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Tom Williams

Thomas Jefferson University

Richard Bonanno

Thomas Jefferson University

Frank Taylor

Thomas Jefferson University


Eugenia Miller

Thomas Jefferson University

Allen Sonstein

*Thomas Jefferson University**See next page for additional authors*

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Authors

Tom Williams; Richard Bonanno; Frank Taylor; Eugenia Miller; Allen Sonstein; Terry Burt; David Jacoby; Brent Spears; and Robert L. Breckenridge, Jr.

MCHR Holds National Convention

The Medical Committee for Human Rights will hold its national convention in Philadelphia on April 15-18, 1971, at the Christian Association, 3601 Locust Walk. The topic will be "The Consumer and Health Care." Certain events, because of their general interest to those concerned about health, will be open to the public:

Thursday, April 15, 8:00 P.M.—Talk by Dr. Ivo Margan, physician from Yugoslavia, on "Health Insurance and the Organization of Health Services."

Friday, April 16, 5:30-7:00 P.M.—Tea and rice supper—Film: Health War.

Saturday, April 17—9:00-noon—Panel discussion: "The consumer and health care." Also, at 2:00-4:00, 4:00-6:00—Workshops: The Consumer and the Individual Health Worker; The Consumer and the Individual Institution; The Consumer and the National Health System. 6:00-7:30 P.M.—Supper.

Also, Saturday evening at 7:30-8:30 P.M.—Talk by Dr. Joshua Horn, physician from People's Republic of China and author of *Away with all Pests*.

For further information contact Skip Atkins WA 3-6350.

Surgeon to Speak to CMS

by Frank Taylor

On Friday evening, April 30, at 7:30 P.M., Dr. C. Everett Koop, Chief of Pediatric Surgery at Children's Hospital will be the featured speaker at a special program presented by the Christian Medical Society of Jefferson.

Dr. Koop, a recent speaker at the John Gibbon Surgical Society April meeting, is not only highly respected within pediatric surgery circles, but is also an active Christian layman. He is a trustee of the Tenth Presbyterian Church of Philadelphia and is very much concerned with the missionary outreach program of that church and of the Christian Medical Society. In addition, Dr. Koop has written a very timely article in a recent issue of *Reader's Digest*, "Why I Tell a Dying Child's Parents."

Dr. Koop will divide the talk between his specific field of Pediatric Surgery and the way in which he as a Christian relates to the profession of Medicine as a whole.

In addition to Dr. Koop's presentation, CMS is planning a series of slide sessions to be presented by Richard Bagge and Richard Keene, Jefferson seniors, concerning their recent elective time spent working among the people of Puerto Rico and India, respectively. These will be held on Wednesday afternoons in room M-25 of Jefferson Hall between 12:00 noon and 1:00 P.M.



Dr. J. Framo conducts a session in family therapy.

Congress Debates Health Insurance

by Richard Bonanno

The Congressional debate over National Health Insurance (NHI) has escalated over the past year with the introduction of a variety of plans to assure financial access to health care for all Americans. People's attitudes toward NHI initially were molded by whether one was for or against "socialized medicine," but when one examines the 5 major proposals which have come under the rubric of NHI, one realizes that "socialism" is not imminent by any means, at least in comparison with socialist systems in other countries. The question of NHI is one of insurance primarily, and not delivery of services. Consequently the debate really revolves around how much responsibility the government, federal or state, will take in organizing an insurance program which will cover the populace. It is true that some of the suggested plans encourage the use of the acquired government power to restructure the delivery of services (see editorial), but even in these cases there is little explicit attempt made to institute a uniform system for everyone.

The purpose of the present article is to introduce the different proposals in a simplified manner, so that readers will be aware of the general approach each plan takes to the financing problem. In future articles evaluations and comparisons will be undertaken with regard to the merits of the different plans. The 5 plans which have gained the most recognition so far are: 1) the Griffiths Bill, introduced Feb. 9, 1970 by Representative Martha Griffiths and endorsed by the AFL-CIO. 2) the proposal of the Committee for National Health Insurance, often called the Reuther Bill, released to the public July 7, 1970. This was introduced to Congress by Edward Kennedy, and the bill has taken on his name since he has become a primary spokesman for it. 3) the Javits bill introduced by Senator Jacob Javits on April 14, 1970. 4) the Pettengill proposal of Daniel Pettengill, Vice-President of Aetna Life and Casualty Co. was introduced into Congress on November 6, 1969. 5) the AMA's Medigap proposal, initially brought before Congress November 3, 1969. In addition it is expected that soon two new plans will be forthcoming. One is the so-called Ameriplan of the

American Hospital Association, and the other is President Nixon's specific legislative proposal for health insurance.

The chart below gives a capsule comparison of the different plans but some further explanation is necessary for each, starting with the least extensive, AMA's Medigap. The Major change advocated by Medigap is the abolition of the Medicaid program for the medically indigent, to be replaced by a government certificate to purchase a health plan or insurance program of the individual's choosing, from a government list of authorized programs. For the low-income, non-indigent population, a scale of tax credits would be applied against the individual's income-tax—with these credits helping to defray the cost of health insurance, again from the government authorized list. There is no mandatory health insurance in the Medigap plan. The government role would be relatively small, being primarily in the area of evaluating the adequacy of the different insurance plans. In addition the AMA has emphasized the Peer

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Students Form Family Physicians Society

by Allen Sonstein

With the trends in modern medicine toward specialization, subspecialization, and viewing the patient as various systems requiring treatment, a new group has been formed at TJU to emphasize the importance of treating patients as total human beings. This group is the Family Physicians Society. The purposes of this society are to encourage and assist medical students in preparing, qualifying and promoting interest in family practice; to promote the science and art of medicine and surgery; and the betterment of public health.

The idea for forming such a society grew from a need to give representation at Jefferson to the family practitioner—America's primary care physician. The family practitioner is a physician who assumes comprehensive and continuing responsibility for the patient as an individual and for his family, the basic social unit of

Family Therapy Unit Opens at Jefferson

by Tom Williams

The young man said with a slight exasperation, "Every time I visit my parents, I feel like a different person." Many of us have noticed this same phenomenon when we are with our families, the origin of our strengths and weaknesses. Dr. James L. Framo, Chief of the year-old Family Therapy and Training Unit of Jefferson's Community Mental Health Center, believes that a person's emotional involvement with his parents and siblings, the basis of this man's statement, is the key to straightening out many psychiatric problems. Family therapy uses an innovative approach to the problems of emotional disturbances of treating the entire family as a unit. He says, "Whenever one family member has problems, that person's symptoms are usually a reflection of other disturbances in the family. In family therapy, an attempt is made to treat the real family problem, not merely its expression in one person (for example, a teenager taking drugs may be responding to the marriage problems of his parents, or one of his parents may be locked in conflict with a grandparent.) Accordingly, the designated patient is seen together with his parents, his brothers and sisters (who may also have more serious or concealed problems), and sometimes even with his grandparents as well.

