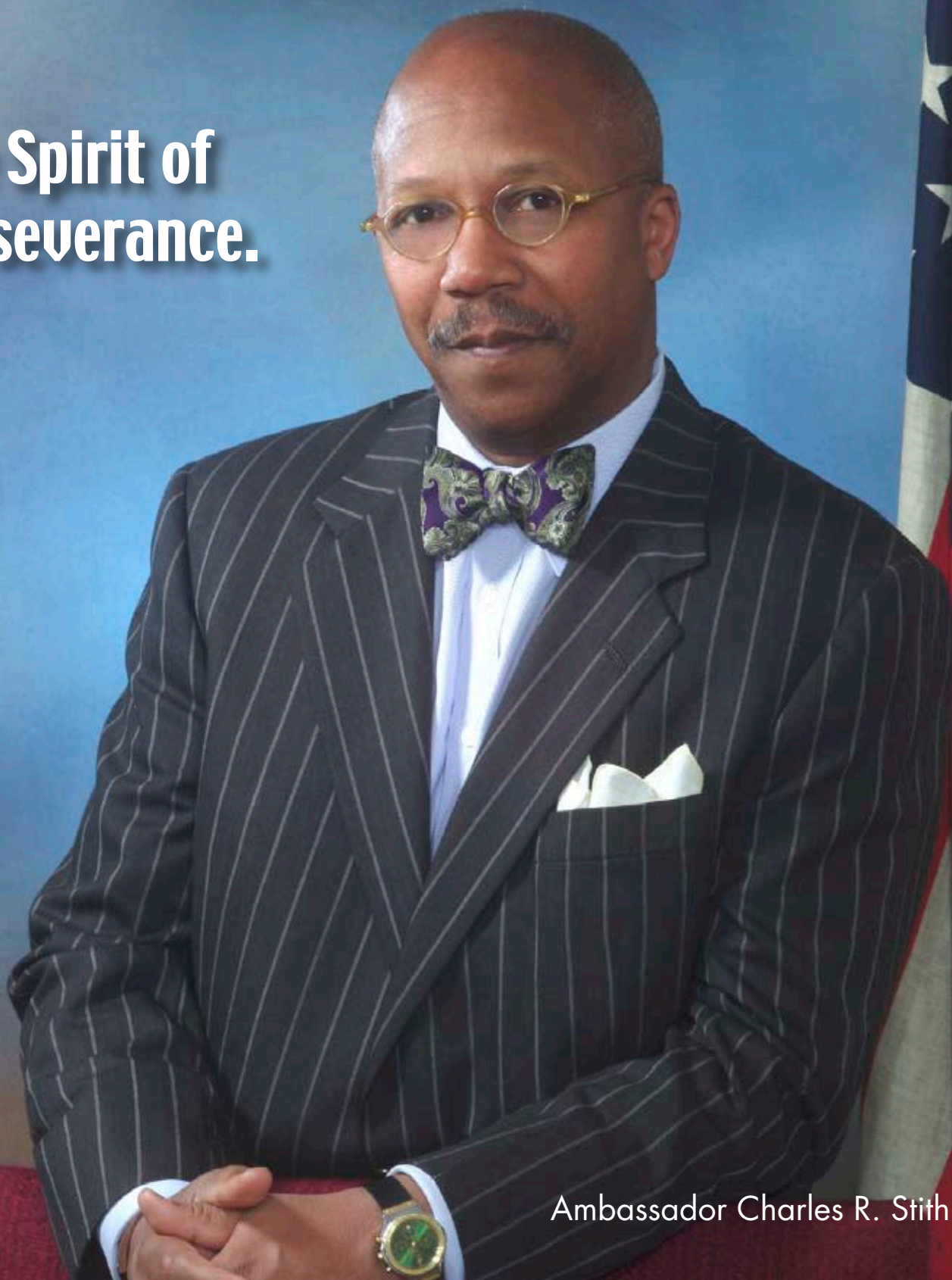




The Oracle

SUMMER 2007

**The Spirit of
Perseverance.**



Ambassador Charles R. Stith



This photo is from the Editorial Board Meeting, which took place December 2006, at the Omega Corporate Residence in Atlanta, Georgia (From left to right) Brothers Reginald Braddock, Ben Holbert, Troy Moore, Warren Lee, Jr., Walter T. Richardson, Carl A. Blunt, Charles Bruce, George A. Smith

THE ORACLE

Volume 80 • No. 16 • Summer 2007

THE OFFICAL ORGAN OF
OMEGA PSI PHI FRATERNITY

The Oracle is published quarterly in the spring, summer, fall, and winter by Omega Psi Phi Fraternity, Inc. 3951 Snapfinger Parkway, Decatur, Ga., 30035. The Oracle is mailed non-profit, standard mail from Decatur, Ga 30035 and additional mailing offices. POSTMASTER: Send address changes to 3951 Snapfinger Parkway, Decatur, Ga 30035

ORACLE DEADLINES*

Spring Issue – March 15 • Summer Issue – June 15
Fall Issue – September 15 • Winter Issue – December 15

*Deadlines are subject to change



CORPORATE OFFICE

3951 Snapfinger Parkway, Decatur, Georgia 30035

MANAGING EDITOR

Reverend Brother Walter T. Richardson, Ph.D.

GRAND BASILEUS

Brother Warren G. Lee, Jr

EDITORIAL BOARD

Brother Carl A. Blunt	Brother Reginald L. Braddock
Brother Charles A. Bruce	Brother Ben Holbert
Brother Charles Johnson, Jr.	Brother Warren G. Lee, Jr.
Brother Troy Moore	Brother Walter T. Richardson
Brother George A. Smith	
Brother John H. Williams <i>(International Photographer Emeritus)</i>	
Brother Reginald L. Braddock <i>(International Photographer)</i>	

CONTENTS

special feature

13... AN INTERVIEW WITH AMBASSADOR CHARLES STITH!

After concluding his term in Tanzania, Ambassador Stith was appointed by Boston University's Chancellor to establish the African Presidential Archives and Research Center (APARC). The Center provides a forum and resources for exchange on political and economic developments in sub-Saharan Africa.

articles

DOES FAITH IMPACT HEALTH? 6

This exhaustive article by Dr. Rueben Warren, one of the country's leading experts on healthcare, explores the vertical and horizontal dimensions of faith on health and healthcare.

IS THERE HOPE FOR BLACK MALES? 16

Dr. Willie Joe Wright presents some troubling trends but offers some salient solutions to turning endangerment to engagement.

departments

Directory	2,3
Message from the Grand Basileus	4
Message from the Editor	5
Uplifting Words	21
Book Review	22
Guidelines for Submission.....	24

Omega Psi Phi Fraternity, Inc

GRAND OFFICERS AND SUPREME COUNCIL MEMBERS

Warren G. Lee, Jr.

Grand Basileus
4708 Forest Bend Road
Dallas, TX 75244
(972) 484-9517 - Office
(972) 484-9704 - Office Fax
(972) 503-2718 - Home
(972) 503-2715 - Home Fax
(214) 587-2263 - Cell
Omegawarrenlee@oppf.com
Quette - Loraine

Carl A. Blunt

1st Vice Grand Basileus
8912 E. Pinnacle Peak Road, Suite 413
Scottsdale, AZ 85255-3649
(602) 263-7500 - Office
(480) 502-3669 - Home
(415) 468-2829 - Home (Sf)
(415) 468-2829 - Cell (Sf)
(415) 652-6223 - Cell
Qsighcab@aol.com
Quette- Jacqueline

Brian S. Gundy

2nd Vice Grand Basileus
P.O. Box 1070
Grambling, LA 71245
(214) 621-7946 - Cell
Bgundy71245@yahoo.com
5114 Copper Ridge Drive

Charles A. Bruce

Grand Keeper Of Records And Seal
421 Forshear Drive
Chesterfield, MO 63017
(636) 227-3254 - Home
(314) 553-3539 - Work
(314) 703-6403 - Cell
Charles.bruce@emotors.com
Quette - Sandra

Antonio F. Knox

Grand Keeper Of Finance
2304 Hoot Owl Court
Raleigh, NC 27603
(919) 839-8065 - Home
(919) 571-4888 - Work
(919) 609-8569 - Cell
Tonyknoxsr@yahoo.com
Quette-Angela

Michael R. Adams.

Grand Counselor
5536 Valley Forge Avenue
Baton Rouge, LA 70808
(225) 925-0208 - Home
(225) 346-8716 - Work
(225) 892-4010 - Cell
Michael@decurilaw.com
Quette-Brunetta

Rev. Farrell Duncombe

Grand Chaplain
4271 Lawnwood Drive
Montgomery, AL 36108
(334) 288-6634 - Home
(334) 322-3640 - Cell
(334) 318-6847 - Cell
(334) 727-4821 - Office
(334) 727-4757 - Office
Duncombe1@aol.com
Quette - Juanita

George H. Grace

Immediate Past Grand Basileus
P. O. Box 970187
Miami, FL 33157
(305) 260-8083 - Office
(305) 232-1600 - Home
(888) 929-7538 - Pager
(305) 238-2921 - Fax
(305) 936-6435 - Cell
Quegrace@bellsouth.net
Omegagrace@aol.com
Quette - Barbara

Benjamin L. Hart

Undergraduate Representative
411 Chandler St
Inverness, MS 38753
Mailing Address:
1914 Shady Lane
Jackson, MS 39204
(601) 398-2261 - Home
(601) 540-2961 - Cell
(601) 979-2571 - Work
Omeagalove_3@yahoo.com

Joseph F. Bowers, Jr.

