Let us know how access to this document benefits you

Follow this and additional works at: https://jdc.jefferson.edu/ariel

🔗 Part of the History of Science, Technology, and Medicine Commons, and the Medicine and Health Sciences Commons

Recommended Citation
Porter, Lynne; McCorvey, Roosevelt; Case, Jr., Delvyn C.; Edwards, Robin Anne; Hoffman, Philip; Miller, Eugenia; Kemps, Anton; Jones, Judy; and Berley, Larry, "Ariel - Volume 2 Number 8" (1970). Ariel. Paper 56.
https://jdc.jefferson.edu/ariel/56

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Ariel by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
The Black Medical Students initiated a Black Medical Student Career Conference held at Jefferson Hall Commons on March 26-28, 1970. Events leading to the calling of the conference began as early as 1966. Since the establishment of the Philadelphia Committee for Black Admissions (CBA) in September 1968, the issue of minority admissions has been of vital concern. As a result, many organizations were stimulated to act upon this issue. In May, 1969, these organizations joined together in a cooperative effort to increase the number of minority students in the health professions in Philadelphia. This effort was called the Ad-Hoc Committee concerned with admission to medical schools. Its operational arm is known as the Center for Medical Careers. Since the formation of the center, however, it has become apparent that its significance has been made in the size of the medical school applicant pool. Community direct avenues to the Allied Health Professions in Philadelphia for the student who, for one reason or another, cannot attend medical school.

The main purpose of the Conference was to inform interested individuals (both high school and college) about the now-existing opportunities in medicine and the Allied Health Professions. The Conference, held on a ca. workshops covering many areas, such as pharmacy, Allied Health Professions, Biomedical Engineering, Toxicology, Radiation Protection, Osteopathic Medicine, Public Health and Veterinary Medicine, held concurrently three separate sessions on the campus. The keynote speaker was Dr. George Garfinkle, Dean of the Philadelphia South West Neighborhood College, a constituent of the Eastern Pennsylvania Medical Society. In Dr. Garfinkle's opening address, he emphasized time and again the urgency of the need for an increased number of Black personnel in the health professions, stating these workers will be coming and going to physicians. In addition, there were 29 workshops attended by students from as far North as New Hampshire, and as far West as California.

A Panel Discussion on Minority Admissions consisted of Mas Helen Celise, a first-year student at the University of Pennsylvania; Anthony Metoyer, minority student at the University of California at San Francisco; Walter Palmer, Health Organizer, Philadelphia, Pennsylvania; Dennis Pish, third-year student, University of Cincinnati; Thomas Roland, Administrator, School of Osteopathic Medicine, Philadelphia; and William Freeman, trained medical device engineer, University of Washington; and Edna Allen, a practicing medical doctor, Philadelphia, Pa.

One of the most provocative events of the conference was a symposium on the role of the student activists on medical school campuses. The participants in this symposium were Ewart Brown of Howard University, Cors Christian of Thomas Jefferson University, Anthony Metoyer of San Francisc.
Abortion At Jefferson

We would like to urge all people inside and outside of Jefferson to make a legal stand in the fight against the lawsuit forbidding them to perform therapeutic abortions. We strongly believe in the right to privacy as an absolute constitutional policy, but we believe it is time to stop legislating on the morality of abortions, and allow the individuals involved to make their own decisions. We only ask that those performing abortions themselves be held responsible.

The social harm of unwanted children and the medical harm of "quick" abortions is too great to permit this issue to remain unresolved.

Response

ARIEL is encouraged by the flurry of letters received from students this past month (next page). As we begged in our February Editorial, we need response in order that issues be elucidated. This is why many faculty were so upset about the temporarily banned note service. If the material, whether presented well or poorly, is there to be read, then the professor can be an entertainer, a critic, or an expert, bearing in mind that the students are there to learn the material, not to be entertained.

To the Editors:

We would like to urge all people inside and outside of Jefferson to make a legal stand in the fight against the lawsuit forbidding them to perform therapeutic abortions. We strongly believe in the right to privacy as an absolute constitutional policy, but we believe it is time to stop legislating on the morality of abortions, and allow the individuals involved to make their own decisions. We only ask that those performing abortions themselves be held responsible.

The social harm of unwanted children and the medical harm of "quick" abortions is too great to permit this issue to remain unresolved.

Response

ARIEL is encouraged by the flurry of letters received from students this past month (next page). As we begged in our February Editorial, we need response in order that issues be elucidated. This is why many faculty were so upset about the temporarily banned note service. If the material, whether presented well or poorly, is there to be read, then the professor can be an entertainer, a critic, or an expert, bearing in mind that the students are there to learn the material, not to be entertained.
LETTERS TO THE EDITOR

(Continued from page 2)
Female Medical Students Evaluate
Male Attitudes and Actions at Jeff

by Eugenia Miller

To be a female medical student at Jefferson is an experience paradoxically favorable and frustrating. It is an experience 90% of the Jefferson student body will never reexperience, but men get a vague impression of in the following summary of interviews with ten of Jefferson's female medical students.