Dr. Framo, a faculty member who has a Ph.D. in clinical psychology, is nationally known as one of the pioneers of this new field of family theory, research, and therapy and has published books and articles on the subject. He was one of a few professionals

in the 1950's who began to question the widely held premise that psychiatric disorder existed only within the individual and that symptoms were unrelated to other people, particularly one's intimates. Dr. Framo explains, "Clinical examination of the family had been impeded by both professional and cultural taboos. The genius of Freud led to profound understanding of the inner world of the individual, but his discouragement of involvement of family members in the treatment process of individuals established the practice of exclusion of the family in most forms of psychotherapy. Puzzling treatment failures led to re-examination of this principle as therapists began to realize that when they treated a single individual a part of the total problem was not visible, that the treatment was often undermined by the family, and that often the patient could not change if the family did not." Furthermore, improved hospitalized patients frequently relapsed when they returned to the same family environment. The thinking progressed from "seeing the illness in the patient, to seeing it in the relationship between mother and child, to realizing that fathers were involved, to

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War Treaty To Be Signed

by Eugenia Miller

A people's assembly gathered on a farm outside Washington, will celebrate their signing of the People's Peace Treaty on May Day, May 1. Because the assembly will coincide with assemblies in Paris, London, Tokyo, Peking, and around the world, it will be part of a demonstration of massive international support for the people of Vietnam.

The May Day celebration sponsored by Student and Youth National Coordinating Committee will include establishment of communities and of workshops on non-violent tactics in preparation for a sequence of activities on May 2, 3, 4, and 5, in Washington itself.

On May second the group organized on the farm will join forces with the People's Coalition for Peace and Justice, the Southern Christian Leadership Conference, and the National Welfare Rights Organization in a rally staged to present the treaty to President Nixon and to demonstrate support for three demands: an end to the war (as outlined in the treaty), an annual guaranteed income of \$6,500 for a family of four, and freedom for all political prisoners. The peace treaty is a document constructed by students from the U.S., North Vietnam and South Vietnam. It incorporates aspects of the negotiating positions of the Provisional Revolutionary Government, and the program of

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In addition to meetings, The FPS also has other programs to stimulate interest in this field. Among these is a preceptorship program whereby students may visit family practitioners at any time for as many times as he chooses. This will provide first hand observation and participation in the intricacies of family medicine. In addition, there are plans being made for students to visit and hopefully participate in

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Minority Groups at Jefferson

The second annual Health Careers Conference (March 26-27 at Jefferson Hall) sponsored by the Black Medical Students of Philadelphia brings to mind the issue of minority groups in medicine which was such an explosive area two years ago. There have been several conferences throughout the country in the last six months which have emphasized that the problem of assisting minority group students toward medical careers has by no means been solved, even if it is less controversial. The same impediments of money, educational deficits, lack of understanding about cultural differences, and outright bias, still exist to a greater or lesser degree in medical schools throughout the country. Jefferson's effort to admit minority group students has been substantial when compared to other medical schools, yet some students still contend that attitudes about the capabilities of minority group students has changed little in the past few years.

Whether attitudes have changed or not, we believe that Jefferson's effort deserves praise particularly in the light of what many black students have accomplished since they have been here. The dire forecasts of 1968 notwithstanding, most have held their own academically, but more importantly they have added a new dimension to the school. Their two health career conferences have given many students hope for a future in the health sciences which they could not have taken seriously a few years ago. Last summer's Black Student Summer Program was by most accounts a tremendous success for the participants, and testified to the fortitude of the medical student organizers who received little assistance from the medical education system in the city. We would hope that these achievements would encourage members of the admissions committee to view favorably their own efforts to admit minority group students. This work must continue and expand if we are to begin to attack the health care problems of minority groups which have been neglected in the past.

Blue Cross on the Spot

Ariel would like to commend Pennsylvania Governor Shapp's appointment of Herbert Denenberg as State Insurance Commissioner. Mr. Denenberg has already guaranteed that he will not be just another anonymous government official, with his aggressive approach at the Blue Cross public hearings last month. Many of his proposals hit at the heart of the well known deficiencies in our hospital system, while others, such as the suggestion to have private physicians pay the salaries of house staff, probably have little chance of being taken seriously even if they do seem sensible.

Yet it is not only the specific proposals of Mr. Denenberg that made his performance laudatory, but just as significant was his acceptance of the responsibility to be watchdog for the pocketbooks of health care consumers. Much of the rationale behind Mr. Denenberg's criticisms was based on situations where the consumer was not receiving the best services for his money, because of waste and inefficiency. At a

Student Council Highlights

by Terry Burt

Promotions Committee has responded to Student Council's February letter by offering three non-voting committee positions to students, Glenn Nye announced at the March Student Council Meeting, March 17. Council feels that this is a step in the right direction and is at least better than no representation at all. However, it is still hoped that eventually the student committee members will also be granted voting privileges, as is the case on other committees, at least regarding voting on general policy, if not about decisions on individual students.

After all, we students also feel responsibility for maintenance of standards and quality. We also have a vested interest in keeping our Alma Mater up to par. Soon we shall all be alumni, and some of us will even be faculty, and in the next millenium, even trustees! But in addition to interest and responsibility, our student members will also bring first-hand viewpoints and reactions about the present

education process. Certainly this is an element which should carry some weight in policy decisions. The remaining question is whether the voices will have any weight without a vote. Hopefully, the unwashed student anarchist is exorcised from the dreams of the administration.

HOMELESS GIRLS APPEAL TO COUNCIL

Every month the question comes up again - Who is doing something about housing? Every month we are told there is a committee or two working on it. Who? Where? When? How? Future reports are promised. Meanwhile, waiting for that Great Day, we now have a flesh and blood medium who claims he can pass on any messages to distress to the phantom committees. Henceforth, one should direct any inquiries or complaints to Mr. David Hughes, c/o Student Council.

One surprise. Our medium, Mr. Hughes, states that this committee is concerned about all

time when everyone is concerned with both the service and the money involved in health care, most would welcome a man from the "establishment" to act as consumer advocate.

There are those who will say that he has little real power over hospitals or doctors, but in an area where every level of the citizenry is complaining about costs, his power as a consumer leader can be substantial if the public will firmly support him. We hope Mr. Denenberg will be as successful in implementing his suggested changes as he was at gaining public notice for his efforts at the Blue Cross hearings.

Limits of National Health Insurance

With any exploration into the field of National Health Insurance (NHI), it must be kept in mind that what is being discussed is not a panacea for the health problems of our citizenry, but primarily a financing mechanism to equalize availability of care. Realizing this, any method proposed for NHI must be evaluated in the light of how it will affect any attempt to improve delivery of health services, which is at least as serious a problem as financing. The proponents of the various plans take quite a different perspective about the need for change, and consequently their proposals reflect the desirability of developing a financing mechanism which will put greater or lesser emphasis on rearranging how health services are provided to people.

At one extreme, the AMA's Medicare Plan advocates no changes in the delivery system, since not a great deal needs to be changed in the AMA view. In the words of Walter Bornemeier, President of the AMA, "the need is not to restructure, or control, or destroy the system. The need instead is to expand it, to extend it—to put it within the reach of those who do not receive its benefits and services." On the other hand, the plan supported by Senator Edward Kennedy is postulated on rather different premises—"America is an also-ran in the delivery of health care to its people." Inherent in the Kennedy proposals are power rearrangements which would probably force the delivery system to be restructured, when and if universal health insurance coverage becomes a reality. According to Kennedy: "We know that NHI cannot simply be a financing mechanism. We know that insurance payments cannot be translated instantly into more doctors, more nurses, and more health facilities...To those who say that NHI won't work unless we have an enormous increase in health manpower and health facilities, and a revolution in the delivery of health care, I reply that until we begin moving toward NHI, neither Congress nor the medical profession will ever take the basic steps that are essential to improve the system."