Undergraduate Representative
22412 Ray
Detroit, MI 48223
(313) 538-9643 - Home
(734) 487-3586 - Work
Doctor_joseph_bowers@mail.com
Joseph-bowersjr@hotmail.com

James Mckoy

Undergraduate Representative
5114 Copper Ridge Drive, Apt. 302
Durham, NC 27707
(704) 852-4070 - Home
(919) 423-2242 - Cell
Mckoy6tp04@yahoo.com

FORMER GRAND BASILEI AND EX - OFFICIO SUPREME COUNCIL MEMBERS

James S. Avery (28th)

Olmf Board Member
389-b Orrington Lane
Monroe Township, NJ 08831
(609) 409-1365 - Home
(609) 409-1384 - Fax
Javery1@aol.com
Quette - Joan

Dr. Edward J. Braynon, Jr. (30th)

Olmf Board Member
2271 N.e. 191st Street
Miami, FL 33180
(305) 932-7433 - Home/fax
Contact - Keith (Son),
404- 241-4553

Burnel E. Coulon (31st)

Olmf Board Member
3173 West 48th Street
Indianapolis, IN 46228
(317) 293-9919 - Home/fax
(317) 523-8919
Scoulon@aol.com
2330@sbcglobal.net
Quette - Sylvia

Dr. Moses C. Norman, Sr. (33rd)

905 Regency Crest Drive, S.W.
Atlanta, GA 30331
(404) 696-8519 - home
Mcnorman33@aol.com
Quette- Gertrude Clark-norman

C. Tyrone Gilmore, Sr. (34th)

505 N. Briarwood Road
Spartanburg, SC 29301
(864) 576-6348 - Home
(864) 594-4398 - Fax
(864) 809-7707 - Cell
Tgilmore1@charter.net
Quette - Jacqueline

Dr. Dorsey Miller (35th)

P.o. Box 1738
Ft. Lauderdale, FL 33302-1738
(Home Address)
6008 N.w. 62nd Terrace
Parkland, FL 33067-1539
(954) 755-4822 - Home
(954) 753-0864 - Home Fax
(954) 332-0366 - Work
(954) 332-0368 - Fax
(954) 298-4042 - Cell
Dcma@bellsouth.net
Quette - Betty

Lloyd Jordan, Esq. (36th)

264A G Street, S.W. Upper
Washington, DC 20024-4336
(202) 663-7272 - Office
(202) 256-3109 - Cell
(202) 419-2838 - Fax
Lloyd.jordan@hklaw.com
Lawque@msn.com

George H. Grace - (37th)

Immediate Past Grand Basileus
P. O. Box 970187
Miami, FL 33157
(305) 260-8083 - Office
(305) 232-1600 - Home
(888) 929-7538 - Pager
(305) 238-2921 - Fax
(305) 936-6435 - Cell
Quegrace@bellsouth.net
Omegagrace@aol.com
Quette - Barbara

DISTRICT REPRESENTATIVES AND SUPREME COUNCIL MEMBERS

Vaughn M. Willis

1st District Representative
53 Robin Hill Lane
Hamden, CT 06518
(203) 287-1941 – Home
(203) 789-7111 – Work
(203) 537-7307 – Cell
Veelove88@aol.com

Marvin C. Dillard

2nd District Representative
284 Katherine Street
Englewood, NJ 07631
(201) 567-9819-home
(201) 567-8306-home Fax
(201) 220-1897-cell
Marvindillard@yahoo.com
Quette – Robin

Mark E. Jackson

3rd District Representative
4314 4th Street, NW
Washington, DC 20011-7302
(202) 829-5256 – Home
(703) 601-3929 – Work
(202) 491-6011- Cell
Mark.jackson@bta.mil - Omega2000@
aol.com
Quette – Lasonya

Dewey Ortiz

4th District Representative
PO Box 13314
Columbus, Ohio 43213
(614) 692-8257 - work
(614) 657-7044 - home
fourthdistrictdr@oppf.org
Deweyortiz@hotmail.com
Quette-Denise

Horace W. Chase

5th District Representative
49 Bridlewood Cove
Jackson, TN 38305
(731) 668-1799 – Home
(731) 695-0238 - Cell
(731) 425-2610 – Work
Hchase@jsc.edu
Quette – Barbara

Charles J. Worth

6th District Representative
P.o. Box 411
Manson, NC 27553
(252) 257-0787-home
(252) 456-4738-fax
(252) 456-2004-work
(252) 213-1818-cell
Aggiworthque@aol.com

Joseph T. Williams

7th District Representative
103 Pine Street
Tuskegee, AL 36083
(334) 727-2566 – Home/fax
(334) 703-0346 – Cell
Jtwillq@bellsouth.net

Jeffrey T. Smith

8th District Representative
4935 Ursula Way
Denver, CO 80239
(800) 842-2638 Ext. 2166 – Office
(303) 375-0514 – Home
(303) 513-4437 - Cell
Jsmittyque@yahoo.com
Quette - Shelia

Willie Hinchen

9th District Representative
P O Box 2020
De Soto, Texas 75123-2020
(972) 274-3195 -home
(972) 979-4770 - cell
ninthdistrictdr@oppf.org
Quette - Doris

Glenn A. Matthews

10th District Representative
2601 N 9th St
Milwaukee, WI 53206
(608) 240-3612-work
(414) 562-9479-home
(414) 617-9464-cell
Gmque1@aol.com
Glenn.mathews@phoenix.edu

Charles C. Peevy

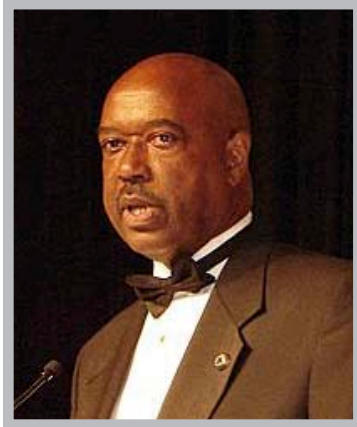
12th District Representative
1344 E San Remo Ave
Gilbert, AZ 85234-8715
(602) 617-3443 - Cell
(480) 219-5269
Ccpeevy1@mindspring.com

Jonathan N. Griffin, Sr.

13th District Representative
Cmr 480 Box 7
Apo, AE 09128
011-49-160-331-8028 – Cell
(803) 287-2628 – Worldwide
Jonathangriffin0@msn.com
J-sgriffin1@fonline.de
Quette - Sharron

“Those who have no record
of what their forebears have
accomplished lose the inspiration
which comes from the teaching of
biography and history.”

-- Carter G. Woodson



LETTER FROM THE GRAND BASILEUS

From our roots of November 17, 1911, to the present today, Omega Psi Phi Fraternity has been distinguished by the scholarship of our illustrious Founders and by the intellect and strength of the men who compromise our brotherhood. As chapters and individuals, we have empowered our nation with mental wherewithal, economic clout and organizational leadership.

The Oracle, the international organ of Omega Psi Phi, has captured our storied progress and chronicled the tremendous stories of our Fraternity. As we near the centennial of our existence, the tradition of our Oracle will add another page to its greatness and legacy; The Oracle, in its new adaptation, will place emphasis on the eloquent thinkers of Omega.

Inside the cover, Omega men will present commentary and perspectives that will encourage the exchange of information, diversity, promote academic excellence, champion human rights, encourage political awareness, spotlight world affairs and stimulate critical debate.

Brother Stanley Douglas served as Editor of the first Oracle, published in the spring of 1919. Today, The Oracle has been placed in the capable hands of Reverend Walter T. Richardson, Ph.D.

As the 38th Grand Basileus of Omega Psi Phi, I invite you to read the words on these pages and benefit from the editorial submissions. With knowledge, we can truly make a difference in the lives of black people that compliments the inspiration that was created November 17, 1911, by three studious undergraduates under the superior tutelage of their eminent faculty adviser.

Long Live Omega Psi Phi Fraternity,

A handwritten signature in cursive script that reads "Warren G. Lee, Jr."

Warren G. Lee., Jr
38th Grand Basileus





LETTER FROM THE EDITOR

This issue marks a major change in the ORACLE, the official publication of our Fraternity. There may be fewer pictures shown and lesser emphasis on local and regional news, but the publication will be no less beneficial and uplifting.

The mission of the ORACLE is the publication of writings that challenge existing ideological and theoretical boundaries on national and international fraternity issues, particularly our organization's Cardinal Principles. Through the inclusion of compelling, thought-provoking perspectives, the ORACLE intends to serve as a catalyst for stimulating and encouraging dialogue, for presenting the high standards of our organization, and for transforming any negative thoughts about our beloved fraternity. Brother Samuel Shepard, one of the outstanding editors of the ORACLE, stated in 1974 "the ORACLE optimizes our philosophy, our way of life – depicting in words and pictures our present, past and prospects for the future; our dedication to the perpetuation of our four cardinal principles and our desire to guide and keep our brotherhood in the path hewn out of a wilderness by our four Founders; the need to face the world of reality with dignity and a sense of direction."

One of our beloved founders, Bishop Edgar A. Love said "In considering members in Omega, the first consideration is for MANHOOD. This, of course, is character. First and foremost, a Que must be a man of sterling worth, with unsullied character. Secondly, is SCHOLARSHIP, which follows closely the first. There is, of course, a place for all men in the economy of our colleges and country, but we want men whose intellectual ability is above average."

And above average we are, in every sphere; teachers, engineers, businessmen, ministers, artists, writers and thinkers...all promoting the aristocracy of the intellect. There is a great cloud of witnesses of Brothers past and present like Sterling Brown (Howard University), William (Bill) Cosby, Stanley Douglas (First Editor of ORACLE) 1919, Herman Dreer, Dr. William T. V. Fontaine (First tenured professor at Howard), Earl Graves, Langston Hughes, Benjamin Hooks, Benjamin Elijah Mays, Walter H. Mazyck, Carl Rowan, Carter G. Woodson, and John W. Work (Fisk University) who represent the aristocracy of the intellect.

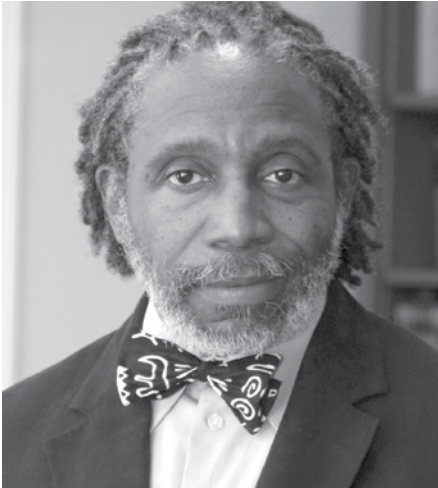
So in the ORACLE, you will be excited as we share and continue our rich legacy of featured writings and musings of Brothers who emphasize Manhood with a touch of vanity, but without guile; Scholarship without excuse or embarrassment; Perseverance without fatigue, and Uplift without the expectation of reciprocity.

May the Lord prosper our efforts.

A handwritten signature in black ink, appearing to read "Walter T. Richardson".

The Reverend Brother Walter T. Richardson, Ph.D.
Managing Editor





The Impact of Horizontal & Vertical Dimensions of Faith on Health and Health Care

— By Brother Rueben C. Warren, DDS.

“The Most scared place isn’t the Church, the Mosque or the Temple, it is temple of the body. That’s where spirit lives.”

