermath of a disaster
* Distributing financial assistance for households that need extra help in the long-term
* Providing grants for community-based recovery services

Blood Services: Facts About Blood Needs

Every two seconds someone in the U.S. needs blood and or platelets. It is essential for surgeries, cancer treatment, chronic illnesses, and traumatic injuries. Whether a patient receives whole blood, red cells, platelets or plasma, this lifesaving care starts with one person making a generous donation.

* Approximately 29,000 units of red blood cells are needed every day in the U.S.
* Nearly 5,000 units of platelets and 6,500 units of plasma are needed daily in the U.S.
* Less than 38 percent of the population is eligible to give blood or platelets.
* The average red blood cell transfusion is approximately 3 units.
* A single car accident victim can require as many as 100 units of blood.
* Blood and platelets cannot be manufactured; they can only come from volunteer donors.
* The blood type most often requested by hospitals is type O.
* One donation can potentially save up to three lives.
* The many thousands of patients diagnosed with cancer each year will need blood, sometimes daily, during their chemotherapy treatment.

Health and Safety Training: Keeping you and your family safe

Many jobs require up-to-date lifesaving skills because they address health emergencies ev-
THE AMERICAN RED CROSS.....CONT’D

eyday – people such as health care providers, first responders, and lifeguards. Others, including teachers and babysitters, are entrusted with precious young lives that could require aid on a moment’s notice.

Those of us who don’t face health emergencies every day can also benefit from Red Cross training. With a wide array of Lifeguarding, Caregiving and Babysitting, and Swimming and Water Safety courses the Red Cross can provide you with the training and skills you need to prevent, prepare for and respond to emergencies. We also provide courses in First Aid, CPR and AED, among others.

Service to the Armed Forces: Our Commitment Never Wavers

The Red Cross helps members of the military, veterans and their families prepare for, cope with, and respond to, the challenges of military service.

The Red Cross has served more than 1 million military families since 9/11:

* Volunteers provide home comforts and critical services on bases and in military hospitals around the world.
* We support military families during deployments and emergencies.
* We continue serving our nation’s veterans after their service ends.
* Every day, the American Red Cross provides 24/7 global emergency communication services and other support in military and veteran health care facilities across the country and around the world.

* The Red Cross has been serving the military for more than 140 years and has deployed alongside the military in every U.S. conflict since the Spanish-American War.
* Each year, the Red Cross provides more than 471,000 services to service members, veterans and their families by leveraging a network of some 14,700 volunteers around the world.
* The Red Cross provides in-person support for troops on more than 100 military installations and deployment sites worldwide.

CONTRIBUTIONS

by African-Americans to the American Red Cross

**DR. CHARLES R. DREW**

- An African-American surgeon and researcher who was born in Washington, DC, on June 3, 1904; he was Chair of the Department of Surgery at Howard University.
- Drew laid the foundation for blood banking through pioneering work in blood collection and plasma processing; served as first Medical Director of the first Red Cross blood bank.
- Developed the concept of mobile blood donation stations, later called “bloodmobiles.”
- As the blood bank concept expanded in preparation for WWII, the Armed Forces directed the Red Cross to exclude African-Americans from donating; thus Drew, a leading expert in blood banking, was ineligible to participate in the program he helped establish.
- The policy was soon modified to accept blood donations from African-Americans, but the donations had to be segregated.
- Drew died on April 1, 1950, in Burlington, North Carolina, from injuries sustained in a car accident; despite prompt and competent care he received from the white physicians at a nearby hospital, he succumbed to his injuries.

**JEROME H. HOLLAND, PHD.**

- Dr. Holland served on the ARC Board of Governors from 1964 to until his death in 1985; in 1979 he was appointed Chairman of the BOG.
- Dr. Holland lead the initiative to consolidate the laboratory operations for Blood Services.
- In 1987, the biomedical research and development facility in Rockville, Maryland was named the Jerome H. Holland Laboratory for Biomedical Sciences.
Hello My Beloved Community,

First of all I wish you all a wonderful year ahead and may you all stay safe and healthy. January is Blood Donation Month and as a volunteer of the Greater Rochester American Red Cross Chapter for over 35 years I am reaching out to you for your help.

You see I personally know what it is to have a love one’s life hang on a wire based on the need for blood. My loving mother had a rare blood disorder and had 12 blood transfusions during those grueling weeks before the hospital told me they had no blood her type. I was a match and ran to the Red Cross to donate my blood for her. Ever since, I started donating blood to help save lives and became a volunteer.

Sadly, it is the fact that our minority communities are the least likely to donate. For your one donation you can help save three lives. I encourage you to make a difference and be a hero to someone in need. Minorities are at highest risk for sickle cell anemia. For every 250 donors of African American or Hispanic descent, we may have 25 matches for those who need transfusions because of Sickle Cell. Your donation can make such a difference in someone’s life.

Please join me in spreading the word in our community of the importance of donating blood and the desperate need we find ourselves in. We have a shortage that impacts patients who rely on blood. Since COVID hit it’s been more difficult then ever. Our guidelines for safety are in place, our staff collecting is vaccinated and masked, and we just need you to be our heroes in helping our community. I am always here for you, the Red Cross is always here for you and we need you to be here with us in time of need. Please call — and set an appointment at your convenience to help.

Thank you, my friends, from the bottom of my heart!

Rose Mary Villarrubia-Izzo, Greater Rochester American Red Cross, Executive Board of Directors

THE IMPORTANCE OF DIVERSE DONORS

Patients with sickle cell disease depend on blood that must be matched closely to reduce the risk of complications. Some of these rare blood types are unique to specific racial and ethnic groups and because of this, sickle cell disease patients are more likely to find a compatible blood match from a blood donor who is African American.
The Greater Rochester American Red Cross (Red Cross) entered Stephanie Ramos’ life in her infancy. Ramos was “just a couple of months” old when she had her first sickle cell anemia crisis episode.

Now, at 32 years of age, Ramos is an advocate for people who are dealing with sickle cell anemia. Ramos says she is “trying to educate [and] transform communities about sickle cell [anemia]” in her current advocacy roles with the Red Cross and University of Rochester Medical Center (URMC).

Ramos was born with sickle cell disease, which she says “there is no other way to cure” beyond medical measures such as blood transfusions and bone marrow transplants.

“I do believe they [Red Cross] do an amazing thing for sickle cell patients... the blood [they provide] is a part of our ‘tool kit’-- our weapon to stay alive, keep pushing,” Ramos said.

