

a step show from south africa

For Brian Williams, 27, dance has become a tool for connecting continents, cultures and dreams. He has no training from the leading dance troupes, nor a degree in the discipline. But Williams is a "stepper."

Several years ago, while in Lesotho—a country surrounding South Africa—on a fellowship, Williams was exposed to South African "Gum Boot" dancing. Later, in the spring of '94, while on assignment in Johannesburg, he encountered the dance style again. He was amazed by the similarities between Gum Boot dancing and stepping styles in the U.S. Williams began to interact with members of the Soweto Dance Theater (SDT), a progressive troupe inspired by Pan Africanist philosophical ideals. Jackie Semela, founder of the SDT, says: "We want to raise the consciousness by keeping the traditions of the village intact. This prevents outside

on how both dance styles were so similar but still developed independently. As their talks continued, they thought of building a cultural exchange around the sharing of both experiences. And in 1994, Step Afrika was born. Today the annual exchange is a partnership between the 10-year-old Soweto Dance Theater and the Beta chapter of Alpha Phi Alpha.

"Through the experience, one comes to see dance as a powerful medium of self-expression and liberation," says Williams. "You come to grips with the fact that dance is a part of who we are." This sentiment is echoed by Kevin Thompson, a 24-year-old senior mechanical engineering student at Howard University in Washington, DC, and a participant in Step Afrika '94. "I came to see that every motion within a dance means something," Thompson says. "It is indeed a language. Songs are more than just words being yelled out. They're more like communal charts that really embody power and transform the singers."

that are embedded in the minds of South African young men," he says. "They would approach us with classic gangsta stereotypes, but we let them know that not all brothers in the U.S. were like that, and that we were living examples of other types of Black men."

This was not a one-way proposition. Williams points out that true partnership is a big part of Step Afrika. "We work hand-in-hand with the SDT in developing this vision so that all involved come away richer." It is with that mindset that U.S. participants learn the dances of South Africa's various tribal cultures—the Zulu, Tswana, Sotho, Swazi, Tsonga and Pantsula—and then share the ways of stepping with their peers.

Valerie Cassel, another Step Afrika '94 alumni—and one of only two female participants in a group of 12—also reflects: "It was a way of bringing the legacy of visual literacy full circle," she says. "The origins of this art is rooted in Africa. It was brought to these shores and reinvented and we were able to

bring it back as a means of teaching South African youth about our experiences here in America and about the things that still link us to the continent."

For more information on the structure and goals of this African American cultural exchange program and how to participate locally or abroad, call Brian Williams at 202-462-3614 or hook up on line at Step@visionsnet.

—rafiki cai

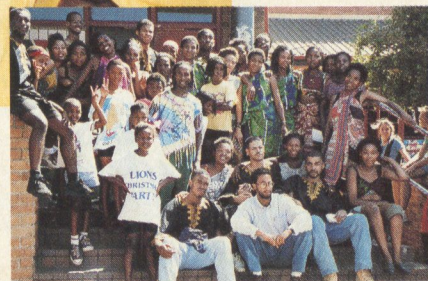
africans meet african americans in step.



forces from controlling [us]."

It was through his dialogue with SDT that Williams began to learn the history of the African dance. Gum Boot was developed by South African mine workers in the late 1890s. Discussion flowed

Thompson, a native of Mandeville, Jamaica, was fascinated with the interpersonal experiences the group encountered. "One interesting thing we found was the caricatures of Black males



photographs courtesy stepafrika

as aid gets cut, more drug programs close

In Washington, DC, every 18 minutes a Black youth is arrested for a drug offense, according to the Washington Area Council on Alcohol and Drug Abuse (WACADA). Nationally, the disparities between Black and White users and dealers plague media headlines. Rehab centers are no different.