--Susan Taylor, Essence Magazine

The quotation by Susan Taylor emphasizes the connectedness of mind, body and soul. (1) Some would say that the soul is where the spirit lives. There is a growing body of evidence linking religion and religious practices to health and healthy behavior (2). However, there is little published on the theological foundation for those linkages or linking metaphysical constructs to healthier lives or to quality of life improvements. Even less has been published on spiritual dimensions of health and the role of faith in improving and sustaining healthy individuals, groups and communities. Because of limited verifiable information, real or perceived efficacies are assumed when religious related health activities are undertaken. These activities range from conducting health fairs by health professionals and faith leaders in the church settings, to clergy convincing individuals and/or groups that faith healing alone will cure diseases or disabilities. These activities sometimes prevent believers from benefiting from evidenced based health services (3, 4).

There is continuous debate among health care professionals and faith leaders about the factors that influence health and health care decision-making. Topics include, but are not limited to: the role of faith, spirituality and religion on health outcomes, the influence and impact of beliefs on disease prevention, the use of mind/body connections and other domains of complimentary and alternative medicine to compliment current health delivery system modalities, and costs and risks of depending on technology and biomedical science as the only constructs that determine health outcomes. As a result, increased attention is focusing on plausible leadership opportunities for the faith community to improve individual and group well-being. Faith institutions and groups are expected to assume meaningful roles in health promotion and protection, disease prevention and cure that may be inappropriate or they may be unwilling to assume. Flu vaccination campaigns, HIV prevention and testing and Medicare prescription rallies have been undertaken with the faith community by governmental officials expecting enthusiastic responses from the lay community. However, to date, minimal success has been realized. (5)

A critical factor that must be addressed before any of the previously listed topics can be effectively explored is the impact of faith and trust on health and health care. Because of long and well documented consumer distrust, uncertainty in health outcomes, and abuses of venerable population by health care professionals, there is a lack of confidence in organized health care delivery by people of color and low income populations throughout the United States. (6, 7) Thus, the title of this article is, “The Impact of Horizontal and Vertical Faith on Health and Health Care.” Culturally specific operational definitions and/or descriptions of healing, health, health care, sickness, illness and other constructs and their interface with metaphysical concepts of faith, spirituality and religion and their synergistic theological implications will also be explored.

Faith is a way of living. It is life-transforming and has a dramatic, lasting impact on the believer. “A person of mature faith experiences both a life-transforming relationship to a loving God -- the vertical theme -- and a consistent devotion to others -- the horizontal theme.”(8) By assessing some of the constructs that comprise “health and health care” and applying them to broader range concepts of well being and wholeness, a new paradigm entitled, Optimal Health emerges as a means to improved conditions and life circumstances. (9)

While evidenced-based strategies for personal health care and population health care are important, they are not enough. Complementary and alternative medicine (CAM) is growing throughout the United States and is increasingly practiced by many people in the country. The Institute of Medicine indicated that \$270 billion is spent annually on CAM modalities. The five domains of CAM are: Mind-Body, Energy Medicine, Biologically Based Practices, Manipulative and Body Based and Whole Medical System. One of the domains, Mind-Body, uses a variety of techniques designed to enhance the mind’s capacity to affect bodily function and symptoms. Some techniques that were considered CAM in the past have become mainstream (i.e. patient support groups and cognitive-behavioral therapy). Other mind-body techniques that are still considered CAM

including meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance. (10) , The National Institutes of Health has a major research unit entitled The Center for Complimentary and Alternative Medicine which funds research to investigate the effectiveness of many of the CAM practices. A multi-method research approach is needed by others, including those in the faith community, to investigate the effectiveness of some of these modalities.

The context for understanding the impact of horizontal and vertical faith on health and health care must begin with operational definitions of faith which comes from the Greek "pisis", and the Latin "fides" and mean, "trust, belief" in the integrity and ability of.(11) From the Swahili language, the Kwanzaa Nguzo Saba, the word faith is Imani.(12) "Faith is a bundle of associations that are the products of the author's or speaker's culture, historical time period, geographical location and personal experience" (13). In the Bible, Hebrew 11:1 faith is described as "what our hope is made up of, and the evidence for what we cannot see".

Defining health is also essential if strategies to improve the human condition are expected. The long standing definition of health by the World Health Organization is not the absence of disease but, "the physical, social, and physical well being of the individual".(14) However, health is seldom measured; most often what is recorded is dis-ease in the language of disease, sickness, illness, dysfunction, and disability. In many ways health is not visible or measurable. Health professionals are taught to look for disease and when disease is not found, health is assumed. Ironically, the observation about health is quite similar to faith, in that it is measured by, "evidence of what we can not see." Visiting the doctor is an act of faith. Patients are expected to visit a doctor, who they may not know. The doctor poses questions, performs or orders a series of laboratory tests, concludes with a diagnosis, usually prescribes something he/she describes as medicine for something that he/she call a disease, for what they say is a sickness or illness. The medicine usually has an unfamiliar name. The pharmacist fills the prescription; the patient is instructed to take the medicine until finished, expecting the elimination of disease or dysfunction. This, all too common doctor-patient scenario is an act of faith both vertically and horizontally.

To whom is faith entrusted? Those who have vertical faith believe in a Supreme Being. For others, it is the Ancestors with whom they have faith. And yet for others, faith is in both a Supreme Being and the Ancestors. The African notion of the living-dead relates to that period immediately after physical death when someone in the family has died, yet they continue to influence those in the family who are still physically alive. The living-dead are consulted on all matters of importance; they are honored, worshipped and often feared. They advise, counsel, and protect the living family. Libations are poured honoring the living-dead. (15) Indigenous peoples of North

America also honor, worship, and place their faith in the spirits beyond. For people of color, faith is intimately tied to spirituality, particularly for people of African decent, and African spirituality is translated into daily life practices. The sacred and the secular are one in the same. (16) How then is faith similar to health and what possible synergies exist?

Alastair Campbell, in his book entitled, *Health As Liberation: Medicine, Theology and the Quest For Justice*, describes health as freedom. He says about health care, "I view the essence of good health care as liberation, as setting free; and I see fundamental injustices in the delivery of health care in modern society as being forms of oppression."(17) He continues, "We can be healthy despite the presence of physical abnormalities that may impede our capacity to act and hasten our death provided we can retain a sense of control over our lives as a whole."(18)

Health, as defined by W.H.O., in many ways does not provide measurable tools that can be translated into interventions to improve the well being of populations. Developing interventions for population health at the individual level of well-being is inadequate, non-specific, vague, and shortsighted. However, Campbell's definition may be too broad for those working specifically in the health arena. A description rather than a definition of health may have greater utility because it frames health as relationships which are interactive and interdependent. "Health is a relationship, a dynamic interplay between the physical, social, psychological, and spiritual well being of the individual and the group and their interaction with the physical and social environment." (19) Describing health highlights several constructs such as the importance of relationships for human health; the group, as well as the individual, being essential for human health; spirituality and its relationship to human health; and the physical and social environment as critical influences on human health. Katrina, Rita and Wilma hurricanes are examples of how all of the components of health previously included in the description of health must be considered, particularly the environment. While the adverse physical health consequences from those hurricanes were devastating, the short and long term social and psychological consequences are equally as damaging and probably far more difficult to address. (20)

"I view the essence of good health care as liberation..."

There is ample evidence indicating that improved health outcomes, at the primary, secondary and tertiary prevention level, many times operate outside of the traditional practice of Western medicine which focuses on disease and cure. (21) The U.S. spends more money on health care than any other country in the world and only a small percentage of those

Continued from page 7

resources are committed to preventing disease. Even less is focused on health promotion. The late John Chissell M.D., an African American physician, in his book entitled, *Pyramids of Power: An Ancient African Centered Approach To Optimal Health* argues that the American public is operating in a "sick care system", not a health care system. (22) As a consequence, with the vast amount of resources committed to medical care, the sophisticated and very expensive biomedical research enterprise and the resulting technology available in the health delivery system, the U.S is probably the best place in the world for tertiary care such as surgery or rehabilitation. However, public health threats such environmental injustices, millions of uninsured or the spread of homelessness suggest the U.S may not be the "healthiest" place to live. (23,24) Health disparity and the environmental justice data clearly document the problems and provide some indication of what needs to be done to resolve them. There is an opportunity for leadership from the faith community to employ a transdisciplinary team of "servant leaders" to address some of these problems (25). Interventions in the spiritual realm using CAM modalities such as meditations, affirmations and prayer and designing qualitative and quantitative measurement tools are worthy of consideration. In *The Road Less Traveled*, T. Scott Peck, a psychiatrist, writes about non-biological forces to address physical and mental disorders, one of which he calls "grace." Whether real or perceived, if grace is helpful in addressing health concerns it ought to be utilized and its impact should be measured. (26)

... American public is operating in a "sick care system", not a health care system ...

The prevalence of ill-health for selected groups in the U.S. is longstanding. (27) In this instance, ill-health is used to describe specific adverse health conditions. Terms like sick and illness, health and healing are used interchangeably, but in fact refer to different conditions or circumstances. For example, Campbell describes illness as the subjective experience of the individual, the awareness of ill health. Sickness is the ascription of ill health to a person by others, an ascription that may be made in the absence of the subjective awareness of illness (i.e. mental health) (28). Disease is the medical or scientific endorsement of the social role of sickness. For example, in a May 1851 article, entitled, "Disease and Physical Peculiarities of the Negro Race," published in the *New Orleans Medical and Surgical Journal*, Samuel A Cartwright M.D and three other doctors

wrote about diseases specific to "blacks." They described "drapetomania," the disease of running away from slavery, and "diseesthesia Aethiopsis", a "hebetude of mind and obtuse sensibility of body" known to overseers as "rascality." (29) Were the slaves sick or ill because they sought freedom from oppression or were their oppressors, the white slave masters or the white physicians, "mentally ill" for their barbaric and inhuman treatment of other human beings?

In writing about health and healing Campbell also suggests that healing is very different from cure; healing is far more than just being healthy and requires community sanction, acceptance and support. Healing, he says, is releasing power rather than holding on to it. Healing seeks "to create a community of the wounded who, from the healing of their own wounds, find the power to help others to a similar release" (30). The most devastating sicknesses may not be physical. The gospel hymnologist wrote about "healing the sin sick soul," which has little to do with medicine. A broken heart is one of the most painful experiences that anyone can endure. "What becomes of the broken hearted" is the title of a rhythm and blues song written in the early 1960s that refers to the travesty of a broken heart, which cannot be repaired by the best cardiovascular surgeon. It has to be healed.

