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## Ariel - Volume 4 Number 3

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# Ariel

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ARIEL

OCTOBER, 1971

## Congress Begins Hearings On Health Insurance

by Richard Bonanno

Congressional hearings on the fifty odd proposals for NUI have finally begun after over a 2 years of having bills "tossed into the Congressional hopper." Obviously one of the key points of discussion will be the Nixon's administration's proposals for health.

The adjectives to describe the Nixon Administration's health insurance plan, which have spewed forth from every conceivable quarter, range from "comprehensive" to "abominable", "positive and intriguing" to "exploitive and avaricious". Unless one were aware of the deep philosophic and political divisions among those concerned with our health care system, it would be difficult to comprehend that all these people were speaking of the same plan.

In last spring's issues of Ariel,

## SAMA Confers at Howard U

by Gail Tenik

Highlighting the SAMA Region III Conference to be held at Howard University on December 4 will be discussions concerning national health insurance proposals and other current social issues, moderated by a noted panel of speakers.

The morning session will allow SAMA members to participate in small group discussions on drug abuse, the doctor draft, and ecology and population control.

The Attica massacre as it relates to current health care delivery ills will be the springboard for discussion by the afternoon's panelists. Describing the situation at Attica will be the woman physician who was among the first persons to enter the prison after the uprising occurred. Members of the panel commenting on the feasibility of a national health insurance plan as a cure for these ills will include Susan Stiver from the Committee on National Insurance who is to discuss the Kennedy Bill, a representative from HEW to describe the Administration's proposal, and members of the AMA and the Pennsylvania Medical Society who will present their programs.

Officers of National SAMA will be present to answer members questions concerning national projects and goals.

A free lunch will be available; and transportation from Philadelphia to Washington, D.C., will be provided without charge. All SAMA members are urged to attend the conference. Further details about the program will be furnished at the next meeting.

## Dons Raffle Gift Certificates

by Sandra McGruder

The Dons Program is sponsoring a Scholarship raffle on Saturday, Feb. 12, 1972. First prize will be a twenty-five dollar gift certificate. Second prize will be a fifteen dollar gift certificate.

## for Scholarship Fund

The drawing will be at 7:00 P.M. in Jeff. Hall, 1020 Locust St.

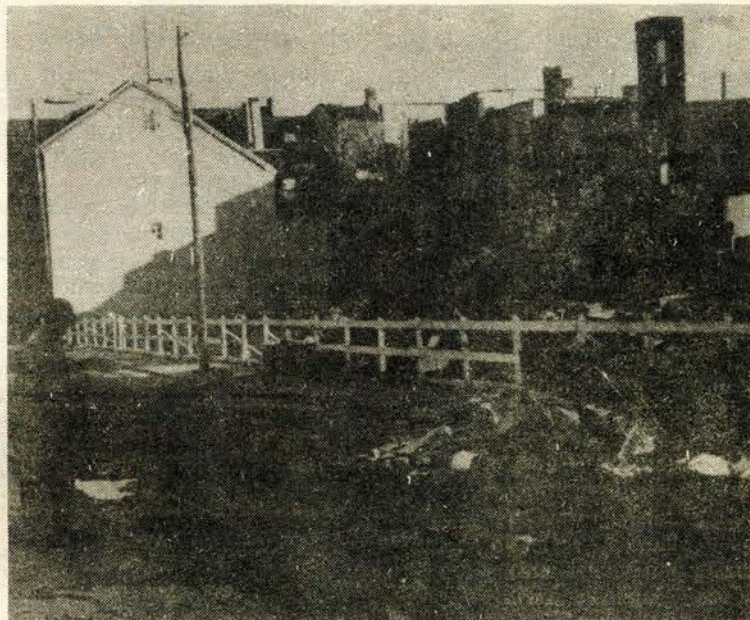
The tickets are .25¢ each and \$1.00 per book. See a Dons Program member today.

## Grey's Ferry Elective Opens This Winter

By Tom Williams

Starting in the winter quarter up to six students, preferably juniors or seniors, will be able to take a two credit Wednesday elective in the "free clinic" located in the nearby Gray's Ferry section of Philadelphia. If interested, students should contact Dr. Krehl, head of the Department of Community Health and Preventive Medicine or look for posted notices. The students will work under the supervision of a doctor from Jefferson in this poverty stricken area of Philadelphia taking histories and performing physical exams. Dr. Krehl thinks that these experiences will attune student to the medical and social problems of the urban poor, besides teaching them medicine. There is also the possibility that Jefferson's Community Mental Health Center will become involved allowing students to obtain credit by working under supervision as a co-therapist, counselor, or whatever.

Family practice, community medicine, and free clinics have been terms buzzing around now for several years, yet they are new at Jefferson. Family practice as a specialty has just made its debut at Jefferson in the form of a six-week block elective for juniors and seniors, or a Wednesday elective for freshman and sophomores. Community



Typical Scene at Gray's Ferry

medicine has made its appearance first in the new title to the Department of Preventive Medicine (now Dept. of Community Health and Preventive Medicine) and later in the content of courses offered by the department. But a free clinic which usually offers diagnostic, referral, counseling and other minimal medical services has not been initiated at Jefferson until now. A more precise definition of "free clinic" is any free medical facility removed from the hospital complex, usually staffed by volunteers.

The Gray's Ferry clinic has plans for expansion. It has actually been in existence for over a year and a half, but Jefferson students have not obtained credit for working there until now. There will be, if all goes well, a multipurpose facility run completely by the community. Already the board of directors

composed largely of people from the community has founded a non-profit corporation. The board has obtained funds from OEO for preliminary planning of the multipurpose center which may include not only medical services but recreation, counseling, drug addiction treatment, day care, and possibly many others. More funding will subsequently become available from OEO after this initial grant.

The formation of this new course in Gray's Ferry and the opportunities for each student to acquire a new perspective about urban medicine are welcome and long awaited. However, since only six students at the most will be involved, it is hoped that similar ties to community or "free" clinics will be sought after. Then more students can be given the exposure such places offer.

## Jefferson Committee Strives for Equitable Housing

Confusion and misinformation have always surrounded housing policies at Jefferson. In an attempt to clarify this situation, Franklin Dalla, Director of Auxiliary Services, urged President Herbut to create the Jefferson Housing Committee. Dr. Herbut, following Mr. Dalla's recommendation, appointed a ten-member committee representing all areas of the University to be chaired by Mr. Dalla. Although when the committee met for the first time in November, 1970, it was permitted to advise Mr. Dalla "only with operational policy matters," it has attempted to solve some of the overwhelming housing problems at Jefferson.

In January, 1971, a sub-committee was appointed to "consider the implications of the present priority system in fulfilling the interests and needs of housing in the available facilities and make recommendations which will permit these facilities to serve the University and all interested parties most equitably." After an extensive study of the housing

situation at Jefferson, the sub-committee presented their report in April, 1971. Although much of the report was condemned by the Administration as not within the boundaries of the committee's duties, it represented some progress toward a more equitable priority system for Orlowitz. After many hours of work by the Housing Committee chairman and discussions with the senior officers, another priority system for Orlowitz was outlined. After two proposals were rejected by the senior officers, a compromise priority system was finally approved. The new priority system, instituted July 1, 1971, hopefully affords more efficient occupation of Orlowitz by more students and house staff.