Although we at Ariel see Mr. Kennedy's analysis as somewhat closer to reality than Dr. Bornemeier's, Mr. Kennedy's solutions are at best questionable. We can only advocate that Congress, and all those weighing the issue of NHI, not accept the position that the system only needs expanding to be effective. Every plan must be evaluated not only from an insurance point of view, but also with regard to how much it will allow for improvements in the delivery and distribution of services.

housing problems of the Jefferson community, not just Orlowitz. Mr. William Kunsman, from the Interfraternity Council, then asked in astonishment why weren't the fraternities, which house one-eighth of Jefferson's student body, offered a representation on the committee? Also, the question was raised by this reporter whether the need for housing for single girls without rich fathers or other visible means of support was every considered? Even if there were room in Orlowitz for everyone, who can afford it? The boys have the fraternities; room and board is made available for every nursing student. Why are female medical students alone forced to commute through Philadelphia's lovely subway system, or else to ask dear Dad to maintain them in high-rise luxury?

EAKINS' GROSS CLINIC HANGING EVOKES PROTEST

Perhaps this issue will be dead and settled by the time Ariel goes to print, but let us at least record the phenomenon of general astonishment in Council when members discovered that our previous consent to the hanging of Eakins' Gross Clinic in our Social Lounge also involved

consenting to the presence of a constant guard in the area. How can we afford an extra guard when we can't afford extra student scholarships? Another matter of priorities. And on another level of seriousness, how can we lounge in the area now in weekend sneakers and sweat-shirt, assuming the requisite horizontal position for maximal cerebral blood flow while studying biochemistry. We thought we were consenting to a furnishing, not a Presence. Oh well, we shall probably get used to old Sam's stern eye, but we don't know about the attendants.

STUDENT APATHY DECRIED

Again comes the time for choosing students for next year's committees and editorships. At Jefferson, elections, committees, meetings, publications, and other activities suffer from one epidemic complaint - APATHY. If student government is considered ineffectual, if committees are considered out of touch, if publications are considered radical and unrepresentative, if activities fall flat from lack of attendance, no one is more to blame than "the Silent Majority." Once again, Mr. Nye stated that Student

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More Tyranny

for Greece

(N.Y. Times, Editorial, 12/30/70)

By its last actions of 1970, Greece's military dictatorship has rendered even more ludicrous the claims of its apologists in Washington that it has established a "trend toward a constitutional order." These typical moves by Colonel Papadopoulos and his colleagues merely expose the bankruptcy of United States policy toward Greece.

"As far as the question of the regime and the Constitution are concerned, there will be no change in the coming year," said Premier Papadopoulos in a year-end policy statement. He left no doubt that this meant perpetuation of martial law with special military tribunals and the suspension of basic freedoms.

This declaration was received in pained silence by the State Department, whose spokesman had detected the "trend" toward constitutional order as a justification for resumption of major military aid to the junta in September. It made a poor prophet of Deputy Assistant Secretary of State Rodger Davies, who predicted to a Senate committee in June that the junta would implement its Constitution "by the end of this calendar year."

With fanfare, the junta announced on Christmas Eve that it had released 305 political prisoners. It neglected to mention that right through the Christmas period it persisted with a new series of arrests, including a former judge, three former members of Parliament, prominent lawyers and several women. These arrests brought the number of persons detained for political reasons in December alone to about ninety.

The Athens regime finishes 1970 in greater international disrepute and isolation than ever before in its 44 months in power. It has renounced the agreement which gave the International Red Cross access to its political prisoners. It is out of the Council of Europe; its agreement with a critical European Common Market has been shelved indefinitely and it was blasted by an International Labor Organization Commission for suppressing 250 trade unions without cause.

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U.S. Aids the Wrong Side in Greece

By David Jacoby

The United States is currently entangled in a war in Vietnam. As the cost of this continuing military expenditure has risen, the amount of money available for health care and medical research has steadily decreased. Many, including our President, express an interest in withdrawing from this war, yet this goal seems almost impossible to achieve. It is much easier to be drawn into those impossible situations known as wars than to withdraw from them.

Although we are stuck with a war in Vietnam and its attendant drain on our resources, we need not be stuck with one elsewhere in the world—for example, in Greece.

Permeating our culture is a belief in freedom, democracy, and self-determination. We claim to represent this—and, for better or worse, most peoples believe in it on a national, if not an individual, level.

Until 1967 Greece's government was a constitutional monarchy. In that year the Greek military, having been brought to a position of undue prominence through approximately 1.8 billion

dollars of U.S. military aid since 1947 (New York Times, April 26, 1967, p. 11), at 12:01 A.M. on April 21 suspended the constitution and proclaimed military rule. By 3 A.M. George Papandreu and other Greek leaders were being arrested; within one week 6000 political prisoners had been sent to a World War II concentration camp built for 600; at the end of two weeks 99 percent of Greece's leaders had been arrested.

In its radio broadcasts the Greek military regime stated that it had acted to prevent a communist disruption of the coming elections and:

"To distribute the national income justly among the classes."

"To adhere to the responsibilities of NATO."

"To restore international tranquility and order."

"To create the necessary prerequisites for the country's return to parliamentary rule on a wholesome basis."

"To abide firmly by the idea of peace and freedom according to the United Nations Charter."

"To develop the country's economy and develop the proper atmosphere for a free and conscientious press." (Reuters, April 21, 1967)

Unfortunately, these promises have not come to pass. Even more unfortunately, it has put the United States, a bastion of relative freedom in this world, in

the position of supporting a military dictatorship which has replaced not a tyrannical despot, but rather a constitutional monarchy which had been on the verge of having the king reign, not rule. The present rulers, whom we support, fight not communist dictatorship, but rather democracy, free speech, a free press, and civilian rule—quite openly and in our name. Without our support (military aid was cut back 10 percent after the coup and restored to 100 percent in honor of Jackie's wedding) the regime would crumble; the Council of Europe has condemned this regime; of the democracies we alone actively support it.

Reflect, for a moment, how a Greek youth, American in every aspiration and ideal, holding "liberty and justice for all" above all else, would be morally compelled to act, should a challenge to the present dictatorship ever arise. Would he not be forced to fight to "throw the scoundrels out" and be bitter towards those who support these usurpers with the tanks, planes, and bullets that threaten the life and freedom of him and his comrades?

If we do not modify our present course of economic and military aid to this dictatorial regime, we may ultimately find ourselves involved in a Greek civil war—at first economically

and later (as Greece is a strategic part of our NATO alliance) with American fighting men—fighting on a side which stands against all those values which we hold dear.

It has been suggested that the present dictatorship is better than the chaotic democracy which preceded it. Such is unlikely in light of the chaos and violence which dictatorships invariably leave in their wake.

The military dictatorship states that it acted to save the country from an imminent communist takeover. Nothing could be further from the truth. The supposed communist sympathizer, George Papandreu, whose election the military feared was "the Premier who put down the first communist bid for power in postwar Greece;...he resigned as Premier in 1963 rather than be kept in office by Communist-line votes in Parliament." (Editorial, New York Times, April 25, 1967,

In this, the year of the 150th anniversary of the beginning of the Greek Revolution against the Ottoman Empire, it would be well to recall that until April 21, 1967 Greece was a democratic constitutional monarchy which had received from the United States in the year prior to the coup 6.8 million dollars. At the same time our aid to the Greek military totaled 78.7 million dollars. (New York Times, April 26, 1967, p.11) Since the day that the dictatorship "saved the country from a communist takeover," the U.S. has continued to give aid to this military dictatorship while other Western democracies have condemned this government.