In order to maximize the synergy between faith, health and health care, individuals, groups and communities must harmonize physical, social, psychological and spiritual well-being. Faith or trust must be present for health and health care to be most beneficial. Everyone should have a good primary care physician and dentist, and for the doctor to be effective the patient must have trust in both the doctor's competence and commitment to provide high quality care. Because society places individuals at risk for disease, dysfunction, disability and premature death, health protection is imperative. People of color and low income populations are at greatest risks for adverse health conditions, and because they have less access to health resources and services their risks are elevated. (31) Even though these groups must learn to negotiate in the system to get what they need they must also use modalities for health improvements outside of the health care system. A February 23, 1986, article in the *New York Times* entitled, "A Doctor's View of Modern Medicine" describes the reality of practicing medicine in the urban setting, "the realities of medical economics encourage doctors to do less and less listening to ...patients. Instead the doctor is encouraged to act, to employ procedures... Charges for procedures... are universally higher than fees for talking with the patients." (32) Individual and group interventions beyond medical care are necessary to maintain and sustain health. Optimal Health is an African centered approach

to enhance well-being that has tremendous operational potential at the individual and group level.

The ancient African had a different notion of health which included more than physical well being. Imhotep, the true Father of Medicine, was an Egyptian physician, but he was also a priest. He understood the importance of holistic health. At that time (2980 B.C E.), most of the physicians had to be priest before they became physicians (33) The Egyptians understood the relationship between physical, social, psychological and spiritual well-being. They looked for ways to harmonize these various components. Centuries later, in 1946, Henry Sigerist, the great medical historian, stated that "Health is promoted by providing a decent standard of living, good labor conditions, education, physical exercise, culture, and means of rest and recreation. (34) In addition, in the 21st Century, physicians, psychologists, dentists, public health workers, and other health professionals are acknowledging mind/body connection and other CAM modalities. For example, Bloodworth (35), Chopra, (36) and others suggest that there are physical, social, psychological, cultural, and spiritual elements that are necessary for human health to thrive. Some even suggests that spiritual well being, that is, meaning and purpose in life, is foundational for the other elements of health to be most effective.

Even though the W.H.O. definition of health is accepted by most people as having essential physical, social and psychological components for individual well-being, alarming and unacceptable morbidity, disability, dysfunction, a premature death indicate that much more work is needed. Reframing the notion of health may allow the necessary intellectual exchange from both theoreticians and practitioners in order to conceptualize health differently. Their collective thought should allow, even demand, creative, meaningful, and measurable strategies for improvement. Strategies that focus on mean, mode, and median of health trends, as goals are short sighted. The goal should not be striving for normal blood pressure, normal weight, or normal anything. The goal should be optimal, and any deviation from optimal should be viewed as abnormal. When Optimal Health is achieved, the individual will "move towards your highest good and your greatest potential."

As previously indicated, faith, in its broadest context simply means trust, and different populations "trust" for different reasons. In 2000, at a symposium discussing the relationship between oral and systemic health at Howard University, Edwin Nichols, PH.D, a psychologist, discussed cultural barriers that influence health. He pointed out that one's worldview determines, in large part, the values, beliefs

and trust, which influence the decision-making processes, including health decisions. For example, for people of European decent, the highest value and trust lie in the object or its acquisition. For people of African decent, the highest valued group experience is the relationship. People of African decent view themselves to be of equal worth or value. If treated less than equal or with disrespect, the relationship is destroyed and trust is lost. With Asians, the highest value is in the cohesiveness of the group. He says the word group, from an Asian perspective, specifically Chinese, has two meanings and includes two components-king and sheep. To be a group there must be a leader and followers. For Hispanics, he says that they share a common history: forbearers, who were subjected to colonial Spain, forced to speak Spanish, and they were forced to convert to Catholicism. Hispanics can be from any racial group. Native Americans, who were the first inhabitants of North America, have a rich history of spiritual beliefs. Different racial and ethnic groups have different values, beliefs, culture and which all impact on health. (37)

The metaphysical constructs of spirituality and faith are deeply embedded in the values, beliefs, and culture of different groups, and there is a growing body of research that links religion and faith to health. (38) The theological literature indicates that religion and faith are not the same. The former is usually a group experience, and the group generally agrees on a common dogma, including the notion of God. Faith can be, and often is, individualistic and may or may not include a God Force. Yet, in the final analysis, religion converges upon faith in something that transcends the human existence. This faith then provides the medium for a spirituality that encompasses the believers' thinking and actions. As the Persian poet, Jalauddin Rumi points out "the lamps are the same" whether they are from institutional religion or simply personal faith. The important similarity, he write, is that the light comes from "beyond."(39) In the context of health, spiritual well being provides meaning and purpose to life. Unfortunately, health data suggest that African Americans, in particular, are not living long enough to make the contributions that living a healthy life will allow; thus the meaning that is the basis for spiritual well being for African Americans is not fully realized.

What must be done to sustain health? First, health must be acknowledged as more than going to the doctor to get a check up or when there is illness. Even with preventive services, health really must ultimately be the responsibility of the individual; influenced by many factors, but ultimately, the individual must understand how to keep him or herself healthy. This does not mean that the individual can control all of the factors that influences their health. However, they should know the positive and

Continued from page 9

negative health factors, and control those that they can. For example, Chissell list five components of Optimal Health, and gives specific instruction in areas: optimal emotional health, optimal intellectual health, optimal physical health, optimal spiritual health and optimal socioeconomic health. In his book he details ways to implement each one. In Chunn's book entitled, "The Health Behavioral Change Imperative," Warren, in his chapter on, "The Social Context for Faith and Health," recommends five health promotion principles: eating the right food, taking care of your body, getting along with others, protecting and respecting the environment, and believing in a Divine order to the universe. (40) There is ample evidence the each one of these health promotion principles can, and does reduce risk factors and promote health. Again, both Chissell and Warren emphasize that everyone needs a competent primary care physician and dentist.

Last and most importantly, many people in the U.S. live in unhealthy physical environments. There are physical threats, biological, chemical and radiological. (41) There are equally as devastating threats to social, psychological, and spiritual well being. However, there is a cadre of health professional who can help reduce some of these health threats. Leavell, in his classic "levels of prevention framework", outlines three important areas for health care: primary, secondary and tertiary. Primary prevention is when there is no disease and health education and protection are effective. Secondary prevention is effective when there is early disease and/or disability, and screening and primary care services are most effective. Tertiary prevention requires major intervention such as surgery and rehabilitation. (42) Primary prevention is more effective, less costly and requires less technology than secondary prevention, and the same is true for secondary compared to tertiary prevention. Wimberly, Wimberly and Warren suggest that primary prevention should be divided into two components: disease prevention and health promotion. Behavioral interventions for both components may be similar, however, disease prevention suggests that disease is inevitable; health promotion does not. Promoting health seeks to foster Optimal Health of the community by securing, maintaining, preserving, and promoting the relational ties of the village, social networks, neighborhood, cross-generational bonds, strong mediating structures (marriage, family, extended family, churches, fraternities/sororities), communally based healing practices, and oral traditions that promote images and expectations of healthy relationships. The practices that promote population health include public policy efforts to promote relational ties through valuing the role of care and nurture which must support male and female relationships in their culture context. (43) Health promotion posits that Optimal Health is a journey that

is possible even in the midst of disease and despair and longstanding trends of adverse health conditions.

With reference to health care, there are three major challenges that frame the quality of care delivered: availability, accessibility and acceptability. Availability means is the service suitable and or ready to use. Accessibility means the service is able to be used, entered, or reached, and acceptability means the service does reach minimal requirement (44). The literature is also clear that seldom are all these levels realized, particular for the underserved or with populations that are disproportionately ill. The guidelines for the types of health care that are available and needed have been highlighted as three levels of prevention: primary, secondary and tertiary. System measurements to determine the efficacy of care also exist and can be grouped in three categories: availability, accessibility, and acceptability. These measurements provide an operational framework for individuals and groups to manage their health care.

Health status data indicate that effective prevention and treatment and appropriate health care systems are not working and the nation continues to have mounting health and health care gaps? As earlier suggested, one cannot expect to measure health outcomes by using personal health care improvements as the sole measurement of success because many of the major killers are outside of the control of the health delivery system. For example, intentional injuries such as violence and unintentional injuries such car crashes are major causes of morbidity and mortality in the U.S, but the health delivery system is not equipped to address these problems. Cancers are often environmentally induced and cigarette smoking usually starts among the youth, influenced by peer pressure. Again, the current structure of the health delivery is not organized to implement effective interventions, even if they were available.

So what can the health care system do to influence the causes for ill health? The health care system is designed to prevent and manage disease, disability and dysfunction, at the individual patient level and it should be judged by what it is designed to do, not by what is needed. The health care system is not designed to address issues of poverty, environmental pollution and environmental justice, or institutional racism although these factors strongly influence human health and health care outcomes. However, there are criteria to evaluate the health care system, and they should be reasonable, manageable and measurable. Suchman, in his text on Evaluation Research writes, evaluation "is placing value." He provides five excellent categories for evaluating systems, including health care system. The categories include effort, performance, and adequacy of

performance, efficacy, and process. (45) Using these criteria it is possible to evaluate the health care system in order to guide individuals towards health by disease prevention, protection, early intervention, treatment and cure.

Finally, moving populations toward their greatest state of aliveness is the vision for Optimal Health. Given the history and culture of the U.S. a public theology which includes Optimal Health is a ministry that has great promise, particularly for African Americans because of tremendous value placed by people of African descent on spirituality and religion. Embedded in both of these metaphysical constructs is the notion of vertical and horizontal faith. Vertically, faith is in the omnipresence, omniscience and omnipotence of one God, which may be known by many names. Horizontally, faith is trust in other human beings who have the knowledge, skills, and ability to provide health promotion, disease prevention, treatment, and cure. The skill sets, though not fully developed, are within the capacity of the health and faith communities if the goals, objectives, and strategies are conceptualized, developed, implemented, and evaluated. The outcome will be to fully embrace a public theology which includes Optimal Health and develop public theologians who are servant-leaders and who are willing to serve the underserved. This theology, when fully realized, will provide the physical, social, psychological and spiritual foundation for individuals, in concert with communities, to reach their greatest potential and do their highest good.