Effective August 17, President Herbut issued an extended charge to the members of the Jefferson Housing Committee: "The charge of the Committee in its advisory role to the office of Auxiliary Services shall include the following in the consideration of University housing problems:

1. To study and review policy matters related to assignment priorities, leasing procedures, and controls relative to the administrative responsibility of the Office of Auxiliary Services.
2. At the request of the administration, to study and consider related housing

(Continued on page 8)

## Swim Team Stirs Interest Jeff Sons' Win Meet

By GARY MCNULTY

When is the last time that you saw mention of a Jefferson University swim team in print? If you are not a member of the Alumni, you have never seen it.

However, in this ear of hurry and scurry there is a distinct possibility that a pack of Jefferson beef will charge into the Common's pool to flex their muscles before too long.

Sound fantastic? Well it is, but there is hope that a swim club will be formed. The ultimate aim is to periodically swim some local talent, mainly to better personal goals, have fun, keep fit.

Since running a full time team is financially impossible, meets will be sparse. The opponents in these meets would be none other than our arch rivals, the Pennsylvania Hospital Med Students, School of Pharmacy and School of Podiatry.

As of now, the club isn't beyond the "Talking Stage" but with Student Support, and only with Student Body Support, the club will become a reality. We have several interested students signed up and they, like myself,

have doubts, but they are presently working out daily—they know the project is entirely in the hands of the students.

If interested, contact the recreation supervisor at 829-7948 or 829-7949.

With the help of a little bit of ingenuity, the Sons of Jefferson Swim Team is slowly growing into a swim power in this city. After the swimming was finished the score read Sons of Jefferson 55, Lani Playground Swim Club 47. Highlights of the meet were record breaking performances in the 80 Yd. Girl Relay, (Beth Thronborrow, Tammy Petryszyn, Natalia Pak, Natalko Turcznuuk, and the 80 Yd. Co-Ed Relay (Billy McGranier, Tammy Petryszyn, Steve Goldfarb, Cecilia Owens, and individuals performances by Gary Altman (Lani) and Steve Goldfarb (Jefferson) both setting a pool record in the boys 20 Yd. Backstroke.

Sons of Jefferson won the meet on depth, something Coach Gary McNulty did not have all summer.



*Family Practice  
Elective*  
**Provides Flexible  
Opportunities**

To the Editor:

It is probably very unusual for a student to "plug" an elective but I feel that one of the new electives available affords an excellent opportunity for "out in the field" training. The six week Family Practice elective for upperclassmen in a flexible, one-to-one relationship with a family practitioner. I have just recently completed such a program and feel qualified to offer these opinions.

No doubt, many students are seriously considering Family Practice as their future

specialty. Well, here is a non-pressure way to find out what it's all about and to learn some general medicine as well. The doctors in the program are enthusiastic and generally easy to get along with. They are scattered over various parts of the city so that transportation is no problem. Also, arrangements for switching doctors to see "how the other half does it" is no problem. Inquiries should be made to Dr. Krehl, Department of Preventive Medicine or to Allen Sonstein, President, Family Practice Society. **Gene Ginsberg '72**

*Little Ponds*

Myopically peering an inch  
To glass  
Tottering on wrinkles of  
forty years,  
The lone maid looks at kneew  
exposed  
To show an interested public  
her self.

\*\*\*

Eyes showing, looking at  
me,  
'Cross tables and floors and  
lives  
quite separate.  
Will we smile at us young  
friend,  
Perhaps.

\*\*\*

If I look at left hands  
To see futures exposed,  
Do others look thru  
cup handles  
At my naked fingers?

dpm

**Christian Medical Society  
Presents Projects Programs**

by Jim McGeary

Hopefully we idealistic med students won't wait four years before we start doing something for our fellow man. With this in mind the Jefferson Christian Medical Society has been sponsoring a series of programs every Wednesday discussing projects to which medical and nursing students can lend what little knowledge, experience, and time they have. CMS does not itself sponsor the projects but is merely trying to provide opportunities to show the love and concern of Jesus Christ (not the organized church, or a set of rules and regulations, or your establishment-oriented "Christian" parents). G. William Zuspen, Dean of Drexel, recently started Project Concern to help the youth in the Broomall area. Concern has a youth hotline (EL6-5323) and a remodeled school bus, which serves as a mobile drop-in center, to reach

out to those who need help or counseling of any sort. Concern is now expanding their work to the city.

Two possibilities for block electives or externships have been discussed. The Paul Carlson Foundation provides overseas medical experience in the Congo and the Rehoboth Christian Hospital in Rehoboth, New Mexico, serves the local Indian population. Both are great opportunities for first-hand service and learning experience.

In the future CMS plans to have a representative of Teen Challenge speak on their drug rehabilitation program, which has had a miraculous cure rate. A series on abortion is planned with Lewis Bird, S.T.M., focusing on the aspect of medical ethics. On Friday, Nov. 12, at 7:30 P.M. the movie *His Land* will be shown in Solis-Cohen.

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**Class Elections  
Leave Sour  
Taste**

Clifford A. Browning '72

In the class elections of October 19, the freshmen got their first taste of student government in medical school -Jefferson style. It tasted sour.

The assumption of the student council was that the new class would slip with neither strain nor pain into the established structure of student government, and in this assumption they were absolutely correct. The freshmen behaved in accordance with tradition, made no assumptions at all and with complete lack of analysis managed to swallow the institution in one massive yet lethargic gulp.

The background of the election was one of apathy and lack of information. The members of the new class knew little about student government at Jefferson and there is considerable question as to whether any more than an ambitious few even cared to. Aside from a single paragraph in the student handbook and one hastily-trashed copy of recent council minutes, there was nothing beyond rumor for making the fundamental judgement in favor of student government in its present form. Overlying this was the anonymity of this candidates whose talents and political dispositions beyond the note taking service were completely unknown. The presentation consisted of a discrete bow or courtsey at the moment of balloting. The resultant situation was hilarious and completely irrational.

The question being raised is not of the legitimacy of student government, nor of qualification of the duly elected individuals. It is a simple question of responsibility which in the case of these elections was absent both on the part of the student council and that of the first year people. Serious doubt exists regarding discernment in the freshman class and sensibility in student government at Jefferson.

**The Doctor Problem:**

**Maldistribution or Shortage?**

For the past year the "in" lecture topic has been "The Doctor Shortage?" Its theme: that there is no shortage—only a maldistribution.

We agree wholeheartedly that there is indeed a gross maldistribution of physicians, but challenge the idea that we have no shortage.

Consider the facts. Between the years of 1950 and 1965 we absorbed approximately 1600 foreign-trained physicians per year, men and women who are desperately needed by their countries of birth, but also so needed by U.S. hospitals that there is strong economic and professional motivation for them to remain here in the United States.

The supply of practicing physicians is so tight that there are few effective inducements that rural towns can offer to attract physicians. Larger incomes (due to being the sole doctor in that area) are usually not present, for even in the city with its higher doctor-patient ratio there is more work than any doctor can handle.

Some would say that the current problems stem from the inherent inadequacies of the free enterprise system. In many areas this may be the case—but medicine is not one of them.

It seems peculiar that the AMA considers itself to be the guardian of free enterprise, when seldom has this country seen a group whose actions are more reminiscent of a medieval trade guild setting minimum prices, doing its best to limit competition (as recently as 1969 its Judicial Council was still attacking osteopathy as a "cult", and trying hard to keep outsiders, such as those from non-approved medical schools out.

As already mentioned, the current line is that there is no shortage of physicians. Another axiom being promulgated is that most people will have to learn to live with less than a full physician for their primary medical care.

Why? We are told that we just can't afford them. Due to the many long years of education required, the expense of educating them, the high rates which those practicing already charge, and the highly specialized nature of their knowledge, it is considered wasteful to use doctors for primary health care.