Faculty attitudes contribute to the uniqueness of the woman's academic experience at Jefferson. While some women feel their relationships with members of the faculty are no different from those of their male classmates, others feel that because they are women, their relationships with faculty members are definitely enhanced.

According to one student, women can better appreciate "the overwhelming friendliness" of the faculty. Male faculty members are initially more receptive to girls - "it's just natural." A second student attributes the professors' friendliness in part to their realization that women will tend to be more cooperative, respectful, and ready to please than men. One upperclassman feels professors tend to control their anger toward a woman more than do toward men, especially in surgery. A student who feels, "A little flirting never hurt a relationship," noticed that while as an individual she could command more attention from some professors in lab, others were more reluctant to give women equal time. A freshman histology laboratory table with 5 to 3 women to men ratio, for instance, was often conspicuously avoided by laboratory instructors (in the opinion of several of the five women).

Better relationships with faculty members though desirable to and for themselves do not effect significantly a girl's academic standing. A girl can use her sex to an advantage only if her goal is to gain the faculty's friendship to add a bit of spice and flavor to an otherwise mediocre locale or conference.

The majority of the girls find that having classes with men is academically advantageous. Interviewees from all female undergraduate institutions were segregated in physical diagnosis laboratories, while girls will hold their own in history of individuals. Women reported few differences in tests, and some were more willing to admit they don't know all the answers and are more cautious whereas men will jump into things even when they know they are ignorant of many complications of a situation.

Female students feel more men are more willing to admit they don't know all the answers and are more cautious whereas women are more more-triected to suppress their emotional expression. A little enthusiasm can give some life to an otherwise dry subject. Although most girls feel they are accepted as equals in terms of intelligence and ability, some said they occasionally sensed in their male classmates a feeling of superiority and condescension toward women students.

Medical students reported that they were particularly impressed that a female student could feel such an attitude among men who were usually their own superiors. Those who knew her well came to accept her as an equal.

Interviewees said that girls often accept condescending attitudes. One student was frustrated by laboratory instructors (in the opinion of several of the five women) who "do not effect significantly a girl's performance." The majority of the girls find that having classes with men is academically advantageous.

We want your money in a Fidelity Special Checking Account. And we're prepared to bribe you to sign up.

Or, if you prefer, you may choose a high intensity study lamp especially designed for deep personal thinking.

To get the bribe just open a Fidelity Special Checking Account for as little as $25 at one of our 60 offices. Fill out the coupon and bring along your student ID card or proof of college matriculation. You'll soon find out the account is a pretty good deal. Checks cost only 10¢ each. You pay only for checks you use. No 50 cents a month service charge during the summer if you don't use the account. Minimum balance? Only a dollar.

So come on in with your coupon, proof, and $25 now.

Fidelity Bank

The Fidelity Bank

ARIEL May, 1970

The Simple Dream of Perfection

I

Within a tree's green substantive shadow One unborn dreams of futures ideal.

Its sensitivity becomes a lost child Searching for its start to feel.

With eyes closed and innocent He raps with matter so alive.

He tries foolishly to open his soul With lofty values hanging heavy at his side.

He stumbles complacent with an understanding Of decay both below and above.

He hurts from a need to know; His heart cries for a chance to love.

II

Everyone leaves this sweet empty meadow To toil under a city's corrosive gleam.

By cruelty and deception we are crippled; With revenge we bitterly crush our youthful dream.

After life's gilt has worn thin What dreams for our children shall we keep sacred.

What dreams shall we bequeath?

Joseph Gielo

April 8, 1970
Ariel learned from National Academy of Sciences, National Academy of Engineering, especially since the military will  
Continued on Page 6

and Biological Warfare. Despite the difficulties and atrocities of warfare, the Army's use of these chemicals demonstrates the tricacies and atrocities of  
behind the Army's use of these chemicals. Their rationale of using nerve gas and phosphorous type of weapons which was first used by the enemy. It was also pointed out that the U.S. (who spent $350 million on chemicals and biological warfare)  
forbids inspection of any chemical or biological facilities.

Other reports were given by an ex-soldier who was stationed at Dugway Proving Grounds in  
Utah (the site where 6,000 sheep on a farm were killed by a mislabeled chemical weapon testing a short time ago) and a young medical resident who was stationed at Edgewood Arsenal in Maryland, and who was eager to share those volunteer experiences. Unfortunately, these questions cannot be answered because  
of the information is not public. However, a rough outline can be given to the two major areas of CBW interest: research for chemical and  
biological warfare (CBW) and research relating to a better war potential.