Preprinted with Permission from the Journal of the Interdenominational Theological Center, Vol. XXXIV, Nos. 1 and 2, Fall 2006/Spring 2007

Bibliography

1. Taylor, Suzan. In I. Vanzant (ed). *Acts of Faith: Daily Meditation for People of Color*. New York: Simon and Schuster, 1, 1993.
2. Epperly, B.G. "Christianity and Health." *In Spirituality & Health, Health and Spirituality: a new journey of spirit and body*. Mystic, Connecticut: Twenty-Third Publications, 6-13, 1997.
3. 1997. Felix, Aaron, K, Levine D. and Burstin, H.R. "African American Church Participation and Health Care Practices". *Journal of Internal Medicine*, 18(1): 908-913, November 2003.
4. Shuman, Joel, James. G. and Meador, Keith G. *Heal Thyself" Spirituality, Medicine, and the Distortions of Christianity*. New York: Oxford University Press, 11. 2003.
5. Zahner, S.J. and Corrado, S.M. "Local Health Department Partnerships with Faith-Based Organizations." *Journal of Public Health Management Practice*, 10(3): 258-265, 2004.
6. Reverby, S.M. *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study*. North Carolina: University of North Carolina Press, 2000.
7. Savitt, T.L. "The 'Use of Blacks for Medical Experimentation and Demonstration in the Old South'". *Journal of Southern History*, 48:331-348, 1982.
8. www.religion-online.org/showarticle.
9. Chissell, J. *Pyramids of Power: An Ancient African Centered Approach to Optimal Health*. Baltimore, MD: Positive Perceptions Publications, 1993.
10. *National Center for Complimentary and Alternative Medicine. Expanding Horizons of Health Care: Strategic Plan for 2005-2009*. DHHS. National Institutes of Health, 2004.
11. www.biblicalheritage.org/Bible%20Studies/faith.htm
12. Karenga, Maulana. *Kawaida Theory: An Introductory Outline*. Inglewood California: Kawaida Publications, 17, 1980.
13. www.biblicalheritage.org/Bible%20studies/faithhtm
14. *Institute of Medicine. Towards Environmental Justice: Research, Education, and Health Policy Needs*. Washington D.C.: National Academy of Science, 1, 1999.
15. Mbiti, John. S. *African Religions and Philosophy*. (2nd ed). Portsmouth, New Hampshire: Heinemann: A Division of Reed Publishing (USA) Inc, 25-26, 1999.
16. Mbiti, John. S. *African Religions and Philosophy*. (2nd ed). Portsmouth, New Hampshire: Heinemann: A Division of Reed Publishing (USA) Inc, 3, 1999.
17. Campbell, Alastair, V. *Health As Liberation: Medicine, Theology, and the Quest for Justice*. Cleveland, Ohio: The Pilgrim Press, 1, 1995.
18. Campbell, Alastair, V. *Health As Liberation: Medicine, Theology, and the Quest for Justice*. Cleveland, Ohio: The Pilgrim Press, 11, 1995.
19. Warren, Rueben C. "Assuring Oral Health in the Midst of Disease and Disability." Paper presented at the 6th World Conference on Preventive Dentistry, Capetown, South Africa, 1997.

Continued from page 11

20. *Institute of Medicine, Towards Environmental Justice: Research, Education and Health Policy Needs.* Washington D.C.: National Academy of Science, 18, 1999.
21. *Pilch, John, J. Healing In The New Testament: Insight from Medical and Mediterranean Anthropology.* Minneapolis, Minnesota: Fortress Press, 19-22, 2000.
22. *Chissell, J. Pyramids of Power: An Ancient African Centered Approach to Optimal Health.* Baltimore, MD: Positive Perceptions Publications, xiv, 1993.
23. *Institute of Medicine, Towards Environmental Justice: Research, Education and Health Policy Needs.* Washington D.C.: National Academy of Science, 21, 1999.
24. *Institute of Medicine, Towards Environmental Justice: Research, Education and Health Policy Needs.* Washington D.C.: National Academy of Science, 14, 1999.
25. *Wimberly, A.E.S. "The Role of Black Faith Communities in Fostering Health."* In Braithwaite, R.L., and Taylor, S.E, (eds.) *Health Issues in the Black Community.* 2nd ed. Nashville, Tennessee: Josey-Bass Inc. 129-150, 2001.
26. *Peck, Scott, M. The Road Less Traveled.* New York: Simon and Schuster, 167-168, 1978.
27. *US Department of Health and Human Services. Report of the Secretary's Task Force on Back and Minority Health. [Executive Summary]* Washington D.C: US Government Printing Office, 1985.
28. *Campbell, Alastair, V. Health As Liberation: Medicine, Theology, and the Quest for Justice.* Cleveland, Ohio: The Pilgrim Press, 45, 1995.
29. *Campbell, Alastair, V. Health As Liberation: Medicine, Theology, and the Quest for Justice.* Cleveland, Ohio: The Pilgrim Press, 63, 1995.
30. *Campbell, Alastair, V. Health As Liberation: Medicine, Theology, and the Quest for Justice.* Cleveland, Ohio: The Pilgrim Press, 106, 1995.
31. *Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare.* Washington D.C.: National Academy of Science, 143-144, 2003.
32. *New York Times.* "A Doctor's View of Modern Medicine." In *Campbell, Alastair.V. Health As Liberation: Medicine, Theology, and the Quest for Justice.* Cleveland, Ohio: The Pilgrim Press, 74, 1995.
33. *Rogers, J.A. World's Great Men of Color. Vol. 1.* New York: Helga M. Rogers, 1, 1947.
34. *Sigrist, H. The University at the Crossroads.* New York: Henry Shuman, 1946.
35. *Bloodworth, Venice. Key To Yourself.* New York: Devors & Co, 1979.
36. *Chopra, D. Creating Health. Canada:* Random House Audio, 1995.
37. *Warren, Rueben C. "Enhancing Oral and Systemic Health."* *Compendium*, 5(3), 2001.
38. *Johnson, Taylor, E. "Spiritual Needs of Patients with Cancer and Family Caregivers."* *Cancer Nursing*, 26 (4): 260-266, 2003
39. *Hick, John and Hebblethwaite, Brian. (eds.) Christianity and Other Religions.* Philadelphia: Fortress Press, 174-177, 1981.
40. *Warren, Rueben C. "Social Context for Faith and Health" In Chunn, Jay Carrington. (ed.)The Health Behavioral Change Imperative.* New York: Kluwer Academic/Plenum Publishers, 145, 2002.
41. *Walker, Bailus, Jr. Environmental and Occupational Health.* In Warren, R., Walker, B., Miles-Richardson, S., and Reede, J. (eds) *Improving the Healthy of Underserved Populations Through Public Health Collaborations at Historically Black Colleges and Universities. Proceedings, Harvard Medical School, Woodstock, GA: Spectrum Publishers, 43-44, March. 2004.*
42. *Leavell, H, and Clark E. Preventive Medicine For The Doctor In His Community.* 2nd Edition. New York: McGraw Hill. 1965.
43. *Wimberly E., Wimberly A.E.S., Warren, R. C. "A Model For Promoting The Health OfThe Community Through Attending To African American Marriages."* Presented at the African American Health Marriages Initiative Connecting Marriage Research to Practice Conference. University Of North Carolina, at Chapel Hill, Chapel Hill, North Carolina, 2006.
44. *Warren, R. Oral Health For All: Policy For Available, Accessible and Acceptable Care.* Washington D.C: Center For Policy Alternatives, 1999.
45. *Suchman, E.A. Evaluation Research: Principles and Practices in Public Service and Social Programs.* New York: Russell Sage, 1967.



The Perseverance of Ambassador Charles R. Stith

*Director of the African Presidential Archives
and Research Center at Boston University*

Prior to assuming his present position as the Director of the African Presidential Archives and Research Center at Boston University, Ambassador Stith presented his Letter of Credence as Ambassador Extraordinary and Plenipotentiary of the United States to the United Republic of Tanzania in September 1998. He served as the Ambassador in the traumatic period after the August 1998 bombing of the United States Embassy in Dar es Salaam. Because of his able and steady leadership the Embassy emerged from the bombing stable and set a new standard for U.S. Embassies promoting U.S. trade and investment in Africa. Among his achievements were getting Tanzania to sign the first ever Open Skies Agreement between an African country and the United States and the successful negotiation of code-share agreements for Delta and Northwest Airlines. In September 1999 he organized Tanzanian President Mkapa's historic visit to the United States. That visit had the distinction of having the largest delegation of African business leaders to ever accompany an African head of state on a visit to a western nation. Subsequent to that effort, Stith organized "reverse trade missions" to London and Johannesburg to enable a Tanzanian business delegation to meet with U.S. business interests having offices in those cities. Stith worked with the Tanzanian government to enable them to become the first Sub-Saharan African country to reach the decision point for debt relief under the enhanced Heavily-Indebted Poor Countries Initiative (HIPC).

After concluding his term in Tanzania, Ambassador Stith was appointed by Boston University's Chancellor to establish the African Presidential Archives and Research Center (APARC). The Center provides a forum and resources for exchange on political and economic developments in sub-Saharan Africa during this period of profound and historic change.

Ambassador Stith is a graduate of Baker University, the Interdenominational Theological Center's Gammon

Theological Seminary in Atlanta, and Harvard University Divinity School (Th.M). He is the founder and former National President of the Organization for a New Equality (O.N.E.), which focuses on expanding economic opportunities for minorities and women. Most notably during his tenure at O.N.E., he helped negotiate and broker the first comprehensive community reinvestment agreement in the country. The agreement committed Boston financial institutions to \$500 million in mortgage and commercial lending to low and moderate and minority communities in Massachusetts. He later served on the CRA Regulatory Agency Working Group, chaired by then Comptroller of the Currency Eugene Ludwig. He was one of the architects of the regulations redefining the Community Reinvestment Act (CRA), which has resulted in nearly \$2 trillion in credit and capital for low and moderate income communities and communities of color. Prior to heading O.N.E., he was the Senior Minister of the historic Union United Methodist Church in Boston. He was an appointee of Senate Minority Tom Daschle to the US Commission on International Religious Freedom. In addition, he has been an adjunct faculty member at Boston College and Harvard Divinity School. He has served on the National Advisory Boards of FannieMae and Fleet InCity Bank, the editorial board of WCVB-TV, and the boards of West Insurance, Inc and the Wang Center for Performing Arts, among others. His is the recipient of honorary doctorates from the University of South Carolina, Clark Atlanta University, and Baker University.

He is the author of *Political Religion* (Abingdon Press, 1995) and many articles, which have appeared in such publications as the *Wall Street Journal*, *Denver Post*, *Atlanta Journal Constitution*, *Boston Globe*, the *Boston Herald*, *USAToday*, the *Los Angeles Times*, *New York Times*, and the *Chicago Sun Times*.

Q & A with Ambassador Carles R. Stith.

Q - Tell the ORACLE how you came to be chosen as Ambassador?