Instead, an increased role for physician assistants is proposed.

The concept of physician assistants is an excellent one - taking men who have served two years as medical corpsmen, giving them an extra 18 months of medical training, and licensing them as physician assistants.

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However, there is a better way. It consists of taking qualified college graduates, ex-corpsmen and nurses and making them into doctors. It involves greatly expanding medical school enrollments. It calls for

greater use of that superb, portable, and cheap device for conveying lecture material and slides called the "book." It calls for greater use of the device called a "challenge exam," (passing the examinations passes this) at least for the pre-clinical years; and lastly, it calls for increased clinical affiliations.

What could be the effects of this plan? For one, adequate health care would be offered directly to a greater proportion of the American populace and indirectly to a greater proportion of the world populace as the rate at which we buy away their doctors would diminish.

Secondly, the insane either/or choice between producing doctors for either research or clinical practice could be eliminated.

Thirdly, there would finally be enough doctors that the laws of supply and demand would start forcing some of them to consider practicing in our urban ghettos and rural areas, not just out of a sense of duty, but because those would become the only areas having an undersupply of doctors.

Fourthly, as the scarcity of the doctors decreased their prices would probably come down to competitive levels due to that anachronism of true free enterprise (as opposed to that of America's corporate history) known as the law of supply and demand.

Fifthly, although cutting down on the average doctor's annual income, the increased numbers of practicing fellow doctors should allow him time for the first time in many years to relax, to be a father to his family, to be a husband to his wife, to get out and enjoy spending his money, to read, and to drive safely (it is said that the entire doctor output of one average-sized U.S. medical school is killed in auto accidents each year).

Lastly, the quality, as well as the quantity of care should improve. An overworked, tired doctor, too busy to keep up with the medical literature does not deliver optimal health care.

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Is this proposal feasible? A hundred times yes! The applicants are here: during the period 1960-1969 American medical schools turned down 89,971 qualified applicants while accepting only 92,750.

The acceptance rate for the 1961-1962 school year was 60.4% of all applicants; since then the percentage of applicants accepted has dropped every year, reaching a new low of 43.0% for the 1969-1970 school year.

In regard to the physical facilities needed to educate them, one need only consider the magnificent plant that is Jefferson Hall and then contemplate

how many days per year its well-equipped physiology laboratories are used by medical students. With increased reliance on having the students read books (as opposed to having lecturers dictate them) there is little reason why at least two classes per year could not be put through Jefferson at no more added cost than that of their tuition.

In regard to the clinical years, new affiliations would have to be developed, but with the threat of new regulations for the accreditation of hospital internship and residency programs facing community hospitals, this should not be too difficult to arrange. (In essence, by 1975, for an internship program to be approved it must be part of a 3 year residency program, the two main ways hospitals can meet this requirement are either by establishing such a residency program themselves or by affiliating with a medical school.) And, as far as direct costs to Jefferson are concerned, they should be minimal, for currently the amount of our tuition money that is passed on to most of the affiliated hospitals where the majority of juniors receive the bulk of their education is exactly none.

\*\*\*

Are there valid obstacles to achieving such an expansion of our medical output? If there are, Ariel would welcome letters bringing them up in order that a constructive dialogue may be established (letters on any other topic are welcome too).

The point which we would like to emphasize is that alone neither word games nor a political reorganization of American medicine can adequately solve the concrete problem which we now face—a lack of sufficient doctors to deliver quality health care to the American public.

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# The Tragedy of Nowhere Man

by J.D. Kanofsky

Heroes are few and far between. History shuns them while society figures them for fools. If you were to meet one, the chances are that he would make no lasting impression on you.

I'm sure there are people who think Goerge Washington, Louis Pasteur and Ralph Nader might qualify as latter day Sir Lancelots - which of course they do but that still does not make them heroes.

To me a hero is a man who is willing to sacrifice everything he has for a principle, knowing that it is almost certain that he will get the shaft. Last but not least, he must realize that it is unlikely that he will ever recover from his lapse of bravery.

My typical hero is a fifty-two year old lower echelon executive at General Motors. His administrative abilities have taken him about as far as he can go. Aware of this and despite his precarious position he speaks out against unsafe specifications to be included in next year's models. His pleas go unheeded. Unable to associate himself with such a travesty of the public's trust he leaks to a UPI reporter an unflattering story of industrial intrigue. His expose - Pray at any speed Corporate Collusion Can Kill - is well received by the critics but does not go over to big with his bosses. They hire a detective to discover who the notorious Executive X was who gave their trade secrets away with such unbecoming candor.

Our heartpounding hero is caught, cooked and canned. Never an exceptional executive and too old to be retained he has difficulty gaining new employment. He winds up washing dishes in Maine occasionally leaving the future oil refining center of the North (increasingly referred to as "Muskie's Main Claim to Fame") to visit his children in Detroit who are living with his ex-wife - a dumpy matron who divorced him after his boo boo was divulged. So it goes.

The difference between our fifty-two year old "shnook" (which is what he is popularly called by his old corporation colleagues) and Ralph Nader is obvious. Nader is a man of extraordinary abilities. He has cultivated his talents and uses them. I have immense admiration and respect for Mr. Nader, but I do not look upon him as an exceptionally brave man. I am sure that he is conscious of the fact that he has all the necessary attributes an exceptional muck-racker should have. I believe that he strongly suspected at the very onset of his career that any initial defeat he encountered would be but a momentary hiatus on the road to his assured success in the role of crusader extraordinaire. Of course, it was not certain that he would rise to such heights but the important thing to realize is that within himself he had the confidence to feel that it knocked down he would bounce back with plenty to spare.

On the other hand our dopey dishwashing ding-a-ling knew full well what he was letting himself in for. He anticipated his dismissal and expected the worst (which is what he got) but despite this his integrity persevered.

If he were a little crazy he could have convinced himself at the outset that everything would work out alright but unfortunately a touch of lunacy does not run in his family and thus could offer him no relief. Faced with the brutal reality of the situation he did the right thing, but was it the smart thing?

He might not have been in such a predicament if he had been raised differently. Which brings us to the tragedy of Nowhere Man.

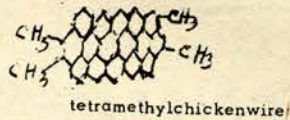
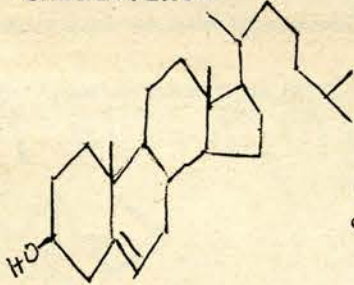
Stuck in a job that frowns upon innovation, unmindful of opportunities to develop a higher sensitivity, too rational to dabble in far-fetched fantasy, Nowhere Man is the ticky-tack fall guy of coffee house jest. Not bred to trust his own convictions, he permits others to label him. Often the labels are good labels. He is told that he is an upright citizen, a generous parent, a pleasing neighbor. Frequently, he is deserving of such commendation but always implicit in each compliment is the condition that he cower to public opinion.

Let us return to our washed up misfit. No insult intended, I think we will all agree that it is not easy for an old dog to learn new tricks. Lifelong habits do not disappear overnight. Our hero still pathologically depends on the feedback he receives from others when estimating his own worth. His opinion formers now tauntingly tell him that he is a failure, a flop, a one time somebody who had all of life's goodies but who, in the long run, did not have enough of what it takes to hold on to them for keeps. Inevitably, his self esteem assumes microscopic proportions.