Typically, after a people have been repressed enough they will revolt, accepting whatever help they can get. As France helped the thirteen colonies fight for their freedom from Britain, so it would be well for us to help the Greek people fight for their own freedom, rather than let this role go by default to the communist

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APPROPRIATIONS COMMITTEE
BENJAMIN R. DONOLOW, Chairman
March 19, 1971

Mr. Glenn C. Nye
President, Student Council
Jefferson Medical College
1010 Clinton Street
Philadelphia, Pennsylvania

Dear Mr. Nye:

We cordially invite you to appear before a special subcommittee of the Senate Appropriations Committee to present the representative views of the students at your institution concerning the manner in which State appropriated funds are being expended at your college, including any suggestions for improving or changing the purposes for such expenditures.

This all-student hearing on higher education expenditures will be held on Thursday, April 22, 1971, in the Senate Majority Caucus Room (Room 156) on the first floor of the Main Capitol Building, Harrisburg, Pennsylvania. The Student Government Leader and Junior Class President at colleges and universities which receive State Appropriated funds are being invited to participate. We are allocating a period of fifteen minutes for each institution's presentation.

If you wish to participate in this hearing, please contact my office in Harrisburg before April 9, 1971, so that we may reserve time for your presentation on our schedule. If we do not hear from you by April 9, we will assume that you are unable, or do not wish to participate.

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Congress Debates

(Continued from page 1)

Review Organization in Medicare. It suggests that HEW contract with area medical societies to set up review boards of physicians to evaluate the work of physicians in their area. The estimated cost of Medicare would be \$15 Billion.

The Pettengill proposal goes somewhat beyond Medicare in the extent of coverage, although it too relies on private, voluntary insurance coverage to be purchased by most Americans. For those who are poor, near poor, or uninsurable there would be a special insurance pool of resources, administered by private insurance companies, and financed in part by general government revenues. The poor would pay no premiums, government being required to pay it for them. The near-poor would pay premiums on a graduated scale, while the uninsurable would pay premiums commensurate with their poor health status. There would also be provisions made for catastrophic coverage for all Americans on a graduated income basis. The AMA has recently picked up this latter proposal and incorporated it into their plans, as has Mr. Nixon. Pettengill also would encourage employment related insurance plans and better ambulatory benefits for employees. The plan would be coordinated through a state insurance agency in conjunction with an insurance carrier (such as Blue Cross). No cost estimates are available since specifics for the plan have never been defined.

The other three health bills are much closer to what most people think of as National Health Insurance, in that the Federal government is the primary administrator of a mandatory insurance program. The Javits proposal, in general, would expand Medicare to the entire population, with the option to purchase approved private insurance instead of accepting the government plan. It would be

administered by HEW as Medicare is today. Mr. Javits program provides some incentives for the organization of comprehensive group practice. It would be financed by a payroll tax for individuals, a payroll tax of employers, and general Federal revenues, all equal to 1/3 of the total cost. The cost estimate for the year 1975 has been given as \$66.4 billion.

The Kennedy and Griffiths bills will be discussed together since they are similar in the scope of their coverage and the method of their administration. They advocate universal coverage for everyone on a national level, administered by the federal government, financed by payroll taxes and Federal revenues, and covering nearly all aspects of health care (some dental care is excluded). There are strong financial incentives which encourage group practice and prepayment plans, although the individual can still theoretically choose where to seek medical attention. Costs for both plans have varied between estimates of \$35 to \$100 billion. The Griffiths bill recommends defraying the cost somewhat by having a \$2 copayment for doctor's office visits, while Kennedy is a stronger advocate of the prepayment plans. The differences are really insignificant since every bill receives alterations in its passage through Congress.

These are the major provisions of the five plans now in the "Congressional hopper." Descriptions have been superficial, but since details change so quickly as a bill goes through Congress, they have been omitted. One can be quite sure that many compromises will be made before one bill is hammered out, and that what eventually comes out will probably be a conglomerate of many proposals.

For more detailed information one can contact the Department of HEW. In addition, the December 1970 issue of *New Physician*, provides both explanation and analysis of the entire NHI scene.

The following is reprinted from a Research and Statistics Note U.S. Department HEW, July 23, 1970. COMPARISON OF FIVE PROPOSALS FOR NATIONAL HEALTH INSURANCE

Four Years At Jefferson: Doctor or Dead Wood

by Brent Spears

September 15, 1970

Recollection: In one of the early weeks of Freshman Anatomy, I was bent over the cadaver, peering hesitantly into the abdomen. A vigorous, young, well-starved lab instructor took a forceps, lifted up a structure from inside the corpse, and asked me: "What do you think this is?" I didn't know what it was, but certainly as hell knew what it looked like, so I replied, looking the instructor straight in the eye: "Looks like a piece of shit to me, Sir!" He managed to conceal his astonishment well enough to tell me that the structure was uterus. Did I say something wrong? Dr. — told us on the very first day that medical school would be like the Marine Corps, and I did not forget to say "Sir!"

September 20, 1970

Today, Dr. — met me in the hallway and asked me if I planned on taking an internship. I told him I didn't know whether I would or not.

September 27, 1970

Recollection: In February, 1970, I came into possession of a management study of Jefferson by a New York firm, commissioned by Jefferson in order to evaluate the University's capacity to raise money from the private sector to build a Clinical Teaching Facility. The firm hardly got around to discussing the assigned topic because it was so appalled by the quality of Jefferson's leadership as evaluated by Jefferson's leadership. Frantzreb and Pray #1:

Quoting a knowledgeable trustee: "Although we have been studied, evaluated and committed to death, nothing of a strong core plan has emerged. We have no sense of: a) what it means to be a university; b) how the four major divisions fit into the total institution; and c) what our plans are for the next ten years.

I urge you to focus on these and related issues in your Report and bear heavily on the age and apathy problem in the Board, which is so detrimental to effective leadership."

October 8, 1970

In Preventive Medicine class today we were given a booklet identifying risk factors for persons by sex, age, and race. Risk is defined as the chance per 10,000 of a person dying from a given ailment over the next ten years. For twenty-year-old white males, the biggest risk was identified as motor vehicle accidents. A brave soul in the back row inquired, "How about death from combat (i.e., Vietnam)?" (which was naturally not mentioned in the booklet). "Oh, no," said the professor, "that's not a significant cause of death." Class continues. Not a damned peep.

I did a few calculations that I checked over with several people, which indicated that combat deaths

were a close second as a risk factor for twenty-year-old white males in the 1960's. (The risk for black males was even greater.) I raised my hand (causing a few groans from the students — oh no, not Spears again) and presented my findings. Professor dismissed my attempt on the grounds that 20-year-old white males were not "at risk" unless they actually went to Vietnam — i.e., the "at risk" population is very small, he said. Similarly, he said that the "at risk" population for motor vehicular accidents did not include non-drivers! Well, I don't need a Ph.D. to think that any U.S. citizen is "at risk" from automobiles, whether as pedestrian, passenger, or driver and that any 20-year-old male is greatly "at risk" of being drafted and sent to Vietnam. (Must a little girl in black pajamas be holding a captured M-1 at your head before the Preventive Medicines types will declare you "at risk?"). I believe I would advise any 20-year-old male, on medical grounds, not to go to Vietnam if he values his health.

I see three conclusions in all of this. It was intriguing to note a missing statistic of significance to the booklet. (Drug overdose and malnutrition were nowhere mentioned either.) It was sad to see a professor who was unable to recognize the possibility of an alternate new perception, who shielded this inability behind cavilling and frankly stupid objections. Most of all, however, I felt sorry for the groaning students, who could not be awakened from their essential mental lethargy. I have seen this last phenomenon many times at Jefferson, and it is a sad day every day for such people.

November 2, 1970

Met Dr. — in the hallway yesterday and he asked me if I was planning to take an internship. I told him that I was considering several alternatives.