A - I was asked by President Clinton to become Ambassador to the United Republic of Tanzania in order to further his objective to not only expand aid to Africa, but to increase opportunities for trade and new U.S. investment in Africa. I was confirmed by the U.S. Senate one month before Al Qaeda bombed the Tanzanian Embassy and I assumed my post one month after the bombing. Needless to say, this tragic turn of events changed the character of the U.S. agenda in Africa, in general, and Tanzania, in particular. I served as United States Ambassador to the United Republic of Tanzania from 1998 to 2001.

Q - What was the particular nature of your work on the continent (Africa)?

A - Beyond the trade and investment agenda that President Clinton dispatched me to address, the bombing significantly expanded the focus of my work as U.S. Ambassador. First of all, the investigation of the bombing required that I engage with ministries, departments, and agencies of the Tanzanian government that I had not anticipated having to work with prior to the bombing - such as the Tanzanian Intelligence Service. In addition, I was required to lead the effort to retrofit a temporary facility for Embassy operations. Then there was the need to negotiate with the Tanzanian government for a site for a new permanent Embassy. Relative to the new Embassy, one of the things I was most proud of was that we selected a site with the intention of having the new Embassy stimulate development in an area that could use an economic shot in the arm. Finally, the bombing required substantial work in increasing the morale of Embassy staff and preventing the bombing from damaging U.S. - Tanzanian bilateral relations.

Q - What were some of your major accomplishments?

A - A key objective was getting the Embassy to see itself as more than the "embassy that was bombed." In that regard, I set a new standard for U.S. Embassies promoting U.S. trade and investment in Africa. Among my achievements was the successful negotiation of code-share agreements for Delta and Northwest Airlines and getting Tanzania to sign the first ever Open Skies Agreement between an African country and the United States. In September 1999, I organized Tanzanian President Mkapa's historic visit to the United States. That visit had the distinction of having

the largest delegation of African business leaders to ever accompany an African head of state on a visit to a western nation. Subsequent to that effort, I organized "reverse trade missions" to London and Johannesburg to enable a Tanzanian business delegation to meet with U.S. business interests having offices in those cities. I also worked with the Tanzanian government to enable them to become the first Sub-Saharan African country to reach the decision point for debt relief under the enhanced Heavily-Indebted Poor Countries Initiative (HIPC).

Q - What projects continue as a result of your fine work as Ambassador?

A - One of the most visible accomplishments of my tenure is the multi-million dollar Embassy that significantly increased economic development in the Dar es Salaam neighborhood where we located. Less tangible, but no less important, I think we helped establish Tanzania as a place U.S. business interests should look to invest and U.S. tourist should look to visit.

"If Omega men help lead the way, it means tremendous opportunities for our spiritual growth and physiological health..."

Q - Is there an intersection of your work on the continent and the mission, as you see it, for the fraternity?

A - This era is the second most important in the history of modern Africa. The first was obviously the era of the liberation struggles in the 1960's and 70's. During this era the critical question for African leaders was - "how do they get their countries back?" Now that the continent is free from Cairo to Cape Town, the question for Africa leaders today is - "now that we have our countries back how do we make them work?" On the part of the present generation of leadership, some have answered that making their countries work requires further democratization and free market reform. It is here that Africans in the Diaspora, of

which Omega is a part, have a critical role to play. Two of the hottest economies in the world are India and China. The growth that we've seen in these two parts of the world has been helped by Indians and Chinese in the Diaspora. In the same way, African people of the Diaspora can potentially be major factors in Africa's renaissance. Omega men are some of the most accomplished people of African descent anywhere in the world. That expertise and knowledge could be of big benefit to the continent. African Americans presently have an aggregate income of approximately \$750 billion per year, Omega men are some of the most well-to-do people of African descent in the world. There are innumerable opportunities for exploration and investment

on the African continent. If Omega men help lead the way, it means tremendous opportunities for our spiritual growth and physiological health; and as important, some real opportunities to be players in the global marketplace. Africa is more than the sum of its problems. The story of Africa's potential is one that Omega can help tell through the Oracle and as well through other mediums Omega men control and influence.

I was made in the Omicron Sigma Chapter (St. Louis) in 1969. I am presently financial in the Eta Phi graduate chapter (Boston).



This photo is from the African Presidential Roundtable 2006, which took place in April 19-22, 2006, in Johannesburg, South Africa, at the University of the Witwatersrand.

Front row: (From left to right) His Excellency Nicephore Soglo, former President of the Republic of Benin; His Excellency Sir Q. Ketumile Masire, former President of the Republic of Botswana; His Excellency Pierre Buyoya, former President of the Republic of Burundi; His Excellency Aristides Pereira, former President of the Republic of Cape Verde; His Excellency Flt. Lieutenant Jerry Rawlings, former President of the Republic of Ghana; His Excellency Kenneth Kaunda, former President of the Republic of Zambia. Back row: Many other distinguished guests including Phylicia Rashad who is standing next to Ambassador Stith.



An Endangered Species at Risk

Brother Willie J. Wright, Ed.D.

African-American males between 5 and 25 years of age in America's Urban Metropolitan communities are still endangered after more than 300 years of struggling to be free, equal, recognized, and respected. And we African-American men must continue the battle to save our younger males by remembering from where we have come, and where we have yet to go, to achieve that elusive dream of equality, and to be judged by the content of our character and achievements, rather than the color of our skin. The media provides us daily with the disturbing facts:

- The leading cause of death among African-American males between the ages of 10 - 25 is homicide.
- African-American males represent approximately 6% of the country's population, but more than 40% of the prison population.
- An African-American male is twice as likely to be unemployed as a White male.
- In some Urban Metropolitan communities across America, more than 18% of African-American males drop out of high school, and never graduate.

And the list goes on and on. Yet, although we often read about, and view the media of well heeled individuals who lead groups of influential citizens on quests to save the manatees, crocodiles, the bald eagle, the everglades, the whales, the petrified forest, the sequoia trees, no visible "well heeled individuals" seem to be interested in expending their resources, energy, influence, political savvy, and finances to save young African-American males.

Ample evidence demonstrates the deep seated concealed, disparity in the daily world of the lives of the young African-American males and the dominant society. In the immediate past 110 years, more African-American young males live in single matriarchal families, although the number of African-American families having attained middle class status, has dramatically increased. Poverty and economic

disparity are still determinants for the present status of African-American males 5-25 years old. Fathers are still the most influential factor in the young African-American male's life. This concern is buttressed by a growing body of research. From writings from UC at Santa Barbara, 1996; University of Pennsylvania, 1997; Princeton University and the University of Pennsylvania, 1998; London School of Economics and Princeton University, 2002, the conclusion is, the child raised without his or her biological father is significantly more likely to live in poverty, do poorly in school, drop out altogether, become a teen parent, exhibit behavioral problem, smoke, drink, or wind up in jail.

Within our current political, financial, judicial, clouded operational exclusions, the successful well meaning African-American males, must stay in the forefront of the efforts to save our young males. The ORITA Program of Pi Nu Chapter of Omega Psi Phi Fraternity, Inc, in Miami, Florida is a prime example of engagement with younger males. This activity could be duplicated in Fraternity chapters around the world. The plea is for the "Talented Tenth" to never forget, nor let others forget, whose shoulders we stand on, and reach back and help those who may fall by the wayside, trapped in their own disbeliefs of what they can achieve. We must somehow, make them believe... "If you can believe it, you can achieve it." We, the fortunate ones, who have climbed that mountain of success in spite of the obstacles "they" placed in our way, must put forth a unified effort to make the younger males believe and learn. Then they must work towards the ideals of our Founders, Manhood, Scholarship, Perseverance, and Uplift. Everyone is born with the capability to learn. Everyone can develop that desire to learn to the fullest. Because learning is a life long process, one cannot start too soon. Burton White in his twenty-five years of research in early childhood, reminds us that in the first years of life, from zero to three years of age, children develop their learning processes. Men, especially fathers, must be involved as teachers for young males during that critical time period. By five years

of age, children's developmental processes are well under way, good, bad, or indifferent.

Never let our African-American males forget our great ancestors and forefathers, and their sacrifices and achievements. In spite of the horrors of slavery, disenfranchisement, segregation, jim crowism, the separate

but equal farce, quotas, racial profiling, the glass ceiling in economics, lack of finances for home buying, and lack of business assistance, they still thrived. So, as we stand on those brave and unwavering shoulders, we must also give praise and recognition to the past and current patriarchs who have demonstrated and are currently demonstrating success in many fields of endeavor.

Some examples of African-American male successes are:

ASTRONAUTS:

Michael P. Anderson	Guion S. Bluford	Charles E. Bolden
Rober L. Curbeam, Jr.	Frederick D. Gregory	Bernard A. Harris
Ronald Mc Nair	Leland P. Melvin	Bobby Satcher
Winton E. Scott		

SCIENTISTS/ PHYSICIANS:

Dr. Elmo Brady	Dr. Benjamin S. Carson	Dr. Oscar J. Cooper
Dr. Charles R. Drew	Dr. Harold Freeman	Dr. Ernest E. Just
Dr. Alvin Poussaint	Dr. Louis Sullivan	

STATE / TERRITORIAL GOVENORS:

William H. Hastie, <i>U.S. Virgin Islands</i>	Deval Patrick, <i>Massachusetts</i>
Joseph Rogers, Lt. Governor - <i>Colorado</i>	L. Douglas Wilder, <i>Virginia</i>

U.S. SENATORS:

Edward Brooke, <i>Massachusetts</i>	Barack Obama, <i>Illinois</i>
-------------------------------------	-------------------------------

U.S. SUPREME COURT:

Thurgood Marshall	Clarence Thomas
-------------------	-----------------

U.S. REPRESENTATIVES:

Ron Dellums, <i>California</i>	John Conyers, Jr., <i>Michigan</i>	Kendrick Meeks, <i>Florida</i>
Adam Clayton Powell, <i>New York</i>	Charles Rangel, <i>New York</i>	Louis Stokes, <i>Ohio</i>

PRESIDENTIAL CABINET MEMBERS:

Gen. Colin Powell (former), <i>G. Bush</i>

CITY MAYORS:

Michael Coleman, <i>Colombus, Ohio</i>	David Dinkins, <i>N.Y., New York</i>	C. Jack Ellis, <i>Macon, GA</i>
James Ford, <i>Tallahassee, Fl.</i>	Floyd Griffin, <i>Milledgeville, GA.</i>	Wilson Goode, <i>Philadelphia, Penn.</i>
Willie Herenton, <i>Memphis, Tenn.</i>	Maynard Jackson, <i>Atlanta, GA.</i>	Ron Kirk, <i>Dallas, Texas</i>
John Marks, <i>Tallahassee, FL.</i>	Marc Morial, <i>New Orleans, La.</i>	Ray Nagin, <i>New Orleans, La.</i>

EDUCATORS:

Johnson C. Smith - <i>Johnson C. Smith University</i>
Booker T. Washington - <i>Tuskegee Institute</i>
William Wilberforce - <i>Wilberforce University</i>

Currently, the larger society views African-American males as athletes, the criminals, comedians, entertainers, and brutes. These images create tensions, jealousy, hatred, and perpetuate superiority in some members of other ethnicities. Concurrently, in many urban metropolitan low economic communities across America, many young African-American contribute to the negatives views perpetrated by others, by involvement with drugs and violence. There is Black-on-Black crime, and the parasitic life style of the uneducated, under employed, and the unemployed that compliment negative notions about Blacks. Then there are the financial institutions, corporate structures, business enterprises, and the justice system, that seem to give advantage to members of the majority population. There is magnified automation by computers, proliferation of technological advances with electronics, and the changing building industry which no longer needs Black "muscles." Immigration issues abound, and manufacturers are relocating and expanding beyond country's borders, which makes racism more invisible and effective. Racism is further strengthened by the power of the media and internet which penetrates the heart, mind, and soul of its victims, the young African-American males, and robs them of their pride, making them doubt their self worth, thus delivering them to the evils of failure. To free young African-American males from this trail of self destruction and degradation, falls upon the "talented tenth" to take the leadership of assisting these young brothers to face the challenges head on psychologically, educationally, economically, politically, and socially. Because "the most dangerous man in America, is an educated Black man."