This being the case, how does he himself view his moment of glory? Can he succulently savor that "spot of time" which earned him the insubstantial respect of concerned consumers everywhere and which also resulted in his present sad state of affairs? I doubt it.

The tragedy of Nowhere Man (which to a lesser degree can be extended to include everyone else) is that he cannot fully appreciate nor enjoy the emergence of that which is finest within him unless it is accompanied by the wholehearted support and approval of his in-crowd cronies. Nevertheless, I am sure there are times when he relishingly recalls the knight in shining armor he once was and fairly tale ending I would like it to be - well once again become if ever the occasion calls for it.

## CHOLESTEROL



## Junior Nurses Plan Coffee House

The Junior Class of T.J.U. School of Nursing is inviting you to come to OUR Coffee HOUSE to be held on Friday, December 3, 1971, from eight to eleven P.M. and Enjoy!

The theme was inspired by Crosby, Stills and Nash's song-Our House. This is being given at a really "warm" time of the year and the Med Students will have completed their finals that afternoon. In honor of "Jeff" and also to raise money for our Senior Yearbook '73 we Juniors shall sponsor a most fantastic happening at Jefferson Hall Commons.

Entertainment will be highlighted by day glow, black lights, and people. Kids from the class, friends, and Med students, too, will be featured in many skits, instrumentals, readings, and sing-a-longs. We even have our own "Dirty Old Man" as a

visual motif throughout the evening.

Please bring your own blanket, rug or pillow to sit on (chairs will be available) to the Jefferson Hall Commons.

A beautiful, cuddly, four foot stuffed Santa Claus will be raffled along with ten other gifts, such as: crocheted ties, Ali-McGraw caps and fur pureses--all made by the Junior class members. The Jefferson Choir is co-sponsoring this unique raffling. Chances are twenty five cents or five for a dollar and may be purchased from a choir member or Junior student nurse.

At OUR Coffee HOUSE we'll have coffee and other refreshments. Tickets may also be purchased from your friendly Junior student nurse. (We are asking a donation of 1.00 per ticket) See ya!

# On a Cold Day - You Can Ski Forever

by Kathy Hogan

I'm not going to talk about "One Day in the Life of Ivan Denisovich" by comparing it to the book, although it is hard to avoid mentioning it especially since the movie is billed as "By the Winner of the 1970 Nobel Prize for Literature." Generally speaking movies made from worthwhile novels never seem to measure up-one of the latest examples of this phenomenon being Luchino Visconti's "Death in Venice."

"One Day" however, has the stuff good movies are made of and it succeeds, where most others fail, in standing on its own. The movie presents its themes, from the first credits to its final lines in strikingly visual terms. The contrasts between the overpowering darkness of a Siberian winter night, lit only by a satellite of lights from the Russian prison camp and the stark whiteness of the short winter day is awe-inspiring. This contrast symbolizes, in a sense, the range of themes which interplay throughout the story.

Basically "One Day" is a study of the struggle between humanity and inhumanity

Basically "One Day" is a study of the struggle between humanity

and inhumanity. The prisoners (especially Ivan Denisovich) struggle with the inhumanly cold temperatures, with their inhuman guards, and finally with inhumanity in themselves. Often these struggles are lost. The bitter cold wins out when one of the prisoners is forced into solitary confinement for the night because he has worn an extra shirt to try to keep warm that day. The guards win their struggle by dividing the prisoners into work teams, thus dividing their resistance into competition. The prisoners own inhumanity often wins too, for when you have next to nothing you fight a little harder to preserve what you do have.

Yet with all these losing battles, humanity is the ultimate winner. Ivan and his fellow prisoners have survived another day and in doing so they have triumphed, if only because they managed to get warm for a few minutes, or share some food with a friend or get some satisfaction from their work. These are intensely human things and the fact that they can even exist in such a hostile environment is a triumph of the human spirit.

Sven Nykvist's (best known as Ingmar Bergmann's cameraman) photography is outstanding in this movie. His ability to capture the coldness of both darkness and light actually made me shiver during most of the movie. I did hear from a number of people who saw the movie, that they felt it should have been photographed in black and white. I believe however, that Wrende (the director) had a definite purpose for using color, in that it underlines the fact that the Siberian world is completely black, white and grey. This effect would be totally lost if the color of the indoor scenes had not contrasted so sharply with the black and white of the outdoors.

About the only element which I found lacking in this movie was the musical sound track. It seemed overly romantic for the controlled classicism of the rest of the movie (shades of the Ice Palace from "Dr. Zhivago"???)

All in all this is one case where it is profitable both to see the movie and read the book. I don't have any recommended order for viewing them but if you haven't yet read the book expediency demands that you see the movie before it leaves Philadelphia!

## Coming to Commons

by R.L. Breckenridge Jr.

Strange as it may seem, the Jefferson Commons Film Committee is showing a few good movies during the month of December. To start off on Dec. 4, during the 16 hour film marathon, It's a Gift will be shown. This is without a doubt W.C. Fields' best film. It includes the famous kumquat scene with the blind Mr. Muckle. I also recommend The Maltese Falcon, arguably Bogart's best.

On Dec. 11 & 12 Horsefeathers and Animal Crackers will be presented. These are both early Marx Brothers films and this is

the first time that Animal Crackers has ever been shown in Philadelphia. I believe it has only been shown in the East once since the thirties: two months ago at the American Film Institute in D.C. This is a rare opportunity to see, according to Eugene Ionesco, the three greatest influences on the Theatre of the Absurd: Chico, Harpo, and Groucho. Anyone familiar with Inesco's work will be amazed at the striking similarities and will probably agree that the Marx Brothers' cinema is superior to anything that the Absurdist (including Beckett) have to offer.

## Where Are We Going This Weekend

By Alice M. Johnson

Anybody for birds? No, I don't mean the kind you see walking down Locust Street, although there are some interesting species there too! Philadelphia is only about 70 miles (as the hawk flies) from one of the most famous wildlife sanctuaries in the country. Frequented by ornithologists from all over the world, Hawk Mountain was one of the first examples (1934) of ecology in action.

Perched on the first ridge of the Appalachians, the sanctuary occupies a spur peculiarly situated for its purpose. The air currents at this point carry migrating hawks over the last barrier to their way south; most of the birds of prey in the eastern United States are funnelled into this narrow passage. Forty and more years ago it was overrun by Pennsylvania hunters gunning for the predators. Then the vantage point was quietly purchased by conservationists who posted signs-- and a curator, Maurice Broun. He and his wife, Irma, with the support of a surprising number of local people, made the signs stick.

Today the climb of a mile or so from the roadside entrance to the observation points is well worn and crowded with visitors in the fall migration months. Many smaller species also follow this route south, and on a cold brisk day these and the soaring lords of the sky can be seen, not in clouds as the Indians once knew them, but in ones and threes, sometimes in flights. The peak of the migratory season is in mid-October with the turning of the foliage, which also brings the best weather. The bald eagle and the golden eagle, two of the most spectacular species, usually pass

in late September and early November respectively, but there are no firm rules; one of the greatest flights ever witnessed was on a dull, mild day and passed over the headquarters rather than the lookout points.

The headquarters, half a mile down the road from the entrance, has a fascinating history of its own. For years the Brouns lived there and were "haunted" by small wood-dwellers as well as the ghosts of travellers reputedly murdered by the former owner of the house. If you are lucky, copies of Broun's own book, *Hawks Aloft*, may still be available; it is one of those rare accounts both well written and told by one who knows it best.