She has had approximately 60 to 70 blood transfusions facilitated by the Red Cross according to her recollection. “As I started getting older, I started getting worse,” said Ramos about her sickle cell anemia journey.

Ramos repeatedly underwent a medical procedure at one point in which she “would literally sit there for three to four hours and just have a machine circulate [and] clean out” her blood-- to replace ‘sickled’ cells, that “look like a crescent moon,” with normal round cells in order to give her body “good blood and get [the necessary oxygen and] circulation.” Ramos says the procedure is similar in function to kidney dialysis.

At 25 years of age, nearly seven years ago, Ramos underwent a bone marrow transplant; her donor was her twin brother, Jordan Ramos, who carries the sickle trait.

“As a patient, we [Ramos’ family] dealt with the Red Cross; with sickle disease, blood is very important-- it is part of our medical tool kit,” Ramos said. “My mom and dad were both carriers of the sickle cell gene; my [twin] brother has sickle cell trait...he has to be mindful of who he has children with” to avoid having offspring who inherit the disease. According to Ramos, sickle cell anemia is “not just an African American disease” as some people believe. She describes the Latino and East [Asian] Indian populations as also being impacted by the illness.

The Red Cross “provides a service that is-- it’s life giving,” said Ramos. “If the Red Cross was not there, I don’t know if I would be here,” she added. “That’s the honest truth; I could say that for other people with sickle cell anemia as well. The Red Cross provides a life giving service-- plain and simple.”

“It’s so important to donate [blood],” Ramos says, “because you are saving someone like myself...you are donating life.

“Not all heroes wear capes,” noted Ramos, adding, “People who are volunteers, directors, administrators that are part of the Red Cross are awesome, awesome.”

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**GREATER ROCHESTER CHAPTER OF AMERICAN RED CROSS “GIVES LIFE” TO SICKLE CELL PATIENT**

Stephanie Ramos. Photo provided.

By Carol Elizabeth Owens carolelizabeth@minorityreporter.net

The Greater Rochester American Red Cross (Red Cross) entered Stephanie Ramos’ life in her infancy. Ramos was “just a couple of months” old when she had her first sickle cell anemia crisis episode.
Blood donors who are Black play a critical role in helping people with sickle cell disease, the most common genetic blood disease in the U.S. Patients with the disease may rely on regular blood transfusions throughout their lives to help prevent sickle cell complications, such as organ and tissue damage, severe pain, and strokes. It is essential that the blood they receive be the most compatible match possible, which generally comes from someone of the same race or similar ethnicity.

Today, there aren't enough blood donors to help meet this urgent need. African American individuals make up 13% of the U.S. population, but less than 3% of blood donors.

By donating blood, you may make a difference in the lives of patients with sickle cell disease as well as moms with complicated childbirths, people fighting cancer, accident or trauma victims being raced to emergency rooms, and more. Your single blood donation may even help save more than one life!

**How Do Race and Ethnicity Affect Blood?**

An antigen is a substance on red blood cells and helps to determine your blood type. The four main blood types are A, B, O and AB. There are more than 600 known antigens, and some are unique to specific racial and ethnic groups. For example, many African American individuals and people of African descent have rare blood types, such as types U negative and Duffy negative.

Additionally, about half of the African American population has type O positive blood, which is the most transfused blood type in the U.S. Type O positive blood is one of the first types to run out during a shortage due to high demand, which is why O positive donors of all backgrounds are needed to maintain a healthy blood supply.

Some patients require an even closer blood type match than the main blood types. In fact, a person with sickle cell disease may need a precise pairing with a blood donor, especially if frequent transfusions are necessary. If a patient receives a transfusion of a blood type that is not a close match, they may form antibodies against the mismatched antigens. To help avoid transfusion-related complications, a patient is more likely to find the most compatible blood match from a donor of the same race or similar ethnicity.

**Learn About Sickle Cell Disease**

People of any ethnic background can suffer from debilitating conditions related to blood disorders. Sickle cell disease is one of those conditions.

Sickle cell disease is the most common genetic blood disease in the U.S. An estimated 100,000 people in the U.S. are living with sickle cell disease. Most patients with sickle cell disease are African American or of African descent. In fact, the disease affects 1 out of every 365 African American babies born in this country.

Sickle cell disease causes red blood cells to be hard and crescent-shaped (like a sickle) instead of soft and round. As a result, it is difficult for blood to flow smoothly and carry adequate oxygen to the rest of the body, which may result in severe pain, stroke, and organ damage. Blood transfusion helps relieve pain during a crisis and prevent other complications by increasing the number of healthy red blood cells in the body, helping to deliver oxygen throughout the body and unblock blood vessels.

Some patients who experience more severe symptoms from the disease may require monthly blood transfusions to replace their sickled red blood cells with healthy red blood cells. Donated blood is the only source for this treatment. Blood donors who are Black have the unique ability to help patients with sickle cell disease who rely on blood transfusions.

**Sickle Cell Trait vs. Sickle Cell Disease**

People with one sickle cell gene and one normal gene have the sickle cell trait. Most people with sickle cell trait do not experience symptoms of the disease. However, in some rare cases, people with the trait may experience symptoms of sickle cell disease, such as pain crises.

Approximately one in 13 Black or African American babies is born with the sickle cell trait. If both parents have the sickle cell trait there is a 50% chance that a child of theirs will also inherit the sickle cell trait. If both parents have the trait, there is a 25% chance that a child of theirs will have sickle cell disease. There’s also a 25% chance that a child of theirs will have neither sickle cell disease nor sickle cell trait.

If you have the sickle cell trait, you are still eligible to donate blood. Your blood donation is needed to help people with complicated childbirths, those battling cancer, people with chronic health conditions such as heart disease, those with traumatic injuries from accidents and many more. Please consider giving the gift of life.
A STRONG ADVOCATE FOR SICKLE CELL AWARENESS AND EDUCATION

Sharee Turpie diagnosed with the Sickle cell disease (SCD) around the age of 2 is a strong advocate for the education and awareness of sickle cell.

Now in her early thirties, Sharee has been in pain for the majority of her life fighting this disease. “The pain you feel physically, mentally takes a toll on you and I wouldn’t want to wish this on my worst enemy,” she said.

Sharee is a recent May 2020 graduate of Syracuse University and has just started a new job as a provider Data and Commutation coordinator with the University of Rochester. She said she will make it her job to advocate and teach others about sickle cell disease.