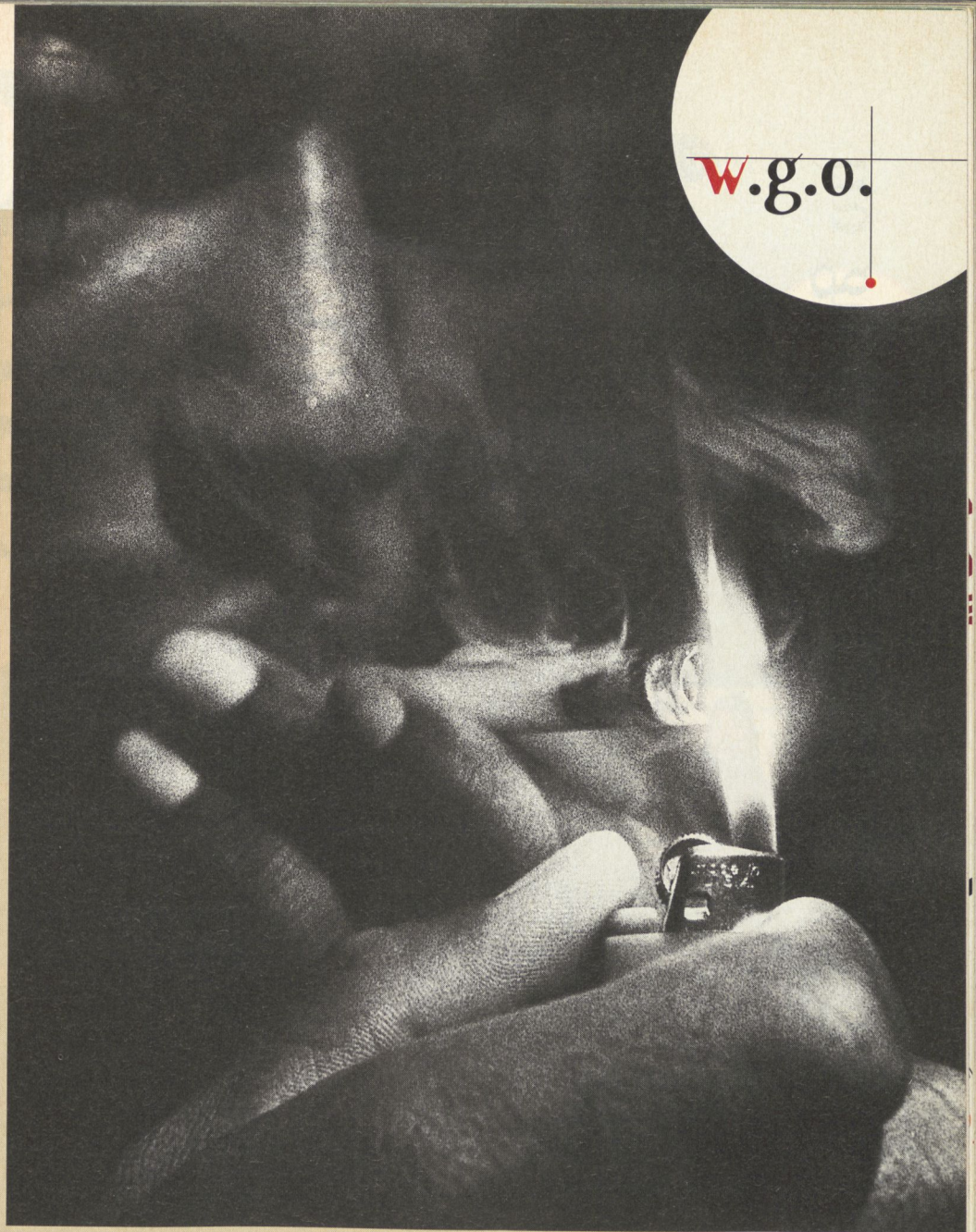
Most of the teens arrested often test positive for an illegal substance and usually receive a court referral that places them in drug treatment programs. But budget cuts have forced many state long-term, in-patient facilities to be closed or reduced to a three-week orientation period.

For example, the Addiction Prevention and Recovery Administration in Washington, DC, in 1995 reports that 2,000 District of Columbia residents between the ages of 10 and 18 were involved in the juvenile justice system and were found to have tested positive for an illegal substance. The Division of Social Services of the Superior Court estimates that 85 percent of juvenile crimes were drug-related.

William Pitt, a program director for a DC youth transitional home for teenage boys, believes the initial long-term in-take period is crucial to the success of the rehabilitation process. "It helps to stabilize the addiction and the kids won't have access to drugs," Pitt says. "Long-term residential care gives us the opportunity to wean them off drugs."

The three-week, in-take treatment and long-term, out-patient care heavily impacts the recovery process for adolescent abusers. Without such programs, most youths will return to their drug environment and endure the same temptations again. Some experts say short-term, out-patient care alone is not enough. "It's ineffective to treat adolescent abusers on an outpatient basis," says Richard Hirsh of Covenant House, a New York City-based group center for wayward youths. "Society will pay now or pay later."

Susan Mooney, an abuse counselor at the Alcohol and Drug Abuse Referral Service in Birmingham, AL, agrees. "You need time to detect emotional problems under drug and alcohol abuse.



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These cuts indicate that the government is out of touch with the problem. Society must invest in these young people or they will eventually commit other crimes and society will be their victim."

The budget picture went something like this: The National Drug Control Strategy budget request last year to President Clinton was \$13.2 billion—with \$2.9 billion for treatment and prevention. The President's budget request for fiscal year 1996 is \$14.6 billion—with \$2.8 billion for treatment and prevention. "This is our largest budget ever for fighting drugs," says Dr. Lee Brown, director of the Drug Control Policy in Washington, DC.

"D," a 16-year-old Northeast Washington, DC, resident, has a long list of arrests—most of which are linked to drug abuse. He talks about how the drug abuse program helped him with

his recovery. "This program has made me understand that I am responsible for my own actions," "D," who asked not to be identified, says. "But I also see that there is a plan in the system to get rid of Black males like me. We need to have a strong support system. The government should know that they shouldn't cut these programs and jobs because they are helping our community."

Joseph Wright, executive director of WACADA, describes the current treatment for teens and 20-somethings as "a time bomb waiting to go off. At the same time, we have made the illness of alcohol and drug-addicted people a crime. It's a shame that if you are low income, the only way to receive treatment is to commit a crime, and that's not right."

And even that's changing.

—veronica mcdonald

**killing the spark:
budget cuts hit rehab
programs hard.**