The sanctuary is located about fifteen miles from Route 22 between Allentown and Harrisburg. The easiest way to get there is to get off Route 22 at Rt. 143 and go north several miles, turning left at a small sign announcing "Hawk Mountain Sanctuary". This road winds on for about 8 or 10 miles, arriving at Eckville, where the Appalachian Trail crosses it, and continuing another mile or two to the sanctuary. Wear comfortable hiking clothes and shoes, bring water and lunch (there are no concessions) and by all means binoculars and a camera. There are lectures on Saturday nights in the fall and campsites for those who wish to stay over. If you're drawn by nature but more strongly still by a good table and bed, local Pennsylvania Dutch farmers still take in guests. Perhaps the best way to get acquainted with the sanctuary is to visit it on a day trip and read *Hawks Aloft*. For me, much as I enjoy the city, it is also a place to keep coming back to, to be preserved at all costs.



# Cross Match

by John Kay

220 Jeff freshmen squirmed through their last Friday class... "Betaine, named for the particular soup which is often found eaten with sour cream..." One young doctor-to-be in the audience sporting a shaggymane of cork-screw hair and a fu man chu mustouche kept up a high squeal laugh long after the others had finished, thus inducing a second wave of mirth and drawing a glance from the prof. "We all get a little punchy on Friday. I don't know how you can stand it. I couldn't." G was too tired of this stuff to laugh or react at all.

The first gunshot wound G saw didn't look at all the way G had imagined it would. For one thing, the only visible blood came running out of a red needle in the man's left arm into the sample tube. He saw no blood on the white cloth covering the victim. Then he saw a distinct, sharply-peaked lump above the right eye and the little pool of blood under, around, and in the right ear. "Oh God", he heard himself say audibly enough to get a look from the doctor working on the man. Two hours later when G was a veteran he would turn to a fellow blood bank technician and say in the language of the emergency room. "Dude was lucky the shot didn't penetrate."

The first stabbing G saw came an hour after the gunshot. he had gotten used to pulling aside the green curtain that divides reality from medical reality and asked insistently; "Do you need a cross match on this patient? Where's the blood sample? How many units? What's the name?"

The stabbed-man like the shot-man was black A white cop looking very out of place with his gun and bullets among the white and green asepsis was leaning over the bed, "Who stabbed you? Did you know him?" Turning to a fourth-year student who also looked out of place, the cop asked if the man on the bed could understand or was he in shock. The patient mumbled, "I hear you" as the fourth-year student reached for his pulse.

G asked, "How bad is he bleeding?"--the blood bankers way of asking how much work he will have to do. The fourth-year

student pulled down the sheet and counted off the gauzed wounds: 5 in the chest, one in the abdomen, and 3 in the nose. He gave G a significant look when he motioned to the one in the abdomen.

The next time G saw the stabbing victim four people were working on him, one administering oxygen, a nurse holding his shoulder down, a fourth-year student holding his legs, and an intern with surgical gloves on. The intern told G to hang the blood. G stood there looking helplessly at the man thrashing on the bed until a nurse came and took the blood to hang it. As G left the green enclosure he glanced back and the patient seemed to raise his head to eye G with an incommunicable fear.

The last time was thirty minutes later after the "code blue" (cardiac arrest) announcement over the hospital's PA system. An orderly was doing external heart massage on the now listless body. G thought of

the two uselessly crossmatched units of blood in his hands.

A 14 year old black boy with a fractured skull shivered in the next bed over while a doctor drew his blood. The boy's left temple was caved in and bloody. The nurse showed G the x-ray, a jigsaw puzzle of fragments. "He was so young, if I had to work on him I think I would have cried." The nurse looked about 18 years old. A cropped red haired blood chemistry technician standing next to G staring at the x-ray said, "Hey Joe, keep this film in mind for fracture of the month."

G boarded the crosstown bus several, beatings, stabbings, and crossmatchings later. It was a beautiful Indian summer Saturday. G slipped back outside the green curtain enclosure when he overheard two chiquely dressed secretaries cooing over the clothes on Chestnut Street not far from Jeff Hall.

# Jeff Nurses Victor at the Spectrum

By Gary McNutty, Recreation Supervisor

Last Friday night at the Spectrum 65,000 fans did not only get a chance to see an impressive double-overtime game between the Philadelphia 76ers and the Phoenix Suns, but were also able to witness preliminary battle in which our Jefferson Student Nurses basketball team were victorious over the Philadelphia General Hospital girl's basketball team, 23-18. The offensive unit led by Florence Thomas, Betsy Dalton, Denise Boyd and Caelia Ridgeway provided all the scoring. Cecelia Ridgeway led all scorers with 14 points.

Although the PGH girls made a determined try in the first half of play, Jeffersons' flashy teamwork made the task of a closing 11-4 first quarter lead seem virtually dim for the foe.


Coach Sol Binik had his girls continually fast-breaking despite both full and half-court zone-presses rendered by the opposition. Much credit is due to the defensive unit, led by Debbie

Waters, and Patti Jones, who constantly set-up the front court girls with numerous offensive passes.

This was victory number one for the Jefferson Nurses team who are hoping to again retain the nurses' Student Nursing League Championship.

Some of the credit for the victory must be attributed to the spirited cheering and enthusiasm of the very attractive Jefferson cheerleaders. Rounding out the Jefferson team that participated in this victory were: Mary McGillian, Peggy Malone, Barbara Willey, Mary Woltemate, Wendy Carmen, Chris Coleman, Connie La Boda, Chrissi Gilmore, Jean Nelson, Cathy Callahan, Debbie Boyle, Amy Lawrence and Janet Walsh. Unable to play because of an injury was Cheryl Steimer. Team Managers for the squad are Helen Erickson and Linda Warminski.

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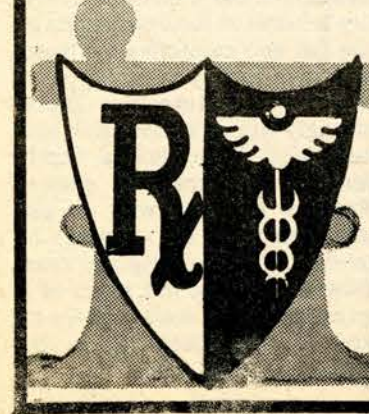
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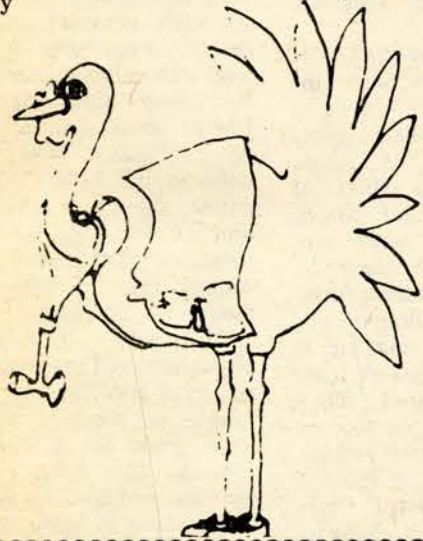
# On Being a Turkey

By Harvey Wallbanger

Last week some poor innocent young freshman asked me what a turkey was. Me! One of the grand old gobblers of all time! I think I could have started a pillow factory with all my feathers. Anyway, November seems an appropriate time to educate these young whippersnappers. Being a turkey is:

- spilling your bone box on the subway

- having to go to clinic as a patient
- forgetting your black bag on the day of the medicine practical
- spending three hours on an H and P and forgetting to listen to the heart
- scrubbing for an operation with your mask off
- describing the fundus of what turns out to be a glass eye
- putting in an IV and forgetting to take the tourniquet off



spending 12 hours preparing for a 10-minute presentation

- trying to visit someone in the Martin Residence Hall after sundown
- taking out the retention sutures with the regular sutures
- trying to take notes at an Aponte slide show with the lights out, sans divination!
- doing a venipuncture on an artery
- listening to the heart with your stethoscope on backwards

Being a turkey is thinking:

- that a psammoma body is sexy
- that WASAMA is a test for a social disease
- that a "French tart" is a pastry
- that the "Two Zebras Bit My Cheek" sign is the reverse Batman sign
- that a Revivalist is board certified

Worst of all, being a turkey is not knowing what a turkey is or trying to think of turkey jokes.