According to the Center for Disease Control and Prevention’s website, SCD is a group of inherited red blood cell disorders. Healthy red blood cells are round, and they move through small blood vessels to carry oxygen to all parts of the body. Someone who has SCD, the red blood cells become hard and sticky and look like a C-shaped farm tool called “sickle.” The sickle cells die early, which causes a constant shortage of red blood cells. Also, when they travel through small blood vessels, they get stuck and clog the blood flow. This can cause pain and other serious problems such as infection, acute chest syndrome and stroke.

“If I do everything in her power to make sure more people in the community are aware of what sickle cell is and how many people are being affected by this disease,” said Sharee. “People need to know their family history.”

Minority Reporter had the pleasure of speaking with Sharee about her passion for building the momentum of awareness around sickle cell disease and the importance of donating blood.

How old were you when you had your first severe pain episode?

I was five years old in Kindergarten, it was during reading time and my ankle started hurting. I remember limping over to my teacher and telling her I don’t feel good and I can barely walk and it felt like they were on fire. I mean bone coursing pain. I was able to get on the school bus and I remember my dad having to pick me up and take me off the bus because the pain was so horrible it feels like you are being cut from the inside out. Nothing really stops the pain and the indescribable what the pain feels like.

When you have a severe pain episode, what can you do to make yourself feel better?

“Every Sickle Cell Patient is different; we love to educate people on that first. A lot of people slap labels on our disease and think we are all the same. You kind of have to learn what works best for you and your body and pain tolerance. When I go into a pain crisis, I start with Motrin or Ibuprofen. I try to stay warm and hydrate myself. I usually have to take a hot shower and a bath, we usually try everything possible before we go straight to the hospital, if nothing works then that’s the point when we head straight to the Emergency.

How does Sickle Cell affect your family and personal life today?

“There’s good and bad that comes with it; to start with the bad it’s not predictable. So there’s a lot of times I can’t make it to trips, birthday parties, graduation ceremonies, etc. So that’s why I always try to be as honest and open as possible. Sometimes we can view ourselves as a burden to everyone as well. The good that comes with Sickle is that we formed our own community, we learned to speak up for ourselves, because honestly the history of sickle no one does that for us. So we are forced into this position where we have to know what it’s like to depend on us and only us.”

Has the disease changed your entire life in a sense?

“I will say physically yes, there’s things that I will never be able to do and I have come to grips with that like run a marathon, dive off a cliff into cold water. I know my body will not bounce back from that. Spiritually, having this disease has made me stronger, I learned to see the beauty in disabilities and because you are more aware of what you can do then what you can’t do. It’s definitely changed my life and it’s made me stronger but I’m always not going to invalidate what I have been through. I just want to make it better for people that come after me. So children who have sickle now, I never want them to experience what I had to experience when I was a child. People are starting to realize that there was a racial issue that comes with this disease. So everything that I have gone through I have taken that and turned it and said ‘this has to be better from here on out for anyone diagnosed.’”

How would you consider yourself an advocate for Sickle Awareness today?

“I’m actually currently on a research team with the University of Rochester to help the treatment and care of patients with sickle cell who are sent to the ED and admitted. No one knows what to do and they think they know what’s best and they won’t listen to us, so that’s what I’ve been currently working on. I have physics always asking me questions about sickle cell as well. I need doctors to know this is what we go through and we have to trust them, just like they have to trust us. There’s so much more that comes with the pain that we deal with. We also need more people to donate to organizations like the American Red Cross. There’s people that need a blood transfusion every month.

When you are admitted in the hospital what can they do to make you feel better and is there a cure for sickle cell?

“There’s nothing they can really do, honestly except give me pain medicine to make the pain go away and if I’m in a need of oxygen they make sure I get some. Treatments include medications, blood transfusions, and rarely a bone-marrow transplant. In order to get a bone-marrow you have to have a sibling and you have to have a match. Once you get past the age of sixteen or seventeen, then you are not a candidate. We feel like we are on a cure called CRISPR; a gene editing program, the National Institute of Health has been working on it for some time. That is the closest thing we have right now that comes close to a cure and it has been around for a few years now.

Has there been any organization in Rochester that supported you directly?

Yes! Roc City Sticklers is the best organization that supports me. We can talk about everything. Was it a good week? Do we need more blood this week? I also have been supported by the compliance care center and they have a heart for us and they make sure we are taken care of. I love the support from the people at the University of Rochester.

The ROC City Sicklers is a close-knit family-oriented Advocacy Group for Children and Families living with Sickle Cell Disease. Their goal is to break down individual silos, spread awareness and build strong supportive relationships to those that may need support, as stated on their website.

Sharee said she isn’t sure if she will be alive long enough to ever see the disease go away, but has hope. “There’s definitely a possibility,” she said.

In the meantime, Sharee continues to enjoy her life to the fullest and the best of her ability. Sharee said is doing everything in her power to better the quality of healthcare. She feels as the city of Rochester needs to leans in more and education themselves a little bit more on Sickle Cell.

“We will all really benefit from others being aware and please make sure you donate blood.”

Additional American Red Cross information can be found at www.redcross.org/.

Roc City Sicklers Advocate Support Group information can be found at www.urmc.rochester.edu/events/event-detail/1244491 or the Roc-City Sicklers Facebook page.
A FOCUS ON BLOOD SHORTAGE

NATIONAL BLOOD CRISIS MAY PUT PATIENTS AT RISK
DIRE SITUATION FACING BLOOD SUPPLY, THOSE IN NEED OF BLOOD TRANSFUSIONS

The American Red Cross is facing a national blood crisis – its worst blood shortage in more than a decade. Dangerously low blood supply levels are posing a concerning risk to patient care and forcing doctors to make difficult decisions about who receives blood transfusions and who will need to wait until more products become available.

In recent weeks, the Red Cross had less than a one-day supply of critical blood types and has had to limit blood product distributions to hospitals. At times, as much as one-quarter of hospital blood needs are not being met.

Pandemic challenges

The Red Cross continues to confront relentless challenges due to COVID-19, including about a 10% overall decline in the number of people donating blood as well as ongoing blood drive cancellations and staffing limitations. Additionally, the pandemic has contributed to a 62% drop in blood drives at schools and colleges.

“Winter weather across the country and the recent surge of COVID-19 cases are compounding the already-dire situation facing the blood supply,” said Dr. Baia Lasky, medical director for the Red Cross. “Please, if you are eligible, make an appointment to give blood or platelets as soon as possible by using the Red Cross Blood Donor App, visiting RedCrossBlood.org or calling 1-800-RED CROSS (1-800-733-2767).