"Education is the key to unlock the golden door of freedom."

Despite our beginnings in America when legal documents of this great Nation defined black people as chattel, and black males as 3/5 of a man, having no rights a White man was bound to respect. Today, 2007, in much the same manner, the urban metropolitan Black, poor, unemployed, uninsured, disadvantaged, at risk people, is perceived as not human, but rather as a part of a swarm of cripples, misfits, and criminals. Yet in spite of these circumstances, and daily lethal indignities of subtle and concealed racism, we must persevere. We the "talented tenth" must keep the faith, keep on moving forward, and even when knocked down keep on moving forward! Truth pressed to the earth will rise again, because no lie can live forever. Our young African-American males must be saved from self destruction. Failure to save them will have resounding effects, not only in America, but around the world.

Marcus Garvey reminded us that "Action, self reliance, the vision of self, and the future, have been the only means by which the OPPRESSED have seen and realized the light of their own freedom". George W. Carver emphasized that "Education is the key to unlock the golden door of freedom". Today, more than ever, we must continually teach our young African-American males, age 5 - 25 years of age, that education is not just a destination, but also a life-long journey...so stay the course.

References

Giblin, Les, *Skills with People*, Wyckoff, New Jersey, 1985

Ebony Magazine, 1983.

National Black Child Development Institute (NBCDI), *The Status of African-American Children*, Washington, D.C., 1970 - 1990.

Reece, Carl A.; Cross, Keata; *Focus on Great Black Leaders*, R.T.B. Educational Publishers, 1991

White, Burton L. ; 0 - 3, *The first three years of Life*, Harvard University, Revised, 1995.

Willie J. Wright, Ed.D, 3rd National Executive Secretary, Omega Psi Phi Fraternity, Inc, Retired Public School & College Administrator; Member of Pi Nu Graduate Chapter, Miami, Florida; Graduate Adjunct Professor of Educational Leadership; E-mail: willieandtamar@aol.com

"It must be borne in mind that the tragedy of life does not lie in not reaching your goal. The tragedy of life lies in having no goal to reach."

-Benjamin E. Mays

Omegas Continue Legacy in Academic Medicine

By Brother Scott Watson

From Founder Oscar J. Cooper, M.D. and the pioneering work of Brother Charles R. Drew, M.D., D.Sc. during World War II to the contributions of Brother David Satcher, M.D., Ph.D. as Surgeon General of the United States and others, Omega men have distinguished themselves as leaders in medicine. There is a new generation of Omega men leading the way in academic and clinical medicine. Highlighted in this article are three Omega men with international reputations in their fields of expertise: Brother Michael DeBaun, M.D.; Brother Langston Holly, M.D.; and Brother Mohan Suntharalingam, M.D.

Brother Michael DeBaun, M.D., M.S., M.P.H.

(Associate Professor of Pediatrics, Biostatistics, and Neurology, Washington University School of Medicine, St. Louis, MO)

Brother DeBaun, a Phi Beta Kappa graduate of Howard University, where he was initiated in Alpha Chapter of Omega Psi Phi in 1980, received his medical degree and an M.S. degree in Health Services Research from Stanford University Medical School. Dr. DeBaun also earned the Master of Public Health degree from the Johns Hopkins University School of Hygiene and Public Health. He completed his residency at the St. Louis Children's Hospital and a fellowship at the Washington University School of Medicine.

His research centers on the "epidemiology and treatment of strokes in sickle cell disease and the epidemiology of pediatric genetic cancer predisposition syndromes Beckwith-Wiedemann and Simpson Golabi Behmel." Brother DeBaun is also the Program Leader of the Doris Duke Clinical Research Fellowship Program at the Washington University School of Medicine. As Principal Investigator of three clinical trials, the Silent Cerebral Infarct Multi-Center, Increasing Blood and Cord Blood Donations in Blacks, and Asthma and Nocturnal Hypoxia in Sickle Cell Anemia, he administers millions of research dollars. A winner of the Doris Duke Clinical Scientist Award, in 2005 he was selected for the lists "Best Doctors in America" and "America's Top Doctors."

As a physician, Dr. DeBaun serves as the medical director of the Pediatric Hospice at the St. Louis Children's Hospital. The St. Louis native is most appreciative of working in his hometown: "There is an internal reward in being a part of the community where I grew up and providing care for my neighbor's children."

Brother Langston T. Holly, M.D.

(Assistant Professor and Ruth & Raymond Stotter Chair in Neurosurgery, The David Geffen School of Medicine, UCLA, Los Angeles, CA; and Co-Director, UCLA Comprehensive Spine Center, Santa Monica, CA)

Brother Holly received a bachelor's degree in Microbiology from the University of California, Berkeley, where he was initiated in the Epsilon Mu Chapter of Omega Psi Phi. He is a graduate of the David Geffen School of Medicine at UCLA. He also did his internship in General Surgery and his residency at the UCLA Medical Center. Brother Holly completed a fellowship in Complex Spine Surgery at the University of Tennessee College of Medicine. At UCLA, he served as a research fellow under Dr. Keith Black, one of the preeminent neurosurgeons in the world; and he also trained under world famous neurosurgeon Dr. Kevin T. Foley at the University of Tennessee.

A former Common Wealth Fellowship winner, he is a specialist in innovative spine surgery. Brother Holly is considered one of the top young neurosurgeons in America. The fact that he is under 40 and the occupant of a distinguished chair in neurosurgery at one of the top ten departments in the country is indicative of his leadership and research in the field. Although he has clinical interests in over 40 spinal conditions, ranging from Adult Tethered Cord to Vertebroplasty, his work emphasizes "minimally invasive surgical techniques in the management of degenerative, traumatic and neoplastic spinal disorders" at the UCLA Spine Center of Excellence in Santa Monica, CA. A committed Christian, Brother Holly is a member of the American Association of Neurological Surgeons, the Congress of Neurological Surgeons and the National Medical Association.

Brother Mohan Suntharalingam, M.D.

(Marlene and Stewart Greenebaum Professor of Radiation Oncology and Vice Chair, Department of Radiation Oncology, University of Maryland School of Medicine; and Associate Director of Multidisciplinary Programs and Outreach, The University of Maryland Marlene and Stewart Greenebaum Cancer Center, Baltimore, MD)

Brother Suntharalingam holds a B.S. degree from Brown University, where he was initiated into Omega Psi Phi through Theta Epsilon Chapter in 1986. He received his medical degree from the Thomas Jefferson Medical College in Philadelphia, and he completed his residency and a fellowship at the University of Maryland Medical Center.

Brother Suntharalingam has been characterized as “an extraordinary individual and a brilliant scientist and physician” by philanthropist Stewart Greenebaum, who was recently inspired to create an endowed professorship because of him, of which he is the first recipient. “Dr. Suntha,” as he is known, has been prolific in conducting clinical trials in the treatment of cancerous tumors with radiation. His special interests include head and neck cancer, and lung and esophageal cancer. He has authored or co-authored many papers which reflect the multidisciplinary and integrative approach of the nationally renowned Greenebaum Cancer Center, of which he is the Associate Director. Among

the important results of his research in experimental therapeutics is his finding in a study that chemotherapy plus radiation therapy increases survival in head and neck cancer. Previously, the standard treatment was to rely on radiation therapy alone. Brother Suntharalingam concluded that, “Potentially, it could mean that even patients in the less advanced stage may be able to avoid surgery altogether and be treated with this combined therapy alone.” He has also worked with molecular geneticists using gene therapy to treat head and neck cancer in combination with radiation therapy. His innovative approach has crossed over to the treatment of a common aspect of heart disease: occluded (i.e., blocked) arteries due to the build up of cholesterol, etc. The standard procedure is to insert a stent by means of angioplasty, which often needs to be repeated because of the growth of tissue within the stent, a condition called In-Stent Restenosis. His clinical trials in the treatment of In-Stent Restenosis with beta radiation instead of invasive cardiac surgical procedures has proven to be a safer and more successful long-term solution in keeping blocked arteries open.

We salute these Sons of Omega for their contributions to humanity through academic and clinical medicine. Through the implementation of the Cardinal Principles, they are advancing their fields and leaving a richer heritage for Omega and the world.

LETTERS TO THE EDITOR...

Dear Brother Richardson,

On behalf of the Seventh District it is with great pride that I congratulate you on your appointment as Managing Editor for the Oracle. It is a tremendous accomplishment and a true testament to your diligent work and outstanding leadership. We are very enthusiastic about your appointment as well as the vision in which our Grand Basileus, Brother Warren G. Lee has for the publication. I am sure you will bring a new spirit of aspiration to an already great publication. As we move into new areas, it is our hope that our new direction will sharpen our vision of the future as well as the past.

I look forward to working with you my brother, Congratulations!

Fraternally,
Joseph T. Williams
7th District Representative

Brother Richardson,

I like this format. You are absolutely correct in that this provides a vehicle for the brotherhood who work in the academy to publish. I think it is very wise to set the oracle layout in a qualitative format, and give readers an opportunity to hear in first person, real life stories. Job well done!