Special mention must be made at this time of one of Jefferson's special experts on turkeys, Dr. Michael Strong, the left-handed surgeon. Please direct any questions to him.

# ARIEL: WHAT IS IN A NAME?

By Eugenia Miller

Why is this newspaper called "Ariel"? No one really seems to know, not the readers, not the staff members, not the editors, not even the editor emeritus. It is possible that the original editors who founded the newspaper knew, but they have since left Jefferson taking the reason with them.

Webster (Steadman does not define "Ariel") gives several definitions. Ariel with a lower case "a" is a gazelle from Arabia. For the astronomer, Ariel is the inner satellite of Uranus. Those who complain about Ariel's lack of relevance and tendency to comment on events far removed from daily life at Jefferson might think either one of these meanings appropriate.

Ariel appears in the works of three of the most renowned figures of English literature. In Pope's *The Rape of the Locke*, Ariel is the chief sylph whose "province is to tend the Fair." In the poem it is he who bears the responsibility of guarding Belinda's locks from her lover who attempts to cut it off. Ariel fails miserably at his task.

The little engine (sissors) on his fingers' ends:  
This just behind Belinda's neck he spread . . .

Just in that instant, anxious Ariel sought  
The close recesses of the Virgin's thought...

Sudden he viewed, in spite of all her art,  
An earthly Lover lurking at her heart

Amazed, confused, he found his power expired  
Resigned to fate, and with a sigh retired. III 132-146

In Milton's *Paradise Lost*, Ariel is a rebel angel taking part in the battle of heaven against Hell. Ariel is overthrown.

Where the might of Gabriel fought . . . with redoubt' blow  
Ariel and Arioch, and the violence  
of Ramiel scorcht and blasted overthrew. VI 370-373

In Shakespeare's *The Tempest* Ariel is a spirit imprisoned in a pine by the witch Sycorax, but freed by Prospero. Prospero

with Ariel's help forces his brothers, who usurped Prospero's throne as duke of Milan, to repent his cruelty. In the play the spirit Ariel occupies a role completely antithetic to that of the witch's son, Caliban, a terrifying monster. Jose Enrique Rodo in his book *Ariel* describes the spirit:

Ariel, the jinni of the air, represents, in the symbolism of Shakespeare's work, the noble and winged life of the spirit. Ariel symbolizes the mastery of reason and feeling over the base urgings of irrationality; Ariel is also generous enthusiasm, high-minded, unselfish motives in action, the spirituality of culture, the grace and liveliness of intelligence, the ideal goal toward which mankind strives, rectifying in the superior man, with the unrelenting chisel of life, the stubborn vestiges of Caliban, symbol of torpidity and unsuality.

Ariel is thus of zoologic, astronomic, and literary significance. Ariel is also biblically significant. In Isaiah, the name Ariel, meaning "Lion of God," is used to refer to Jerusalem. Elsewhere in the Bible, the word Ariel acquires such meanings as: "valiant ones," "hero," "champion," "mighty warrior," "angel," and "Messenger."

What is in a name? There seems to be little significance to a name meaning a gazelle, a moon, or a fairy guarding women's hair. However, a name can be significant if it can serve as a challenge and a reminder. The rebel, like Milton's Ariel, is one who does not apathetically accept, but one who actively opposes the status quo and takes upon himself the risk involved therein. The press has often accepted the challenge to take up the rebel cause, and has thereby often helped bring much constructive change. The biblical concept of ariel challenges writers to be conveyors and advocates of the truth as they see it. Shakespeare's concept also serves as a reminder. In the spirit of the sylph Ariel, the high minded unselfish man of culture is more than a competent worker in a system. He is a sensitive compassionate human being. The physician, to minister adequately to the needs of real people, must also be such a man.

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# What's the Robber With Us?

by Tom Williams

Have you been robbed lately? If you have, you probably spent many satisfying hours describing the theft and exchanging robbery stories with your friends. As a change of pace, perhaps we could look beyond just describing an incident to make sense of the widespread burglary in this and other cities.

Jan had just returned from an afternoon shopping to her and her husband Willie's well furnished, childrenless apartment nestled on the fourth floor of an apartment building in center city Philadelphia. She knew something was wrong when she entered—the three rooms were stripped bare, looking like large seclusion rooms in a mental hospital. Gone were the mahogany table, neomodern lounge chairs, oriental rugs, kitchen appliances, bedroom furniture, everything. Near hysterics, she went to call Willie, who was still working at his job as a full-time political organizer for the local conservative party, and found the telephone had been torn out at the roots. But then a scraping sound in the bathroom startled her to near panic. Bolting for the hallway, she turned around in time catch a glimpse of a man coming out of the bathroom with a monkey wrench in his hand (he had been removing the toilet, no doubt). Jan got to the corner drugstore all right, called the police, and huddled in an eating booth until they came.

Willie was furious. He bellowed, "Every last one of them, those criminals, cat-thieves, addicts, animals, deserves life imprisonment and a thorough beating every week! If I had my way, I would triple the police force, arrest all suspicious looking people to keep track of them, and have a fleet of patrol cars circle through dangerous areas of the city twenty four hours a day." He vowed, "I'm going to do all I can to push in our party for a siege of the ghettos in this city until we starve out all of those thieves." Jan agreed, but was glad she persuaded Willie to keep the loaded shotgun under the bed instead of under their pillow.

Willie had no trouble refurbishing their apartment-shell from their insurance policy, with even more luxurious furniture and trimmings, although he had a creative cursing outburst every time he thought of the premium increase. Willie and Jan decided to install an iron door and bars on the windows, and, of course, the latest electronic surveillance equipment plugged in to the Nab, Inc., detective agency's alarm system.

All conversations with friends from then on were about the robbery. Jan, on the phone, in neighbor's apartments, or on the stoop with friends across the street, went on incessantly about her experience. Everyone had their own stories—about pick-pocketing, theft at gunpoint, purse-snatching, robbers scaling tall buildings, muggings in alleyways, shoplifting, etc. Willie at the office ran robbery prevention workshops during coffee breaks, to make the point that something must be done.

On night Jan and Willie were visiting the plush apartment of a friendly couple, Herb and Alice. After dinner all gathered in front of the TV to discuss the current topic. Willie said, gesticulating, "The most practical thing to do is to stay in our burglar proof homes at night to protect our valuable property. We can arrange more fool proof burglar systems as we get more expensive things in our apartments. Also important, we mustn't associate with the undesirables in any way, except to give them a high respect for property. We don't even have to leave our homes to pick out things we

might need—television and the newspaper do quite a good job of inspiring us to get better nicer things."

As they talked a commercial came on. Willie piped up, "Look at that superb stereo set, Herb. Just like yours, isn't it? A thousand dollars, eh?"

"Yes," Herb said. "I hope none of those thief-types are watching this program. They might come looking for..."