November 20, 1970

Frantzreb and Pray #2: "When a senior administrator was asked the final Study Question concerning the CTF project's priority in Jefferson's needs, he replied:

"Now you have just asked the most difficult question of the entire interview. No one, including myself, is sure what Jefferson's priorities really area. Thus, I am not sure what place the CTF project holds in our priorities."

December 30, 1970

Retrospective: Why do we seek a medical education? Although each individual has a personal answer to that question, most would agree that we seek health for people. At a minimum, we would probably all accept the conservative definition of that word: "Health is a state of physical and mental well-being." Well, then, it seems reasonable to think that those who seek health for people by virtue of special skills or training would want to learn all they could about

(Continued on page 8)

SUBJECT	GRIFFITHS BILL	COMMITTEE FOR NATIONAL HEALTH INSURANCE (KENNEDY BILL)	JAVITS BILL	AMA MEDICREDIT	PETTENGILL PROPOSAL
GENERAL APPROACH.....	Government universal health insurance program financed by payroll tax and general revenues.	Government universal health insurance program financed by payroll tax and general revenues.	Government universal health insurance program (similar to Medicare) with option of "electing out" by purchase of private insurance.1/	Income tax credits to offset cost of qualified private health insurance.2/	Private insurance for poor or related groups through an insurance pool subsidized by government.3/
COVERAGE.....	U.S. residents.	U.S. residents.	U.S. residents.	U.S. residents (voluntary).	Poor, near poor, and uninsurables (voluntary).
BENEFITS.....	Comprehensive health benefits. Major exclusion is dental services for adults. No cost-sharing except for physician, dentist, and other ambulatory services. (\$2 co-pay per visit, with certain exceptions.)	Comprehensive health benefits. Major exclusion is dental services for adults. Limitations on drugs and nursing-home and mental health care. No cost-sharing.	Same as Medicare (hospital, physician, nursing home, etc.—subject to cost-sharing and limitations). Also, annual check-ups, limited drugs, and dental care for children under age 8.	To be qualified, policy must include basic hospital and physician benefits, and may optionally offer supplementary drug, blood, hospital, and other benefits. Benefits subject generally to cost-sharing and limitations.	Statewide uniform benefits. Minimum benefits to be specified in Federal law and to include ambulatory and institutional care.
ADMINISTRATION.....	Federal board composed of HEW officials and nongovernment members; regional offices; advisory bodies.	Federal board under Department of HEW; regional offices; advisory bodies.	Department of HEW (as under Medicare) or, under contract with HEW, by State government. Processing of claims conducted by private carriers (as under Medicare) or, under certain conditions, by special quasi-government organizations.	Federal advisory board (including HEW, IRS, and nongovernment members) to establish Federal standards for use by State insurance departments in approving private insurance plans.	Statewide insurance pool administered by carrier selected by State with concurrence of Federal Government.
PAYMENT OF PROVIDERS...	Physician and dentist groups can contract to receive predetermined payment and pay their members as they choose (including fee for service). Individual primary physicians and dentists may elect per capita, salary, or combination of methods and receive an allowance to pay for services of specialists and other health professionals. Hospitals: Negotiated budget that includes allowance for nursing-home and home health services.	Physicians and dentists: Regional funds allocated first to those in group practice or selecting capitation, salary, or per session basis. Residual allocated to local payment authorities to pay those selecting fee-for-service or per case basis. Hospitals, nursing homes, home health agencies: Negotiated budget designed to pay reasonable cost under efficient organization.	Until July 1, 1973, reasonable cost for hospital and institutions and reasonable charges for physicians (as under Medicare). Thereafter, new methods, developed in interim, may be employed.	Present methods under private insurance.	Present methods under private insurance.
FINANCING.....	Tax equal to 7 percent of payroll, including 1 percent on employees, 3 percent on employers, and a payment from general revenues equal to 3 percent. Earnings base of \$15,000, adjusted automatically to increases in wage levels.	Tax equal to about 7.3/4 percent (on 1969 basis) including 2.8 percent on employers, 1.8 percent on employees and on non-wage income, and general revenues payment equal to 3.1 percent. Tax levied on first \$15,000 of employees and non-wage income combined, and on total payroll for employers.	Tax equal to 10 percent of payroll, including 3.3 percent on employers and 3.3 percent on employees and payment from general revenues equal to 3.3 percent. Tax levied on \$15,000 earnings base for employees and on total payroll for employers.	Financed from Federal general revenues.	Poor would pay no premium and the near poor and uninsurables would pay part of the premium. State and Federal general revenues would finance the balance of the cost of the program.
COST.....	Cost would have been \$35.8 billion in fiscal 1969, according to AFL-CIO.	Cost would have been \$37 billion in fiscal 1969, according to CNHI.	Cost of \$66.4 billion in 1975, according to Social Security actuary.	Net cost for 1970 estimated at \$8 billion by AMA and at \$15 billion by SSA.	Estimates not available.

1/ Participants in approved employer-employee health plans and persons purchasing approved private insurance may remain outside of government plan and be exempted from payroll taxes.

2/ Amount of tax credit would be graduated from 100 percent to 10 percent, depending on the amount of tax liability on tax return. The maximum (100-percent) credit would be an amount equal to the premium cost of a qualified health insurance policy.

3/ Proposal also provides (a) a catastrophic protection plan, geared to family income, for the general population, and (b) encouragement for additional coverage under employment-related health insurance.

Jack of All Trades

by Robert L. Brekenridge, Jr.

Ever since Griffith's *Birth of a Nation* in 1915, the epic film has been the siren's song for American film directors. The temptation to create a national epic is overpowering. That the American epic should be a film is only natural both because of America's leading role in the development of the film and because of her emphasis on youth and technology. However, because the financial demands of an epic film often outweigh the artistic considerations, most attempts are unsuccessful.

I wanted Arthur Penn's *Little Big Man* to be a success because his previous films have demonstrated his sensitivity to both the spirit of America and the medium of the film. The dominant theme in all of Penn's films has been the conflict between the society and individuals

who refuse to conform to the crumbling mores of that society. The violence which erupts from this conflict is given a unique dimension by Penn's emphasis on the relationship between the people involved in the conflict. In the past we would often see an American platoon mowing down a squad of faceless Japs or Wyatt Earp picking off an outlaw half a mile away. However, Arthur Penn shows us, as in *Bonnie and Clyde*, that there are human beings at both ends of the bullets and that they are capable of feeling guilt as well as pain.

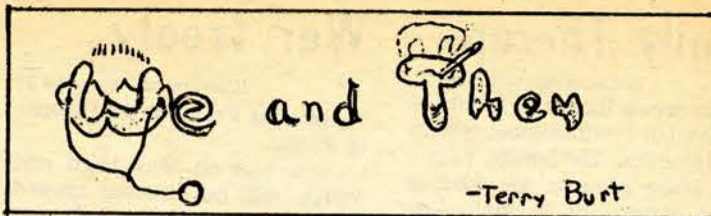
In *Little Big Man* Penn has paradoxically expanded and simplified the theme of the outcast. To make the transition to the epic genre he has shifted the conflict from a struggle between society and a small group of individuals to a war between frontier America and the Indian

nations. However, the utter depravity of the white man's society, typified by the preacher's wife (Faye Dunaway) and the medicine man as well as General Custer himself, simplifies the moral tone of this conflict. Penn underscores this simplification through the Cheyenne's almost Swiftian division of the world into "human beings" and white men, while at the same time drawing parallels with the present divisions in American society.