Who donations help

Tymia Green is a spirited 12-year-old who aspires to be a pediatrician and model when she grows up. She is also battling sickle cell disease, a blood disorder that causes red blood cells to be hard and crescent-shaped instead of soft and round. Patients with sickle cell disease can suffer a range of conditions, including acute anemia, tissue and organ damage, terrible pain and even strokes.

With no widely used cure, regular blood transfusions are one of the most common treatments for sickle cell disease. Blood transfusions increase the number of healthy red blood cells in the body, helping to deliver oxygen throughout the body and unblock blood vessels. Though she is only 12, Tymia has already been hospitalized 40 times, received 42 blood transfusions and experienced surgeries to remove her spleen and gallbladder.

The side effects of sickle cell disease can make Tymia feel ill and slow her down from doing the things she loves – dancing, cheerleading and modeling. However, her determination to fight the disease continues to push her to challenge herself and inspire others.

“You can be anything or do anything – you just have to put your mind to it,” said Tymia. “Without the Red Cross and blood donations, I would not be who I am today.”

Blood drive safety

Each Red Cross blood drive and donation center follows the highest standards of safety and infection control, and additional precautions — including face masks for donors and staff, regardless of vaccination status — have been implemented to help protect the health of all those in attendance. Donors are asked to schedule an appointment prior to arriving at the drive.

About the American Red Cross

The American Red Cross shelters, feeds and provides comfort to victims of disasters; supplies about 40% of the nation’s blood; teaches skills that save lives; distributes international humanitarian aid; and supports veterans, military members and their families. The Red Cross is a not-for-profit organization that depends on volunteers and the generosity of the American public to deliver its mission. For more information, please visit redcross.org or cruzrojaamericana.org, or visit us on Twitter at @RedCross.
BREAKING THE SILENCE OF SICKLE CELL DISEASE

By Tracie Isaac
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In October of 2005, Caroline Matondo and her husband welcomed their newborn baby girl into the world at Strong Memorial Hospital in Rochester, NY. Some may immediately consider welcoming a child into the world as wonderful news, however; the Matondo’s story began with not so great news.

During Caroline’s tenth week of pregnancy and prenatal examinations she was informed that test results indicated that her unborn child has sickle cell disease. There were many questions that Matondo and her family needed to be answered, additional information indicated that both parents carried the sickle cell gene trait.

What is sickle cell anemia or sickle cell disease? It is a severe hereditary form of anemia in which a mutated form of hemoglobin distorts the red blood cells into a crescent shape at low oxygen levels. People who have the sickle cell disease inherit two abnormal hemoglobin genes, one from each parent. It is most common among those of African descent.

After receiving the diagnosis of their unborn child, the couple became involved in counseling which provided them with information on what to expect when a child has the inherited blood disorder. Through the American Red Cross, they were provided with support from a Sickle Cell Support Group. The group educated them of the awareness that their child would be vulnerable to recurring bouts of illnesses and pain that would repeatedly prevent her from having regular school attendance and would interrupt their lives as working parents.

It was alarming news, decisions had to be made, but aborting the pregnancy was not the choice they wanted to make.

Fast forward to 2021, Seleemah, now 16 years old, has traveled through a very painful life journey. The first pain crises illness appeared at nine months old when the sickle cell began to show its presence in her body. The child’s medication began with Penicillin taken every day until the age of five years old. At nine-months old, the family began visiting the emergency room department almost every month, once or twice.

What are pain crises? When clusters get large enough, they can result in sudden, unpredictable and intense episodes of pain called pain crises, or other sudden complications that may require medical help. A doctor or health provider may refer to pain crises as “vaso-occlusive crises.”

Baby Seleemah would sometimes have to have extended stays in the hospital and this continued until she was about five years old. At this point, she began a new medication, Hydroxyurea which seemed to reduce her pain crises episodes over the next 10 year period.

From the age of five to 15, Seleemah experienced severe pain crises which prevented her from walking at times or a crippling pain throughout her body that reduced her to be bed ridden. However, over the 10 year period the episodes were less and less frequent.

Caroline said that Seleemah may have built up a tolerance to the medication, because now at the age of 16, a new level of pain has entered Seleemah’s life. She now receives a series of necessary blood transfusions, each within three-months of the last. Blood transfusions help to reduce the pain crises. The American Red Cross assists the family by providing the blood that is needed for Seleemah’s transfusions.

“It is important that the public, especially anyone of African descent, obtain more information and education about sickle cell disease,” stated Caroline.

Caroline, a Tech Support for a cable network here in America, is from Congo, Africa. Her feeling is that in Africa and America alike, many people do not understand sickle cell disease. Misinformation such as “it is a curse” or considering the disease a taboo subject, prevent many from obtaining the correct information.

No matter the challenge, the Matondo’s keep fighting!

New York State is studying the feasibility of wind energy development in the Great Lakes.

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A FOCUS ON BLOOD DONATIONS

HOW YOUR BLOOD DONATION HELPS THOSE WITH SICKLE CELL DISEASE

The American Red Cross has launched a national initiative to grow the number of blood donors who are Black to help patients with sickle cell disease and improve health outcomes.

- In the U.S., it is estimated that more than 100,000 people – the majority of whom are of African descent – have sickle cell disease and may require blood transfusions throughout their lifetime to help manage their disease.
- Blood donations from individuals of the same race or similar ethnicity and blood type have a unique ability to help patients experiencing a sickle cell crisis.
- Sickle cell disease is an enduring – and often invisible – health disparity in the U.S. Despite the discovery of the disease more than a century ago, there has been fewer health resources available to help those currently suffering from sickle cell disease in comparison to similar diseases.
- That’s why the Red Cross sickle cell initiative seeks to raise awareness about this health disparity and increase much-needed blood donations from individuals who are Black through community partnerships, which will help ensure closely matched blood products are available for patients with sickle cell disease.
- Blood transfusion is essential in managing the very real pain and long-term health of those with sickle cell disease. To meet these needs, we are working to increase the number of Black individuals giving blood to help patients with sickle cell.
- Sickle cell disease distorts soft and round red blood cells and turns them hard and crescent shaped, which can cause individuals to experience extreme pain and face life-threatening complications.
- Individuals with sickle cell disease can require frequent blood transfusions throughout their lifetime to treat complications of the disease. Unfortunately, frequent transfusions can make finding compatible blood types more difficult when patients develop an immune response against blood from donors that is not closely matched to the blood of the recipient.
- Many individuals who are Black have distinct protein structures on their red blood cells that make their donations the most compatible blood to help patients with sickle cell disease.

The ongoing COVID-19 pandemic has compounded the challenges for patients with sickle cell disease as they face new concerns around availability of care and access to needed blood products for their treatment.