Fraternally yours,
Brother Kevin Rolle, Ph.D.
South Carolina State University

.....
Letters Guide: send your brief and timely letters to the editor to wtrichardson@cs.com. Include your name, organization, fraternal connection, and a daytime telephone number with all correspondence

UPLIFTING WORDS

“It isn’t a disgrace not to reach the stars,
but it is a disgrace to have no stars to reach for.”

-- Benjamin E. Mays

“Go, booklet
(Oracle) in
Omega’s name
and chronicle
Omega’s fame.”

- Walter H. Mazyck

“It is often easier to become outraged
by injustice half a world away than
by oppression and discrimination half
a block from home.”

- Carl T. Rowan

“I have discovered in life that
there are ways
of getting al-
most anywhere
you want to go,
if you really
want to go.”

-- Langston Hughes

“In order to succeed, your desire
for success should be greater
than your fear of failure.”

- Bill Cosby

“Economic empowerment leads
to political and social change.”

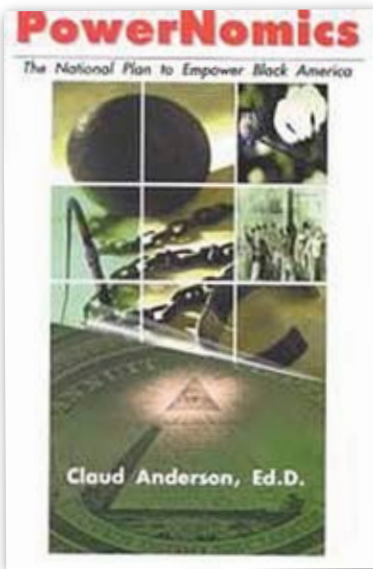
- George Grace, 37th Grand Basileus

“Today’s students can put
dope in their veins or hope in
their brains. If they can con-
ceive it and believe it, they
can achieve it. They must
know it is not their aptitude
but their attitude that will
determine their altitude.”

- Jesse Jackson

Editor’s Note: Members of Omega Psi Phi Fraternity, Inc. are invited and encouraged to submit quotes from legendary and respected members of our beloved fraternity. Submitters are responsible for accuracy of quotes.

BOOK REVIEWS

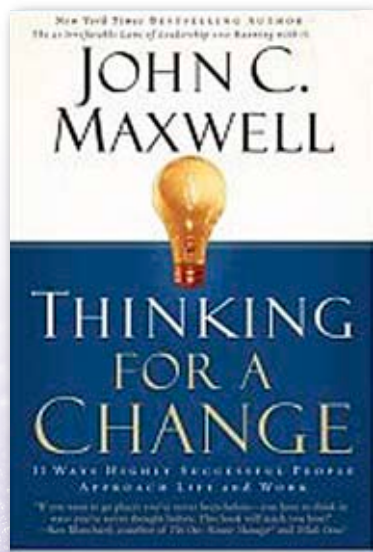


PowerNomics: The National Plan to Empower Black America

Claud Anderson, Ed.D

PowerNomics Corporation of America, 265p

I have read this book at least once every year since it was published in 2001. I was about to buy it when it first came out, because I had read Dr. Anderson's first book, *Black Labor, White Wealth* and was inspired, informed and intimidated to change my "financial" ways. Before I purchased it, a church in Denver, Colorado presented this book to me as a gift and on the plane back to Miami I could not put it down. Simply stated, *PowerNomics* is the second Bible for Black Americans (*Jet Magazine*), the link that Black America has been missing, and the mechanism necessary to trigger massive change. Every conceivable type of analysis has been done on African American problems, but *PowerNomics* decisively maps out solutions that can be implemented to address and resolve those problems.



Thinking for a Change

John C. Maxwell

Warner Books, 257p

I have been a fan of Maxwell for almost 10 years. And with our Grand Basileus' emphasis on leadership I highly recommend this masterpiece. Maxwell makes an exceptionally strong case for one "thinking well" if one expects to "do well." One commenter has described this book by Maxwell as a text that "paint(s) a verbal roadmap of how sound mental habits can help pave a road to success." Not necessarily "the" road but "a" road. Maxwell's is a two-lane highway ramping up to success.

I especially really enjoyed Part Two of the book that includes eleven thinking skills every successful person needs in order to be propelled forward.

1. Acquire the Wisdom of Big-Picture Thinking (59 - 76)
2. Unleash the Potential of Focused Thinking (77 - 96)
3. Discover the Joy of Creative Thinking (97 - 120)
4. Recognize the Importance of Realistic Thinking (121 - 136)
5. Release the Power of Strategic Thinking (137 - 154)
6. Feel the Energy of Possibility Thinking (155 - 172)
7. Embrace the Lessons of Reflective Thinking (173 - 190)
8. Question the Acceptance of Popular Thinking (191 - 206)
9. Encourage the Participation of Shared Thinking (207 - 222)
10. Experience the Satisfaction of Unselfish Thinking (223 - 238)
11. Enjoy the Return of Bottom-Line Thinking (239 - 252)

Editor's Note: These books were selected from my personal bookshelf, and the views and opinions expressed are not necessarily those of the Omega Psi Phi Fraternity, Inc. I invite your comments on this section.

Maxwell uses expressive vignettes and brief quotes to illustrate his take on these skills. This is must reading for every leader.



Omega Psi Phi Fraternity, Inc.
LEADERSHIP CONFERENCE

Downtown Marriott Hotel
 1201 Market Street, Philadelphia, Pennsylvania 19107
 July 12 - 15, 2007
 Hosted by
 Mu Omega Chapter, Philadelphia, PA
 Alan W. Junius, Basileus

“Everything Rises and Falls on Leadership. Leadership Today, Tomorrow, and Forever.”

2007 Omega Psi Phi Leadership Conference

Thank you for your interest in the 2007 Omega Psi Phi Leadership Conference. This year's conference will be held Friday & Saturday, July 13th & 14th in Philadelphia Pennsylvania. The theme this year is: “Everything Rises and Falls on Leadership, Leadership Today, Tomorrow and Forever”.

In conjunction with this year's conference, there will be activities beginning on Thursday July 12th, with a Job Fair from 11:00AM to 6:00PM, a golf tournament from 1:00PM to 6:30PM and opportunities to visit the city and the King “Tut” exhibit. On Friday, we begin our conference with a breakfast recognizing the men that have been members for 60 plus years. Following the breakfast, we move into our medical health symposium that will be moderated by the Fraternity's Surgeon General, Dr. Charles Christopher. Members of the panel will be well known medical professionals from the local area.

The break out sessions, following the health symposium, will cover ways to achieve leadership roles in the workplace by career planning, effective resume writing, and image consulting, and address critical issues impacting African American males. Later that evening, those attending can sit back and relax and enjoy the Friday night entertainment.

On Saturday, we will start by honoring the men who have been members for 50 years at breakfast. The following workshops will cover leadership and teamwork and business leadership via franchising opportunities.

The invited luncheon speakers for both Friday and Saturday include a Governor and Mayor, an Admiral, an Attorney General and an astronaut.

The Omega Psi Phi Fraternity, Inc. and Mu Omega Chapter are proud to host this year's Leadership Conference in Philadelphia.

Sincerely,

Alan W. Junius, Basileus
 Mu Omega Chapter, Philadelphia, PA

GUIDELINES FOR SUBMISSION TO THE ORACLE

THE MISSION

The ORACLE, published quarterly, solicits manuscripts that challenge existing ideological and theoretical boundaries on national and international fraternity issues, particularly our organization's Cardinal Principles. Through the inclusion of compelling, thought-provoking perspectives, The ORACLE intends to serve as a catalyst for stimulating and encouraging dialogue, for presenting the high standards of our organization, and for transforming any negative thoughts about our beloved fraternity. Brother Samuel Shepard, one of the outstanding editors of the ORACLE, stated in 1974 "the ORACLE optimizes our philosophy, our way of life – depicting in words and pictures our present, past and prospects for the future; our dedication to the perpetuation of our four cardinal principles and our desire to guide and keep our brotherhood in the path hewn out of a wilderness by our four Founders; the need to face the world of reality with dignity and a sense of direction."

CALL FOR MANUSCRIPTS

The ORACLE solicits manuscripts that challenge existing ideological and theoretical boundaries on national and international fraternity issues. While themes are outlined periodically for upcoming issues, the editorial board of The ORACLE welcomes, at any time, submissions on diverse, substantive topics that contribute to the advancement of our fraternity.

AUTHOR GUIDELINES

Manuscripts submitted to The ORACLE should not be submitted simultaneously to another publication, nor be under consideration by other publishers at the time of submission. Manuscripts should be original material and preferably not published previously.

To help facilitate the review and communication process, only electronic submissions are accepted. They should be in IBM-compatible Microsoft Word format and sent as an e-mail attachment or on a CD. *The e-mail address for submissions is wtrichardson@cs.com*

All manuscripts must be formatted for blind reviewing. A separate title page with the author's name, affiliation, preferred mailing address, telephone number, fax number, and e-mail address should be provided to ensure anonymity in the review process. If more than one person has authored the manuscript, please provide contact information for all authors and indicate which person is the corresponding author.

An abstract of no more than 75 words must accompany the manuscript. Submissions should be typed double-spaced for 8½" x 11" paper. Article length should not exceed 4,000 words, including quotations and references. Pages should be numbered. The Chicago Manual of Style, 15th edition, should be used as a guide for formatting manuscripts and reference style. To preserve the advantages of blind reviewing, authors should avoid identifying themselves in the manuscript.

Omega Psi Phi Fraternity, Inc.

Leadership Conference



PHILADELPHIA

"the City of Brotherly Love"

July 12 - 15, 2007

**"EVERYTHING RISES AND FALLS ON LEADERSHIP.
LEADERSHIP TODAY, TOMORROW, AND FOREVER."**

Invited Speakers:

L. Douglas Wilder

Mayor of Richmond, VA & Former Governor of VA

Peter Harvey

Former Attorney General, State of New Jersey

Maj. Gen. Charles F. Bolden, USMC -Ret

Former Astronaut

Rev. Farrell Duncombe

Grand Chaplain

Dr. Charles Christopher

Omega's Surgeon General

Adm. Manson K. Brown USCG

Marriott Phila. Downtown

1201 Market Street

Philadelphia, PA 19107

(215) 625-2900

Marriott.com/PHILDT

Room Rate \$139

Philadelphia Attractions

Liberty Bell

"Greek" Picnic Weekend

African American Museum

Phillies

Shopping

Atlantic City Casinos

Independence Hall

King Tut Exhibit

Philadelphia Mint

Gamble & Huff Museum

[The Sound of Philly]

Edgar Allen Poe House

Hosted By:

Mu Omega Chapter

Philadelphia, PA