Jack Crabbe (Dustin Hoffman) occupies the central position as he narrates his progress from innocence to understanding. His unquestioning acceptance of first the Indian and then the white cultures illustrates his early blindness to the struggle existing around him. Penn uses the metaphor of blindness to expose both the white man's hatred of the Indian and the Indian's essential understanding of the universe symbolized by Old Lodge Skins (Chief Dan George). Like Teiresias of the Oedipus Cycle, Old Lodge Skins' blindness only serves to enhance his ability to understand and prophesy.

The early sequences of Crabbe's life among white men seem to be an exercise in black humor but the tone gradually changes. As Crabbe begins to perceive the decadence of the white society through the bloody My Lai style massacres at the hands of Custer's troops the themes of vision and outcast merge. Crabbe takes it upon himself to lead Custer's troops into the trap set by the Indians at Little Big Horn.

There are weaknesses to be sure. Faye Dunaway's acting is a bit overdone, as are a few of the other roles in Penn's attempt at black humor. Hoffman handles the demands of his role well, but his narration as a 121-year-old man is rather embarrassing. The bulk of the material makes the film cumbersome and uneven in parts. Yet the final statement of the film, spoken by Old Lodge Skins as he tries unsuccessfully to die, is both a fitting epitaph for the Indian culture as well as the underlying moral consideration of today: "...there is an endless supply of white men but a limited number of human beings."



THE ILLUSION OF PERFECTION

The time had to come. I finally have to speak my mind about the perennial Pass-Fail controversy. Thanks to the present system it seems to me that a basic problem of 68 percent of doctors is that they emerge from their medical training convinced that they are actually 84 percent perfect (with a range of 73 to 92 percent). Jeffie, in the real world, you soon should find out that it just ain't so! So why should such deceptive complacency be prolonged four years beyond undergraduate school?

One important aspect of growing-up is the discovery that one is not all-powerful, all-knowing, and all-good; and the second developmental task is living with this crushing new knowledge of self and still going on to do useful, if still imperfect work. And the reward for surviving this loss of innocence is a new serenity and a joy and relief in the new realization that no one but you expected you to be God.

The stimulus for this outburst is the current air of despair in the freshman class. It is so laughable! Why are students worried? Is the sky about to fall? I guess it depends on what fills one's horizon. But if one's whole happiness hangs at the level of one's "Cum" it is a sad sort of life. Imagine being only 72 percent happy!

The mystery is that the administration seems to agree that this outlook on life is healthful and helpful. They, too, apparently have been living too long and too exclusively in academe. They, too, have come to believe that there is a significant difference between someone who gets 84 percent and someone who gets 79 percent. They also claim that the grade system is necessary to motivate students to study well and to reward those who do study well.

Perhaps at the grammar school level, the motivation argument is valid. I do remember trying to improve my page of fives so that I could earn a silver star instead of a blue star on the next page of my copy-book. And who would settle for a mere Christmas tree sticker if with a little more effort one could win a Santa Claus? But at the level of studying for our chosen profession, does the administration still think the grade is our prime motivating force? Don't they believe we would study just because we want to know these things? With three thousand applicants a year, one would think that admissions committee could find two hundred people sufficiently self-motivated to learn medicine, who wouldn't need the stick-and-carrot approach to education.

It would be bad enough if the grade system here were merely useless; but even worse, it is deleterious to the learning process in the case of many students. Witness the half empty lecture halls during the days before a test. Some students might as well be getting their degree through a correspondence course. Their only contact with the lecturers is the note-taking service and the magical exam. They don't keep up with current work because of anxiety about a test on the material covered last week. The test, instead of the fact of learning, has become the focus of attention. And the crowning absurdity is the situation after the test, when the Elite who managed to get on the right side of the bell curve think they know all they need to know about the tested topic, and the goats on the left go around in sackcloth and ashes, demoralized and convinced they are obviously inferior and unworthy to be doctors.

I believe in tests, as valid teaching tools and as a means for evaluation of learning and teaching. But I also believe that when grades have become a fetish, the purpose and usefulness of testing is impaired. I speak not only as a student, but also as an ex-teacher. Perhaps I had the wrong idea then. I gave tests to find out whether the students had grasped a basic minimum which I thought essential. I felt happy when most of the class had demonstrated that they did understand the essential things, and I did not understand the necessity to spread them out in a hell between 70 and 90. I could still identify the problem children who needed extra help and the superstars without demoralizing 68 percent of the class.

Especially here at Jefferson where students' aptitude scholastically has already been proven by their past performance, I cannot understand the continued witch-hunt for the scholastically inept. Perhaps there aren't any witches; but witch-hunters historically always seem to come up with a few poor souls, driven to witchy symptoms by the hysteria and anxieties drummed up by the witch-hunt process itself.

Jefferson students and teachers, believe in yourself and let's relax and enjoy the process of learning. Then at the end of four years, let the only conclusions be "Enough" or "Not Enough Yet" and possibly a "Wow!" or two for the geniuses who will float to the top by natural buoyancy.

Chuang Tzu summed it all up 2500 years ago:

THE NEED TO WIN

When an archer is shooting for nothing
He has all his skill.
If he shoots for a brass buckle
He is already nervous.
If he shoots for a prize of gold
He goes blind -
Or sees two targets -
He is out of his mind!

His skill has not changed. But the prize
Divides him. He cares
He thinks more of winning
Than of shooting -
And the need to win
Drains him of power.
-from *The Way of Chuang Izu*
by Thomas Merton

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Family Therapy

(Continued from page 1)
 finally seeing the entire family as involved in a pathological system of interaction. The family, rather than being seen as the noxious agent, came to be recognized as needing help and as containing the potential for change which could be capitalized upon."

The Family Therapy and Training Unit of Jefferson's Community Mental Health Center is located at 1234 Locust Street. The staff of Dr. Framo, a full-time social worker and half-time psychiatrist, see families in a homey treatment room with microphones and a one-way mirror for treatment purposes. (The Martha Jefferson Committee of the Women's Board of the Hospital provided funds for renovation and equipment.) Two out-reach family counselors will start this summer treating families in their homes in the Jefferson catchment area; these are multi-problem families who would be unable to come to the Unit's quarters for treatment.

The extent of the Unit's services are described by Dr. Framo: "Families may be seen during any stage of the family life cycle, all the way from the newly formed marriage, through the impact of parenthood, the children going to school and later leaving home, to the middle and the late years. The following are examples of the kinds of crisis situations for which families seek help: Marital crises where separation or divorce is impending; severe marriage conflict in which partners are unable to leave each other; in-law difficulties; the children manifesting things such as truancy, learning problems, behavior difficulties, and being withdrawn; adolescents in severe conflict with parents, taking drugs, or becoming delinquent; bereavement following a death in the family; family conflicts surrounding a medical problem; prevention of hospitalization or foster home placement; mothers having difficulty raising children without a father or unable to take care of their children or the house; fathers unable to hold down a job or be a marital partner or be a father to children; alcoholism in a family member; suicide or suicide attempt in the family; problems involving an aged parent; revitalizing a marriage; sexual problems and infidelity - in short, the variety of ways disordered family relationships bring about unhappiness in people. In addition to family therapy, the unit also treats married couples in a group. Referrals for any kind of emotional problem are accepted, at least for evaluation, the only requirement being that the entire family should be present for at least the initial interview."