- As COVID-19 cases have increased and hospital resources become more strained, it has become even more difficult for patients with sickle cell disease to seek the treatments they need.
- One treatment a patient should not have to worry about is the availability of a closely matched blood product to ease their pain. Partnerships with national and local organizations within the Black community are critical to building trust, sharing information and working together to engage new donors and help save lives.
- Nationally, the Red Cross is thrilled to announce new partnerships with preeminent organizations like the NAACP, 100 Black Men of America, Inc. and The Links, Incorporated, to expand blood donation opportunities in Black communities and to grow the number of blood donors who are Black to help patients in need, especially those battling sickle cell disease.
- Locally, the Red Cross is working with Black community organizations to host blood drives in convenient locations that help bring donation opportunities closer to home.

Of course, the need for blood is not limited to patients with sickle cell. Every two seconds, someone in the U.S. needs a blood transfusion including individuals experiencing childbirth complications, people fighting cancer, and trauma patients in emergency rooms.

- 51 percent of individuals who are Black are type O (positive or negative), in comparison to approximately 45 percent of white individuals.
- Type O blood is most often needed by hospitals to help patients and, therefore, donors who are Black play a critical role in meeting the constant need for blood.

The Donation Process

Giving whole blood is simple. The donation process, from the time you arrive until the time you leave, takes about an hour. The donation itself is only about 10 minutes. And the satisfaction you get from knowing you’ve helped change a life? Timeless.

Step 1: Registration
- You will read information about donating blood.
- You will be asked to complete a form with demographic and basic health information.
- You will be asked to show an American Red Cross donor card or positive ID.

Step 2: Health history and mini physical
- A trained staff person will ask you some health history questions during a private and confidential interview.
- You will have your temperature, iron level, blood pressure and pulse checked to protect your health and well-being.

Step 3: Donation
- Staff will cleanse an area on your arm and insert a needle for the blood drawing procedure.
- The actual process of donating blood takes approximately 7-10 minutes.
- When about a pint of blood has been collected, the staff will remove the needle and place a bandage on your arm.

Step 4: Refreshments
- You will spend a few minutes enjoying refreshments so your body can adjust to the slight decrease in fluid volume.
- Enjoy the feeling of knowing you’ve done something good.

Before you give:
- Wear clothing with sleeves that can be raised above the elbow, show the staff “good veins” that have been used to draw blood in the past, and don’t forget to relax.

While you give:
- Wear clothing with sleeves that can be raised above the elbow, show the staff “good veins” that have been used to draw blood in the past, and don’t forget to relax.

After you give:
- Enjoy a snack and drink in our refreshment area. Drink plenty of fluids in the next 24 to 48 hours, avoid strenuous physical activity or heavy lifting for about five hours, and eat a well-balanced meal.

Remember:
- Donors seldom experience discomfort after giving, but if you feel light-headed, lie down until the feeling goes away. If bleeding occurs after you take off your bandage, apply pressure to the site and raise your arm until the bleeding stops. If bruising or bleeding appears under the skin, apply a cold pack. And if for any reason, something doesn’t feel right, call the post-donation number at 1-866-236-3276.

Wear your badge of honor proudly! You’ve earned it!
HOW YOUR BLOOD DONATION HELPS THOSE WITH SICKLE CELL DISEASE

• As an organization dedicated to alleviating suffering, the Red Cross is committed to the health and well-being of all communities, and a diverse blood supply is critical to improving health outcomes for all patients.

The Red Cross asks members of the Black community to join with us to help address this health disparity and meet the needs of patients with sickle cell disease. Please take action today and schedule a blood donation appointment by visiting RedCrossBlood.org, using the Blood Donor App or calling 1-800-RED CROSS.

• The Red Cross adheres to the highest standards of safety and infection control. As the pandemic continues, all donors and staff are required to wear masks at blood drives and blood donation centers.

• We also ask donors to schedule an appointment prior to arrival to help manage the flow of donors and adhere to social distancing protocols.

• Blood donation is a simple process. Individuals do not need to know their blood type to make a donation appointment.

Sickle Cell Trait Screening

The Red Cross currently provides sickle cell trait screening on all donations from self-identified African American donors. This additional screening helps the Red Cross identify compatible blood types more quickly to help patients with sickle cell and provides our African American donors an additional health insight during a time when health information has never been more important.

• Sickle cell trait is inherited and means that an individual received a sickle cell gene from one parent but does not have sickle cell disease.

• Many individuals are unaware if they carry this trait as sickle cell trait testing at birth was not widely provided until 2006. Health experts recommend that individuals with sickle cell trait be aware of their status and consult their medical provider on what it means for them.

• It is estimated that about 1 in 13 Black or African American babies in the U.S. is born with sickle cell trait, according to the Centers for Disease Control and Prevention.

• Donors can expect to receive results to their blood screenings within one to two weeks through our Red Cross Blood Donor App and the online donor portal at RedCrossBlood.org. Individuals who only carry the trait are eligible to donate blood. However, these blood products will not be used to help sickle cell patients.

TYPES OF BLOOD DONATIONS

Giving the “right” type of blood donation - based on your blood type and patient needs - helps ensure the best use of your valuable contribution. Here are some things to consider when determining how you can have the most impact.

Whole Blood Donation

Whole blood is the most flexible type of donation. It can be transfused in its original form, or used to help multiple people when separated into its specific components of red cells, plasma and platelets.

Who it helps: Whole blood is frequently given to trauma patients and people undergoing surgery.

Time it takes: About 1 hour

Ideal blood types: All blood types

Donation frequency: Every 56 days, up to 6 times a year

Power Red Donation

During a Power Red donation, you give a concentrated dose of red cells, the part of your blood used every day for those needing transfusions as part of their care. This type of donation uses an automated process that separates your red blood cells from the other blood components, and then safely and comfortably returns your plasma and platelets to you.

With just a little extra time at your appointment, you can donate more red cells and increase your impact on patients in need.

Who it helps: Red cells from a Power Red donation are typically given to trauma patients, newborns and emergency transfusions during birth, people with sickle cell anemia, and anyone suffering blood loss.