## Health Insurance

(Continued from page 1)

first 2 days of hospital care per family member, up to 3 members, the first \$100 of ambulatory per family member up to 3, and 25% of the total health bill, up to \$5000, per person, with catastrophic coverage after \$5000 up to \$50,000. Insurance premiums for this type minimum plan would be shared by employee and employer; the employer paying 65% for the first 2-1/2 years and 75% thereafter.

AMA Executive V.P. E.B. Howard calls this aspect of Nixon's plan "highly innovative," while most critics on the liberal side have blasted it for the lack of comprehensiveness. Clearly, much is left uncovered in the Administration's plan. The average healthy family would probably have none of its routine doctor visits covered, nor any of its drugs, dental visits or psychiatric care. In addition, if hospitalizations were required by one or more family members over the year, the family could quite easily be required to pay several hundred dollars per hospitalization. For a family with several members requiring substantial hospitalization, a bill of several thousand dollars would not be inconceivable. This would be a difficult burden for most families. As Health-PAC points out, "This health insurance program is in many cases worse than many employees have already won through collective bargaining."

The administration defends their coverage limitations on the basis of economy. They hope to prevent "over utilization" of the health resources in order to keep costs down. Mr. Nixon in comparing his plan with more comprehensive programs states, "when consumers pay virtually nothing for services and when, at the same time, those who provide services know that all their costs will also be met, then neither the consumer nor the provider has any incentive to use them efficiently."

**Family Health Insurance Plan**  
The Family Health Insurance Plan (FHIP) would be applicable to low-income (cut-off at \$5000 income for a family of four) families. This would provide basic, medical-surgical health insurance coverage for those not covered by employer plans. It would include 30 days of inpatient hospital care and medical-surgical ambulatory care. Families with incomes of less than \$3000 would not have to share costs, while those with higher incomes would be required to pay various amounts of premiums, deductibles and coinsurance. Again, AMA spokesman, Dr. Howard, concurs with Mr. Nixon. "This plan would solve one of our most urgent needs: removal of the financial barrier between the medically indigent and the mainstream of health care." But would it? The AMA and most of the present administration have vehemently criticized the Medicaid program, which now covers the poor, because of its huge cost and inflation-causing powers. Yet Nixon's plan replaces Medicaid with the substitution of "basic"

coverage by private insurance plans—almost none of which provide the broad spectrum of drug, dental, psychiatric, and rehabilitative coverage which Medicaid now provides. It would certainly be less expensive to offer this level of coverage, but how this would bring the indigent into the "mainstream of health care" is unclear.

## Medicare for the Aged

For the aged Medicare will remain, but in a revised form. **Health Maintenance Organizations**

The fourth aspect of the Administration's program is the encouragement of Health Maintenance Organizations (HMO). Although this proposal would seem to have most appeal to Mr. Nixon's liberal critics, it has not proved totally satisfactory to anyone, and has stirred much discussion on all sides.

Basically the HMO described by Mr. Nixon would be an organization which would provide a comprehensive range of medical services under a contract agreement for a prepaid fee, and assuring the subscribers convenient access to services. The definition could encompass a wide range of existing programs, but many observers have assumed that Mr. Nixon's model in terms of HMO is the Kaiser-Permanente Health Plan. The visualized HMO would operate within a budget provided by the prepaid fees, this encourages cost controls on services. At Kaiser, if doctors operate within the budget, they receive bonuses from what is left of their allotted funding.

To stimulate the HMO concept, Nixon has advocated that insurance companies allow customers to use the coverage to purchase membership in HMO. This would also apply to those covered by FHIP, NHISA, Medicare, and Medicaid. He has also suggested that grants and loans be made available for HMO planning and development, and

that a model statute be proposed for the 22 states which impose limitations on group practice.

Ever conscious of cost, Mr. Nixon sees HMO encouraging the practice of medicine in an efficient and preventive direction, rather than the direction of expensive diagnosis and treatment. The latter might mean cost overruns which would require the HMO to bear the financial burden. Critics have voiced the fear that the providers of care in an HMO might be so zealous about curtailing expenses, that the patient might be jeopardized by receiving inadequate diagnosis or treatment.

As would be expected, any plan which did not advocate the fee-for-service type payment method, would draw some scepticism from the AMA. Although they stop short of outward criticism of Mr. Nixon, they feel he has put undue emphasis on the HMO. Their attitude is that HMO is an unproven concept with advantages and disadvantages, but that it is certainly no panacea as some people have implied. They describe the emphasis on "prevention" as questionable, using a rather narrow view of prevention. Dr. Howard states that "the only specific elements of prevention known to be effective are immunization and better environment. Early diagnosis is not prevention—you have to be sick first, and this does not always make treatment easier or cheaper." In general the AMA treats the HMO as something to be looked in to, but not accepted as effective until some "objective evidence" can prove its worth.

The American Hospital Association generally applauds HMO, but believes Nixon has defined it too vaguely. They, too, question HMO as THE answer since health needs vary substantially throughout the country, and can only be defined in terms of the particular area or population being served. Their

further criticism is that the sums of money being proposed for planning and development are grossly inadequate.

The American Public Health Association takes a position similar to that of the Hospital Association, that is, general acceptance with reservations about specific areas. They express particular concern about abuse of the system by those operating it. Dr. James Kimney comments with regard to HMO, "there would seem to be serious question with regard to the potential for adequate attention to the establishment of standards for such organization, and to details of operation that would assure that public interest would be served, particularly if the HMO's develop in a for-profit environment." This raises a question which Mr. Nixon has never directed himself to, namely the non-medical or consumer participation in the control and operation of his plans. He is content to allow insurance companies, physicians, and the economically powerful members of hospital boards to continue to control what goes on in the health system. The AMA obviously concurs, and has been adamant in its refusal to have anyone but physicians regulate their practice; this is the so-called Peer-Review system. Even in more liberal circles, however, consumer participation is

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minimal. At Kaiser-Permanente the physicians have strongly resisted any infringement on their almost total medical and administrative control of the program. Thus, one of the strongest demands of more radical reformers, is not of great concern to Mr. Nixon or other architects of new health legislation.

These then are the major areas of reform proposed for NHI by the administration. Yet there is one general criticism of the whole NHI picture which has recently been reiterated here in Philadelphia at the convention of the National Medical Association, but which has been recurrent ever since NHI became an issue. It is that all the insurance in the world does not provide adequate health services if there is no access to such services. In the words of Dr.

Edward Casey, President-elect of the National Medical Association (the association of black physicians), "All the health plans before congress have addressed themselves to how we are going to pay the doctor. This is not our concern. Our concern is how are we going to deliver care. Our approach is not insurance companies, our approach is not Social Security, our approach is not insurance, our approach is not really HMO. Our approach is deliverance of health care to all people, particularly the rural areas, particularly the areas where there are no physicians."

Yet the issue which Dr. Casey raised digs too deeply for politicians to legislate on. We therefore will continue, probably for many months, to hear Congressional walls reverberate with the debate over how to pay the doctor.

## Student Discusses Money and Motivation

by Jeffrey Mattes

Medical Education in this country is pretty good, no doubt about it; graduates are knowledgeable, competent, and efficient; but there are some problems that could use some correction, since doctors are not always what they should be.

The process of education itself, I think, is all right. The crucial issue of improving doctors, then, is how students are selected into Medical Schools, since with the current tendency to try to keep a student in once he starts, the selection process by the medical schools effectively selects our doctors (this is different from some European and Latin American schools, where almost any one can get in, but up to 3-4 flunk out along the way).