Medical students should be aware of several courses Dr. Framo, an Associate Professor in the Psychiatry Department, is offering. Dynamics of Family Relationship is intended to teach medical students basic concepts of family dynamics. Dr. Framo feels that every physician, no matter what his specialty, has to deal with family problems in one way or other, and he should be aware of how families work. Family therapy is, of course, directly related to the new specialty of Family Practice. In addition, Dr. Framo offers the courses, Introduction to Family Therapy and Clerkship in Advanced Family Therapy to third and fourth year students who are interested in developing skills in family interviewing and treatment of the family unit. Incidentally, all the courses offered are conducted informally with opportunity to read pertinent articles, listen to tape-recorded family sessions, observe live sessions, and even be a co-therapist in a live family experience.

War Treaty

(Continued from page 1)
 the popular Front for the Defense of Peace.

Activities on May third and fourth, will be directed toward interfering with the activities of the U.S. government. Students and Youth for a People's Peace and the associated groups have indicated that they can no longer tolerate the bombing of Vietnam and the imposition of a fascist government on its people in the name of the American people. These groups have therefore decided that since the government will not stop the war, they will stop the government. Groups will be directed to block bridges, traffic arteries, and government buildings during the 7-9:30 A.M. rush hours. In the words of the Students and Youth for a People's Peace, "The manner in which this is to be done will be determined by each group, but the overall discipline will be non-violent, the tactic disruptive, and the spirit joyous and creative." Targets of activity will include five government buildings: the Pentagon, CIA, Justice Department, Health Education and Welfare Department, the White House, and such major arteries into the city as Shirley Highway, George Washington Memorial Parkway, 14th St. Bridge, Pennsylvania Ave., and Constitution Ave.

A nation wide "no business as usual," moratorium is scheduled for May fifth. It will include strikes on campuses and high schools and mass demonstrations in cities. Peace supporters in Washington will march on the capitol building and encircle it, anticipating to remain in order to keep Congress in session until it has ratified the People's Peace Treaty.

As part of its publicity for the May scenario, the Student and Youth National Coordinating Committee acknowledges that single events, such as that planned, seldom have an perceptible effect on government policies and international activities. However, Student and Youth National Coordinating Committee also points out that partly because citizens have continually signed petitions and marched on government buildings, the government has been forced to make certain, though indeed ineffective and inadequate attempts to end the war, and 73% of the people of the U.S. now favor an end to the war by the end of this year. In itself another protest can do little, but as part of a continued struggle by individuals with endurance and disciplined courage, it can do much.



Dr. J. Framo continues session in family therapy.



Peace demonstrators have gathered in Washington before. They will gather there again on April 24 and on May 2, 3, 4, and 5th.

National Peace Action Coalition
 1029 Vermont Avenue, N.W.
 Washington, D.C.

Dear Friends:

The highest priority on our national agenda is ending American participation in the Indochina war. Senate Resolution 66, which I had the honor to introduce on March 4, 1971, calls for immediate - repeat, immediate - withdrawal of all our forces from Indochina and an end to all combat operations from whatever place launched.

But, that Resolution will be adopted - and, more importantly, the policy shift which it symbolizes will be effected - only with the massive support of the American people. Only the people can make it finally and unequivocally clear to their government that this slaughter of the innocent, this wastage of our treasure, this perversion of our ideals has gone on too long and must stop.

This is what your April 24th rallies in Washington and San Francisco can show beyond any possibility of doubt or question. The American people, peacefully and massively assembled, can at last prove that the Peace Movement is truly national - and that the nation is truly determined to end the war now.

I wholeheartedly endorse your program for April 24th and I will do all I can to help it succeed.

Sincerely,

Vance Hartke
 United States Senator

U.S. Aids

(Continued from page 3)

dictatorships of the U.S.S.R. and China.

At a bare minimum, the least which we as individual citizens can do is to write to our congressman, requesting that they use their influence to see to it that our military aid to the Greek military dictatorship and our diplomatic recognition of this illegitimate government be withdrawn immediately, for the choice open to Greece has not been between military dictatorship and communism, but between military dictatorship and democracy. How much longer this will be the case depends on this country's actions.

Physicians

(Continued from page 1)

various health clinics in the Philadelphia area in order to provide insight and experience in the field of community medicine.

The FPS has had two meetings. The first involved a discussion led by Dr. Krehl and two representatives of the Pennsylvania Academy of General Practice regarding Family Practice internship and residency programs and their requirements. Dr. Krehl also discussed future plans at TJU with the hope that such plans will

culminate in a Family Practice Internship and Residency program here at Jefferson. The second meeting was an informal discussion of "Family Practice and Your Family" led by Dr. Richard Crocco of Jefferson's Family Therapy Unit. The third meeting will be held May 4 at which time Dr. I. Olshin will discuss "Pediatrics in Family Practice."

Anyone interested is invited to attend our next meeting. Any questions, comments or suggestions may be directed to Allen Sonstein, 1808 Orlovitz, and would be greatly appreciated.

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Student Council

(Continued from page 2)

Council meetings are open to any student with something to say and that Student Council asks that representatives of committees will attend Council meetings and report to Council. Once again, the question of how to elect or appoint student representatives to various committees and positions was discussed. Once again, Student Council decided to believe in the interest and involvement of the Silent Majority and to set up procedures for selecting among the many candidates, who will doubtless present themselves. But in the end, except for a few committees, it usually seems to come down to another Diogenesian search for the One who will accept the job, be it committee work, editorship, or student government. This is how democracy works? I think Jefferson needs and wants a king to make all decisions for them. Aquinas and Franco are right, if this how people are!—

To Wit at Spring

by Kodwo Abaidoo

As bumble or roving thing
Will cast again to liquid mirth
Or, the halo, a grin at Jeff Hall
To ironed panes
And myriad pains.

How soon a sentry stance
Fractions a hall-way gaze;
Black and blue and
Terse sequential blend;
I've built to Jeff portals
A wit as Spring is wont to be!

Contrapuntal Mailes

by Terry Burt

And thanne came Macowiack
Younge, red-cheeked, and tonsured,
Who ardently the art
Of vector EKG sponsored.

He was a disciple
Of Frank and friends Starling
But spoke moste of Gene Braunwald,
The heart's current darling.

He mentioned of course
he Principle of Fick
And did not neglect
The BBB's of Sonnenblick.

Now we'll dare to use beta-blockers,
With knowledge made bold,
And on digitalis's
Virtues we're sold.

But most memorable among
His therapeutics we hold
Is the use of Jack Daniels
For the cure of a cold.
* * *

Thanne followed Frere Alain,
Whose handwriting so plaine,
Is as clear as raine in Spaine
Upon my braine.

Did you not hear
That last point maine
About the famed
Electron chaine?

Never fear,
It's written clear,
In letters tall,
I see them all,

In Frere Alain's
Handwriting plaine
Across the board
In Russian.

Booknook

by Terry Burt

The New Browsing Room

Some subversive has breached the walls of Scott Library, that former bastion of Serious Purpose. What sanctuary is now left for the weak-willed, Spring-smitten student? It used to be that once within its solid shadows, one felt safe from all frivolity. Not even a candy or coffee machine on the premises to offer excuse for a break! But now! Better a ten minute coffee break than a three hour "novel-break!" Guyton stands no chance when Leon Uris and C.P. Snow are in the same building.

I would like to make a few comments about the selection, however. First, I wonder how such a selection is made? Is someone given X dollars and told to pick randomly from a stock of books that some book club couldn't get rid of? A few of the books are well-known, like Portnoy's Complaint, Leon Uris' Topaz, and so forth; a few are lesser known books of well-known authors like C.P. Snow, but the bulk of the books seems to be an innocuous lot. I would appreciate tips about any gems found in this literary crude ore.