Time it takes: About 1.5 hours

Ideal blood types: O positive, O negative, A negative, and B negative

Donation frequency: Every 112 days, up to 112 times/year

Requirements by Donation Type

To ensure the safety of both patients and donors, there are some of the requirements donors must meet to be eligible to donate blood based on their donation type. General guidelines are as follows:

• You must be in good health and feeling well

• You must be at least 16 years old in most states

• You must weigh at least 110 lbs

Power Red Donation guidelines are slightly different:

• Male donors must be at least 17 years old in most states, at least 5’1” tall and weigh at least 130 lbs

• Female donors must be at least 19 years old, at least 5’5” tall and weigh at least 150 lbs
Blood donors who are Black play a critical role in helping people with sickle cell disease, the most common genetic blood disease in the U.S. Sickle cell disease primarily affects those who are African American or of African descent. Patients with this disease may rely on regular blood transfusions throughout their lives. It is essential that the blood they receive be the most compatible match possible from someone of the same race or similar ethnicity.

Red blood cells carry markers called antigens on their surface that determine one’s blood type. The majority fall into one of the following blood types: A, B, AB and O. There are more than 600 known antigens, and some are unique to specific racial and ethnic groups. Patients who have these unique blood types require close blood type matches, especially when receiving frequent blood transfusions, like those with sickle cell disease.

By donating blood, you can make a difference in the life of a patient with sickle cell disease, people with complicated childbirths, individuals fighting cancer, accident or trauma victims being raced to emergency rooms and many more.

Your Blood Can Save Lives! Let us answer some questions you may have.

**Is it safe to give blood?** Yes, donating blood is safe. You can’t get AIDS or any other infectious disease from giving blood. The Red Cross always uses new, sterile needles that are discarded after one use. Prior to donating blood, you will receive a free health screening to check temperature, blood pressure, pulse rate and hemoglobin (iron) levels. All blood donations are tested for over 12 infectious diseases.

**Am I eligible to donate if I have a health condition such as diabetes, high blood pressure, sickle cell trait, heart disease, etc.?** Approximately 38% of Americans are eligible to donate blood at any given time, so there’s a very good chance you meet the criteria! If you have a condition like diabetes or high blood pressure, you’re still able to donate as long as your condition is well controlled by medications. Having sickle cell trait does not disqualify you from giving blood.

**I am afraid of needles.** You’re not alone; fear of needles certainly prevents some people from donating blood. But if you’re willing to spend a few minutes facing your fears (donating really can be that fast), you may find the satisfaction you feel makes it worth it.

**I’m afraid I’ll faint.** A few steps you can take to ensure you feel your best during and after donating are to drink plenty of non-alcoholic fluids and eat a healthy breakfast or lunch before donating. A regular diet with iron-rich foods like spinach, fish and red meat will also help keep you feeling your best when you donate. Most donors feel fine after donating blood, but if you do feel faint or fatigued, simply lie down until you feel better. It might help you to think about this: You have about 10 pints of blood in your body. Roughly one pint is given during a donation. Your body can replenish that loss in a short time (a matter of hours for some components, a few weeks for others).

**Will it hurt to give blood?** Only for a moment. Pinch the fleshy, soft underside of your arm. That pinch is like what you will feel when the needle is inserted.

**Is blood typed, labeled, and distributed by race?** No. Blood is typed, labeled, and distributed to hospitals with no indication of the donor’s gender or race.

**If there is a blood shortage, will I be able to get blood if I end up in the hospital?** Donors like you help the American Red Cross ensure blood is available to be shipped to hospitals 24 hours a day, 7 days a week. Hospitals typically keep some blood products on their shelves, but may call for more at any time, like in the event of large-scale emergencies. We cannot meet the need without your generous gift of blood donation.

**Is my privacy protected?** Yes, the information you share with us during your donation and the results of tests performed on your donation are confidential. Just like your doctor or other medical professional, your information is confidential and is only shared with you (the donor), except as may be required by law.

**What happens to my blood after it is collected?** Your donation is processed to establish blood type and tested for infectious diseases. If a test result is positive, your donation will be discarded and you will be notified (our test results are confidential and are only shared with the donor, except as may be required by law). Those units that pass the testing criteria are labeled and stored at a Red Cross facility until we receive an order from the hospital for blood products. We will let you know when your unit has made it to a hospital! You can feel proud knowing you helped save a life.
REMEMBERING REV. DR. MARTIN LUTHER KING, JR: A TIRELESS CHAMPION FOR ECONOMIC JUSTICE

By Charlene Crowell

On Monday, January 17, the nation will pause to honor the life of the late Rev. Dr. Martin Luther King, Jr. The only Black American to be honored with a national holiday, many will recall his historic civil rights achievements.

But Dr. King also stood as a tireless champion for economic justice. His last public speech, delivered a day before his 1968 assassination, was before a Memphis audience in support of a lengthy strike for fair wages among its largely Black sanitation workers. That prophetic oration, often referred to as his “Mountaintop” speech, also noted the city’s economic disparities.

“It’s all right to talk about “long white robes over yonder,” in all of its symbolism,” said Dr. King. “But ultimately people want some suits and dresses and shoes to wear down here! It’s all right to talk about “streets flowing with milk and honey,” but God has commanded us to be concerned about the slums down here, and his children who can’t eat three square meals a day.”

When Dr. King moved his family into the city’s Lawndale neighborhood, he described it as “an island of poverty in the midst of an ocean of plenty.”

“Chicago boasted the highest per capita income of any city in the world, but you would never believe it looking out of the windows of my apartment in the slum of Lawndale,” said Dr. King.

“My neighbors paid more rent in the substandard slums of Lawndale than the whites paid for modern apartments in the suburbs. The situation was much the same for consumer goods, purchase prices of homes, and a variety of other services.”

For example, the King family paid $94 per month for four rundown, shabby rooms. During the campaign’s open housing marches on Gage Park and other predominantly White places, new and larger apartment dwellers paid only $78 a month for five rooms.

Fast forward to today and the cost of rental housing remains a challenge for millions of families [RLPE]. The average fair market price for a two-bedroom apartment is $1,295 per month. Yet the highest rent affordable to an average full-time worker is $977, according to the National Low Income Housing Coalition (NLHIC). Its recent report entitled Out of Reach exposes the mismatch between wages people earn and the price of decent rental housing in every state, metropolitan area, and county in the U.S.

Over 7.5 million extremely low-income renters are severely housing cost-burdened, finds the report, spending more than half of their incomes on housing. On average, someone who works 40 hours per week all year round must earn $24.90 per hour to afford a modest two-bedroom home without becoming housing cost-burdened. The average renter’s hourly wage is just $18.78 per hour, however, and minimum-wage workers earn even less.

Additionally, ample research documents how consumers seeking to transition from renters to homeowners face even steeper financial barriers to building family wealth.