The selection process itself seems as good as possible under the circumstances, but the real problem involves several factors in our society which make good selection almost impossible. One, of course, is that Medical education costs so much. The discrimination against the poor is certainly bad; I think almost everyone would agree that doctors make so much money; so the main reasons why students want to go to medical school are:

(1) they want to be doctors, with all the challenges and gratification that implies, and (2) they want to make a lot of money. It is impossible to tell from an interview which of these is really in the student's mind, and that's

unfortunate since the desire to become rich should not be a strong factor in a doctor's personality.

The remedy to this is obvious—reduce doctors' earnings; and then you'll know that whoever applies to Medical school just wants to be a doctor. And the sounds reasonable, unless there is some justification for doctors to make so much.

Probably the most common justification doctors use for their earnings is that they have to spend eight years in college, working hard, and paying for their schooling. This is another reason (along with discrimination against the poor) for supporting a movement to give scholarships, or wages, to medical students to support them effectively while they're in school, just as interns and residents are supported.

The other common argument in favor of doctors earning a lot is that the responsibility of their work, the intelligence and dedication required, merit more money; but this is only a value judgement, and not "rationally" true. It makes just as much sense to argue that the least desirable jobs around, like janitors and garbage collectors, should make more since their jobs are so unpleasant, while the more interesting, stimulating jobs, like medicine, should pay less since they have so many other, intangible rewards. Also just as reactivity and being paid ac-

ording to his need.

So I think that there is no rational argument for doctors to make more money than average, except, unquestionably, when his work involves long and unusual hours, which it does in some specialties, and which certainly merits proportionately more money, just as a plumber gets double-time on Sundays. But this would mean that for the work involved Doctors wouldn't make more than average, so no-one would go into medicine for the money, so medical schools would be more stimulating and more fun (due to more interested students), doctors would be better and medical expenses would be less; and all we need for this to find a way to pay medical students through school, and to convince doctors to lower their prices—obviously a formidable task, impossible in the near future. But I thought it would be a good idea to mention these things, since thought must always precede action.

Finally, I might mention that one of the many problems in our society is that everyone seems to be strictly out for himself (unions, etc.), wanting as big a salary as he can get, heedless of inflation or justness. Of course, government regulation is one answer, but much better is self-control. And where is it to start if not with the medical profession.

## VVA-SAMA EVENTS

Nov. 4 and 18: Volleyball, Jeff Hall. 50 cents charge for non members of the Jeff Hall Facility. 7:30 pm  
Nov. 1, 8, 15, 22, 29: Exercise Club, meeting room, 8:00 pm  
Nov. 10 and 17: Bridge Night, All Bridge Players invited, 8:00 pm  
Nov. 16: Monthly Meeting: "The

Financial Advisor" Advice on Basic Finance.  
Nov. 30: Mother's Liberation Day" Free Day-Care for all children of paid members by other members of VVA-SAMA. Meeting Room, 9am-1pm  
Nov. 30: Pediatric Night, Monthly visit to Jefferson Pediatric Ward.



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DATES AND EVENTS FROM YESTERYEARS

President Truman asked Congress for the National Compulsory Health Act, November 19, 1945.  
On November 20, 1945, German war criminals went on trial at Neurenberg.  
North Carolina entered the Union, November 21, 1789.  
November 22, 1890, marked the birth date of General Charles de Gaulle.  
David II crowned King of Scotland, November 23, 1331.  
The American Women's Suffrage Association was founded, November 24, 1869.  
Japan and Germany signed the Pre-World II Pact, November 25, 1936.

If it's true that life flows in curves,  
Maybe sorta circles  
Then what I wanta know is,  
Which are we,  
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What Thumb?

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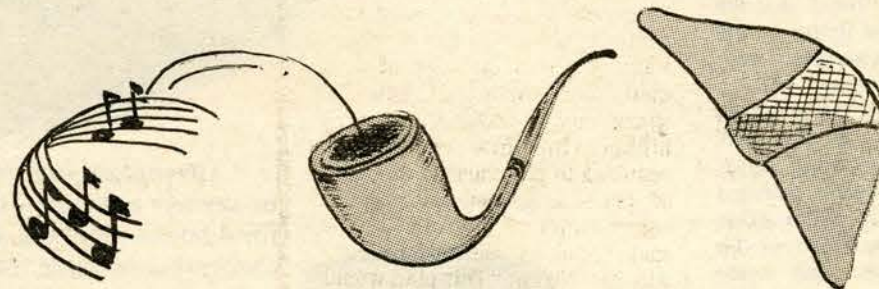
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## Housing Committee

(Continued from page 1)

matters that are not specifically started above, 3. To consider the role of the Martin Residence as to its use and function as a housing unit.

4. To evaluate and consider the various aspects of off-campus housing.

5. To make suggestions relative to future housing programs for the University.

During the summer, individual committee members attempted to evaluate the plans for the future housing development program being done by the Meridian Engineering Corporation. The Committee met with Meridian twice, at which times Meridian presented the proposed development of housing on the land from Walnut to Locust on the western two-thirds from Tenth toward Ninth Streets. Background information revealed that Jefferson obtained a commitment for the land site in 1962 and the original housing development called for mixed housing: low-rise housing for house staff, high-rise for students, and new housing for fraternities. The Meridian concept called for low-rise garden-type apartments, providing 144 dwelling units with an equal number of parking spaces and a small commercial area. In evaluating the proposal, many members of the committee were displeased. While covering more than twice the land area of Orlowitz, the proposed housing would provide only half the number of units present in Orlowitz. In addition, the number of units would not match the projected increased enrollment in the University, and it appeared that rents could be so high that students might be "priced out" of the complex. However, the committee encouraged Meridian to seek financial backing for the project with the reservation that they provide additional information such as making studios, cost evaluation, and cost comparison for reproducing Orlowitz.

Despite Housing Committee reservation, the Meridian proposal was approved by the Board of Trustees and supposedly accepted by the U.S. Department of Housing and Urban Development. However, the Redevelopment Authority expressed displeasure with the plans to provide only 144 units and asked the University to attempt to increase the productivity of the land site. The Board of Trustees thereby entered a new contract with Meridian to study more types of housing to accommodate more people. The Housing Committee is anticipating the opportunity to meet with Meridian again to examine the new housing proposals.

Among the immediate interests of the committee is the possible expansion of the Martin Residence to house more single women students. There are 230 such students now living in the student nurses quarters; and, hopefully, more women will be permitted to live in the building. On November 17, at the next meeting of the Housing Committee, Mr. Lawrence Abrams will present study information concerning reorganization of the Martin Residence. The committee then can study the necessary implications such as a financial statement, possible student employment, and rules and regulations for residents of the Facility.

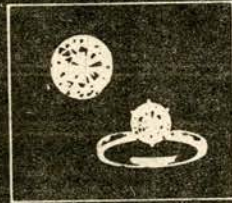
Also under discussion is the tax status of Orlowitz and the possibility of its returning to its former tax-exempt status. Initial studies have shown that perhaps the tax status of the residence could be changed if the facility

housed students only (interns, residents, and staff not being considered as students). This, of course, would affect the need for rent increases significantly, a major concern of members of the committee.

Reforms in the present housing situation can occur only through the action and interest of the Housing Committee members and the residents of the facilities. It is essential that residents

express in writing their opinions and problems to their representatives. Official representatives for Orlowitz are David Paul and Nance Hay, both residents of the building, and

David Hughes, representative for Student Council. Anne Diehl is representative for the School of Nursing.



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