If further selections are to be made, I would like to suggest a little more variety. Believe it or not, some medical students like to "browse" with poetry and history and biography. And would a little sociology, economics, and psychology be out of place in a university library? And in the fiction selection, I would also like to see a sprinkling of Continental authors. On first look, our present collection seems much too

WASPish.

In spite of my complaints, however, I am glad to see the new room. But perhaps it should be guarded on the eve of exams. Admission on those occasions only to elite first fifty of each class. What an equalizer! When the lowly are forced to study and the Giants are distracted by The New Yorker in crucial hours, the resulting disruption of the sacred curves might finally bring about Pass-Fail at Jefferson.

Guest Review

by Alice M. Johnson

For all those who enjoyed The Little Prince — and those who haven't yet heard that "children's" books can be delightful for adults — here is the best reading I have turned up in four years. C.S. Lewis was a member of the "Oxford group" (I haven't found out just who that includes) and a friend of J.R.R. Tolkien (Lord of the Rings). Since Tolkien captured me four years ago, I picked up Lewis' Tales of Narnia and felt the same incredulous delight. The Narnia series was conceived from a picture recurring in Lewis' mind of a faun carrying an umbrella. And somewhere, he recalls, a magnificent lion took shape and the story gathered itself around him. Of course, there are powerful implications in the lion, whose name is Aslan — but they grew with the story and were not its raison d'etre. There is something infinitely appealing in a story which pops up like a mushroom out of nowhere, in which the net is cast forth to capture the vision rather than snare the reader.

The quality of Lewis' writing is very like Tolkien's, although each has a style quite his own. Quality is such a limited word to describe what resides in some writing and reaches the very depths in me: perhaps magic would be better. I need say no more of this, for those who do not understand magic would not have read this far. As in Tolkien, the spell is not maintained throughout all seven tales (who could hope for that?) but there are three especially worth

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Dead Wood

(Continued from page 4)

health, as above defined.

Here was my first major conflict at Jefferson. Although I came here intending to learn about health (and also about disease, as disordered health), the subject was nowhere to be found! After freshman year studies in anatomy-physiology-biochemistry of the (normal) human body, there were no required courses in preventive medicine or anything resembling Health except for 24 Saturday at 8 A.M. lectures in the junior year (you know who goes to those) and a three-week Preventive Medicine block in the senior year, split with Dermatology. It seems clear that we physicians, originally committed to seeking health for people, have in reality been trained almost exclusively in disease.

January 15, 1971

Dr. — caught me in the hallway again today and asked me about an internship. I wonder if he ever thinks about anything else. Next time, I believe I'll tell him that I've signed with the Green Bay Packers.

February 7, 1971

Most "Grand Rounds" which I have attended at Jefferson are neither grand nor rounds, but rather, a Theater of the Absurd in their preoccupation with technical details and expensive equipment. The living patient is wheeled into the auditorium for a brief display of disease or deformity. He is treated as a depersonalized child (particularly, if black) and then is dismissed abruptly. Rarely is the patient discussed as a person: it is almost always the disease which is of exclusive interest; even more rarely is there mention of his overall emotional state except in patronizing terms; almost never is there a psychiatric or social service consultation. Students and doctors alike commonly doze off during the hour, and the conversation sometimes degenerates into an argument between two super-specialists on some incredibly minute point.

Grand Rounds is a topic about which I do not know how to write persuasively. It is as if either you perceive the depersonalization, fragmentation, and patronization of doctor and patient alike — in which case it hurts you and you wish it were possible to do something about it — or else, you don't perceive it, thinking that the writer is himself in some way overly sensitive or mixed-up. Maybe there is no middle ground.

March 6, 1971

Recollection: Dr. —, a well-ranked professor of surgery at Jefferson, spoke briefly one afternoon to a lady who was quite apprehensive about undergoing a radical mastectomy the next morning. Because the doctor was a rather brusque individual, I complimented him later for his apparent concern. I shall never

Booknook

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reading: *The Lion, the Watch, and the Wardrobe*, the first to be written; *The Magician's Nephew*, concerning the founding of Narnia; and *The Last Battle*. You can pick up either of the first two in paperback at a bookstore a few yards east of 11th and Chestnut and go from there. Spring is a good time to read them — and I fancy that every spring, as the years pass, I will find myself wandering toward the bookshelf, where Narnia now awaits me next to Middle Earth.

forget his reply:

"I never comfort my patients," he said. "I just want them to know the facts."

March 29, 1971

Today, all the seniors gathered at their first mass meeting of the year for the purpose of announcing internships. We were asked to fill out a long questionnaire regarding our Jefferson experience. One question was this: "In your opinion, how important is each of the following characteristics in making a good physician?"

Listed in this order were these qualities: 1) good appearance 2) warm and pleasing personality; 3) dedication to medicine; 4) high intelligence; 5) skillful management of time; 6) scientific curiosity; 7) integrity; 8) ability to think in an organized way; 9) research ability 10) ability to get along with people; 11) recognition of own limitations; 12) getting real enjoyment out of medicine. Twelve in all, these are clearly intended as a complete list. Incredibly — I am (even at this point) astounded. Compassion, empathy, and sense of humor are not even listed on the form! These omissions say more about Jefferson values than a ten volume report.

March 31, 1971

Frantzreb and Pray #3: "One of the areas of most significant confusion and disagreement is the communications gap at and between every level of Jefferson's institutional family and the absence of a process for obtaining, receiving and expressing input and output in all directions. This holds true from and to the Trustees, the Administration, the Faculty and Clinical Alumni and Alumni generally.

A senior faculty member commented:

"This is the first time in my twenty years here that anyone has asked me what is happening and needs to be done at Jeff. There are communications here, especially for all those not Chairman of Departments. Even the latter have few channels for communication. The faculty is cut off from everyone except their own departmental chiefs. Faculty and Trustees are totally cut off. Only the few faculty clinicians with Trustees as private patients have Board contact and this is not the proper channel. Jeff's faculty is loaded with talent and concern; yet it

is all wasted because there is no method of developing it and using it."

April 3, 1971

I am too often satisfied with tacit acceptance of poor administration, depersonalizing conferences, or sadistic individual physicians. My response has often been anger: sometimes expressed productively; sometimes not so positively. What is really insidious, however, is the overwhelming pressure to accept the system. Instead of protecting or enhancing the patient's fragile dignity, we allow him to suffer from various assaults. Instead of taking responsibility for the patient with the long, fragmented record, we know that we can escape real responsibility because we may see him only once. Whether we give good advice or bad, a vicious system permits and encourages us to take refuge in anonymity.

Perhaps the saddest part of all is that we trick ourselves. The hard-nosed, impersonal way becomes easy (i.e., too hard to fight) and from there, what is easy is so much less difficult than standing up against a multitude or trying to do something truly noble. I have often wondered how many students or doctors at Jefferson secretly detest the way

they must practice medicine, thinking — if only they could find a better way.

April 7, 1971

I wonder whether to submit the diary entries for publication. We live in a time of cultural breakdown and widespread moral confusion. Jefferson clearly reflects these twin themes, perhaps more so than most medical schools. Many times, among medical acquaintances beyond Jefferson, I have heard the school referred to as being very hidebound and traditional. If I trust my senses, and I do, there is certainly a "dead" feeling about Jefferson, even as individuals who are very much alive pass part of their lives here. I take heart from Lord Keynes, who said:

"Words ought to be a little wild for they are the assault of thoughts on the unthinking."

I think it is time that we begin to speak candidly to each other.

April 8, 1971

Got my first choice of internship the other day, and I can't find Dr. — to tell him. Where did he go, now that I need him?

.....

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