In 2019, prospective buyers of a median-priced home of $321,500 needed to save 11 years to accumulate a 20 percent down payment of $62,600 on that home, found the Center for Responsible Lending (CRL) in its independent and recent report. But buyers seeking the least costly loans, conventional mortgages, needed a 20 percent down payment of $64,300 plus another $9,663 for closing costs.

“‘There is a huge disconnect between our collective view of America as the land of opportunity and this data, which show renters face a steep climb in saving for homeownership’, said CRL researcher and report author Christelle Bamona. ‘This climb is especially steep for Black and Latino Americans, essential workers, and people weighed down by student debt.’

The National Association of Real Estate Brokers (NAREB) underscores CRL’s findings. Its 2021 research, the State of Housing in Black America: Emerging from the Pandemic Recession (SHIBA) found that although homeownership generates the largest part of building household wealth, fewer than 45 percent of Black households own their homes, compared to nearly 75 percent of whites. Further, Black homeowners captured only $198 million in savings from the Federal Reserve’s lowering of interest rates during COVID. Nationwide, the savings due to this policy change totaled $5.8 billion.

“Blacks have made little, if any, strides at closing the disparate homeownership gap between those of our White counterparts,” noted NAREB President Lydia Pope in the report’s foreword. “Systemic discriminatory regulations and policies continue to thwart any meaningful effort at closing the homeownership gap.”

For example, mortgage pricing, and under-appraisal of home values are examples of how the growth of Black homeownership and, in turn, wealth is systematically suppressed. Since 2019, the rate of mortgage loan denials to Blacks (16 percent) has consistently been double that of whites (7 percent).

While access to mortgage credit remains a central housing issue, housing affordability has worsened for a record 117 months of year-over-year increases, according to the National Association of Realtors (NAR). The November 2021 median price of existing-homes was $353,900, up 13.9 percent from November 2020 ($310,800).

Today the quest for economic injustice continues. Just a few weeks before Dr. King’s assassination, his prophetic voice remains as timely as it is timeless:

“Do you know that most of the poor people in our country are working every day? They are making wages so low that they cannot begin to function in the mainstream of the economic life of our nation. These are facts which must be seen. And it is criminal to have people working on a full-time basis and a full-time job getting part-time income.”

Charlene Crowell is a senior fellow with the Center for Responsible Lending. She can be reached at Charlene.crowell@responsiblelending.org.

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SUBSCRIBE TODAY!
Editorial by Bijaya Khadka

Today I became aware of what I believe is a huge mistake in addressing community relations between the Rochester Police Department and minority community leaders. It is my understanding that Officer Moses Robinson has been removed from his position as Community Liaison between the RPD and minority groups throughout the city.

I met Moses about 5 years ago. Since that time, he has invited me to community meetings, prayer meetings, and various other events organized by him. Together we have also organized various community outreach activities in an effort to better the relationship between RPD and the community. It was obvious that these events were designed to bring the community leaders and the police together in open, constructive dialog.

During these 5 years, I have watched as he has inserted himself onto the Boards of various civic organizations. His objective is to find ways to bring these groups together to address opportunities to leverage their organizations for greater community impact. I have also taken the opportunity to do a “ride-along” and have witnessed him interface with members of the city’s minority community.

Much of what I have seen Moses involve himself in has been on his own time. Losing someone like him that has the passion he has for building bridges between local government (RPD) and minority groups would be a travesty.

Respectfully,
A Concerned member of the community

Bijaya Khadka is a social advocate, entrepreneur and the Founder and CEO of House of Refuge in Rochester, NY. He is President of Rochester’s International Community, where through community activism and volunteerism creates better-living conditions for everyone. Through his ground-breaking endeavors he has developed relationships with various community groups, non-profit organizations and government officials in several capacities. In 2017, he was selected as a youth delegate at the United Nations. Bijaya is a leader and speaker and graduate of Theology at Elim Bible College and currently studying Political Science and Sociology at Brockport State University.

He can be contacted at his email at info@bijayahkadka.com, www.facebook.com/VictorBijaya or bijayahkadka.com.

RACIAL EQUITY.

DENY / DEMAND

Once we acknowledge that systemic racism exists in our community, our next choice is to fight it wherever we find it. See how at racf.org/equity
POSTING WHILE BLACK

Editorial by Howard Eagle

I'm calling Mark Zuckerberg out, relative to his role as a founder, and Chief Executive of one of the nation's most popular, racist organizations. That's right, Facebook. Of course, if we are paying close attention, we already know this. However, there's an issue that's bothering me a lot. There is footage at the first link below, which is a Facebook link, and shows a re-enacted version of the famous Dolls Test experiment, conducted in 1951, by Drs. Kenneth and Mamie Clark, as part of a series of court cases that led to the Brown v. Board of Education U.S. Supreme Court “victory” in 1954.

The reason why I placed “victory” in quotation marks, is because some argue, and I agree wholeheartedly, and vehemently that in spite of Thurgood Marshall, and the NAACP’s good intentions and great work, with regard to public education, Brown v. Board of Education of Topeka Kansas has ended up haunting and setting Board of Education of Topeka Kansas regard to public education, Brown v. Board of Education to a greater degree than the supposed “victory” in 1954.

The reason why I placed "victory" in quotation marks, is because some argue, and I agree wholeheartedly, and vehemently that in spite of Thurgood Marshall, and the NAACP’s good intentions and great work, with regard to public education, Brown v. Board of Education to a greater degree than the supposed “victory” in 1954.

The experiment has been repeated several times (with basically the same results), including as late as 2017. One thing that makes the information at the 2016 link unique is that, unlike the original experiment, it includes white and Hispanic children, as well as Black children, and all of them, including the Black children, came to the very same conclusion, e.g., the Black doll is “bad” and “ugly,” and the white doll is “good” and “pretty.”

The 2016 Facebook link was operative until recently (prior to Facebook disallowing it). Before it was banned, the post had received 45 MILLION views, and 63 THOUSAND comments. Why in the world would Facebook allow such a stat from being reposted now? That’s exactly what has happened. I attempted to repost the link this morning, and received the following notice from Facebook: "To prevent any misuse, we’ve temporarily restricted your ability to use this feature on Facebook. You can try again later."

I imagine, though it may NOT be the case, that this represents their attempt to guard against racist rants. However, they have it all wrong (up-side down). Whoever is doing their programming regarding “anti-racist” algorithms, and/or whatever other monitoring or control devices they’re using ___ they got it all wrong. Let’s hope that’s not intentional.

The Dolls Test experiment, which was originally conducted in the 1930’s, not the 40’s, as some have erroneously reported.

Indeed, Facebook is a favorite platform among millions upon millions of Black folks the world over. Considering some of the race-based issues that have been raised for years regarding (as many refer to it ___ “the book”), we must ask the question ___ does Mr. Zuckerberg respect his Black supporters?? if so, then obviously, he needs to step his game up, relative to those “anti-racist” algorithms, and/or whatever other monitoring or control devices they’re using.

If one has a Facebook account, the 2016 link (again, the first one below) is still viewable via computer browsers. There are also similar video-samples of the Dolls Test at one of the links posted below.

Howard Eagle is a longtime educator and local anti-racism advocate, known for his campaigns for the Rochester school board and prolific political and social commentary. Eagle taught social studies in the RCSD for 23 years, before retiring in 2010, and is now an adjunct professor in the Department of African American Studies at SUNY Brockport.

References:


Howard Eagle

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BID #0010686. COUNTY OF ONONDAGA – BID REF #0010686 FOR FURNISHING UV EMITTERS AND ACCESSORIES IS DUE JANUARY 27, 2022 AT 2 PM IN THE DIVISION OF PURCHASE. REGISTER AT www.empirestatebidsystem.com TO DOWNLOAD SPECIFICATION DOCUMENTS.

BID #0010681 COUNTY OF ONONDAGA – BID REF #0010681 FOR ELECTRICAL MEDIUM/LITEWATT UV FINE SCREEN REPLACEMENT PROJECT OCSPED Project No. 0088001

BID REFERENCE NO.: OCSPED-010-21

Sealed bids for the construction of Contract No. 1 - General, and No. 2 - Electrical, will be received by the Director, Oneida County Department of Purchases, 116 Rose Criss Center, 420 Montgomery Street, Syracuse, New York 13203, until 2:00 PM, local time, on February 3, 2021, and be opened at such time, publicly speeded and read aloud.

The project consists of the replacement of the Meadowbrook-Limestone 3/4-inch spaced mechanical bar screen with a 1/2-inch spaced bar screen, influent channel rehabilitation, installation of a new 3x4x6-foot Storm Control Unit and F.I.C., and installation of new influent gate actuators.

The Issuing Office for the Contract Documents is Liverpool Blueprint, Inc., 117 Metropolitan Park Dr, Liverpool, NY 13088. Prospective Bidders may obtain the Contract Documents at $20.00 for each set or $10.00 per set by contacting the County or by providing the following information: Name and address of building owner, and best contact person. Payable by Money order or certified check made payable to Liverpool Blueprint, Inc. Mail to: Liverpool Blueprint, Inc., 117 Metropolitan Park Dr, Liverpool, NY 13088.

BID #0010686 COUNTY OF ONONDAGA – BID REF #0010686 SITE 

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Sealed bids for the construction of Contract No. 1 - General, and No. 2 - Electrical, will be received by the Director, Oneida County Department of Purchases, 116 Rose Criss Center, 420 Montgomery Street, Syracuse, New York 13203, until 2:00 PM, local time, on February 3, 2021, and be opened at such time, publicly speeded and read aloud.

The project consists of the replacement of the Meadowbrook-Limestone 3/4-inch spaced mechanical bar screen with a 1/2-inch spaced bar screen, influent channel rehabilitation, installation of a new 3x4x6-foot Storm Control Unit and F.I.C., and installation of new influent gate actuators.

The Issuing Office for the Contract Documents is Liverpool Blueprint, Inc., 117 Metropolitan Park Dr, Liverpool, NY 13088. Prospective Bidders may obtain the Contract Documents at $20.00 for each set or $10.00 per set by contacting the County or by providing the following information: Name and address of building owner, and best contact person. Payable by Money order or certified check made payable to Liverpool Blueprint, Inc. Mail to: Liverpool Blueprint, Inc., 117 Metropolitan Park Dr, Liverpool, NY 13088.
NOTICE TO BIDDERS

Monroe County is seeking bids for the following items and/or services. Specifications are available at www.monroe county.gov. Sealed bids will be publicly opened at the time and date stated below. Bids must be received prior to the time shown at the Office of the Purchasing Manager: Room 200, County Office Bldg., 39 W. Main St., Rochester, NY 14614; 585-753-1100.

BID NOTICE

The Central New York Regional Transportation Authority (“CNYRTA” or “Authority”) is requesting bids from professional organizations to provide a PA System Replacement.

Individuals or firms who desire to submit a Bid may request an “Invitation to Bid Package” from Caitlin MacCollum, Director of Procurement and Designated Contact in writing at fax number: 315-442-3301, mailing address: Central New York Regional Transportation Authority, PO Box 820, Syracuse, New York 13205 or e-mail: cmaccollum@centro.org.

A pre-bid walk through is scheduled for Thursday, January 27, 2022, at CNY Centro, 200 Cortland Ave, Syracuse, NY 13205. RSVP is requested by Wednesday, January 26, 2022, to Caitlin MacCollum, Director of Procurement by fax @ 315-442-3301 or email @ cmaccollum@centro.org.

Bids must be received in the offices of the Central New York Regional Transportation Authority, attention Caitlin MacCollum, Director of Procurement no later than 1:00 PM EST on February 8, 2022, at which time bids will be opened publicly. Bids received after this time and date will be returned, unopened.

Firms wishing to submit Bids do so at their own risk. There is not an express or implied obligation on the part of the CNYRTA to reimburse responding firms for any expenses incurred in preparing and submitting Bids in response to this request. The CNYRTA reserves the right to reject any and all Bids for any reason.

Bids received within the confines of the due date will remain in effect sixty (60) days from the due date.

All Bidders will be required to certify that they are not on the Comptroller General’s List of Ineligible Contractors. Each Bidder will be required to comply with all Equal Employment Opportunity Rules and Regulations.

The CNYRTA hereby notifies all Bidders that it will affirmatively insure that in regard to any contract entered into pursuant to this advertisement, disadvantaged business enterprises (DBE), minority/women owned business enterprise (M/ WBE), and service disabled veteran owned business (SDVOB) will be afforded full opportunity to submit bids to this invitation and will not be discriminated against on the grounds of sex, race, color, or national origin in consideration for an award.

NOTICE TO PROPOSERS

Monroe County is issuing requests for proposals for the following services. Request for proposal documents are available at www.monroe county.gov/bid/rfps. There will be no formal opening of proposals. Responses must be received at the date, time and location identified in the request for proposal.

Trauma-Focused Recidivism Reduction Program for Inmates

Scan below or go to www.abcinfo.org to complete an online application.

ABC is committed to Equal Employment Opportunity and Affirmative Action.

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