CBW RESEARCH

Although biological warfare contracts are being funded for the first time, some examples can be given of the kind of chemical warfare research being done by civilian medical institutions under the direction of Edgewood Arsenal, the central base of CBW operations. In 1961 Edgewood Arsenal's Clinical Research Division began a program entitled "Medical Aspects of Chemical Warfare." One of the early contractors in this program was Hahnemann Medical College in Philadelphia. The Department of Pharmacology at Hahnemann accepted a contract called "Chemical Pharmacology of Prophylactic and/or Therapeutic Compounds in Volunteer Subjects." The program was directed by Joseph R. Robinson, M.D., and he tells us that Jefferson received far more than any other medical institution in the city.

During fiscal year 1969 the U.S. Government spent $34.2 million funding research projects by medical institutions. Of the federal agencies allocating these funds, the Pentagon took second place with $2.1 billion, nearly 1/3 of the total.

This fact raises serious questions concerning the type of research being funded by the Pentagon. What percentage of this money is directly related to the chemical warfare program in general, and the war in Vietnam in specific? Is the research related to aiding troops in the war or just the public who are paying for it? The Pentagon has to describe the inadequacies of health care in this country. The increased cost of hospital and medical services and the complete lack of human medical research facilities has put this into perspective.

Unfortunately, these questions cannot be answered because of the information not public. However, a rough outline can be given to the two major areas of CBW interest: research for chemical and biological warfare (CBW).
high, even though diagnostic effort has serious difficulties. When there are many patients in the surgical ward, the work is particularly hard. How can one person handle such vital signs, frac- tions, treatments, take care of all bedpans (and there are plenty of them) and give treatment? He also has to take care of all requests for water, shoes and food, and clean bedding for 20 patients. It is next to impossible.

Many nurses given hard shifts are exchange nurses from the hospital (and then so) where they are supposed here to learn. In the interest of the patients it would seem desirable to learn from supervision rather than a bap- tism of fire.

It is not uncommon for many of the younger nurses to talk of transferring back to the parent hospital (and then do so) where they are supposed to learn and where they might have to walk fast instead of running.

This leads to a vicious cycle. Too little help—too much work—transfer from Jeffer- son to little help.

What is wrong with Jefferson that more nurses can’t be at- tracted here, that more help isn’t available on the evening and night shifts? Work for the nurses and patients there is a student assistant (who is a captive working force for the day). More nursing assistants would be a help; but Jefferson’s policy is that it has to pay today’s high hospital costs doses of one’s time. It’s time you had a half hour for a Darvon because of lack of help.

Professional nurses are dependent on the nursing service (on the per- sonnel) office, the nursing service (on administrators) and the minority of patients learn piece work, a geriatric building into what you have returned the word is said to be overpowered, a long and arduous task; a pigeon perching on the roof, light filtering through the dirty win- dows, and dirty, odorous air, a row of beds with dirty linen, the right of hospital patients, a window shower room with no curtains, no toilet seats or paper, puddle of urine in the hallway. A basement “recreation” room for TV. The men’s room is unlocked from the outside and the light is so dim, a white shirt figure curled in fetal position—but his life will go on. He is going to clean, no beds to make, no patients? He is here to learn. In the medical community of psychiatric nursing, group work is important. Group confronts psychiatric patients. There is rarely an op­ portunity for experience in acute psychiatric illness. This therapy is extremely limited as well ward meetings, staff conferences and rounds.

Byberry offers you little in the area of professional growth. This confronts you with a world of limited outlets for your professional society has placed upon the treatment of its mentally disturbed members.

Even professional bay balloons when young nurses sell them at Jeff- erson’s Old Market Fair.

ARIEL

Page 6 Earth Week Symposium (Continued from page 1)

ture. However, sulfur dioxide большое, if not the most damaging of all gases that penetrate the respiratory tract to the alveolar level. He also points out that sulfur dioxide is more common in the cities than in the rural areas. He also states that the oxidation of sulfur dioxide by oxygen in the lungs is the fastest rate process that occurs in the failure of lungs (Staude and Rehak, 1968a). In addition, he states that emphysema is also higher in the country there is a 43 percent increase in the incidence of lung cancer, too. In the country there is a 43 percent increase in the incidence of emphysema, too. In the country there is a 43 percent increase in the incidence of emphysema. It can cause trouble and one keeps the windows shut.

In today’s society, there is a serious problem with Los Angeles contributors to the incidence of emphysema. It can cause trouble, and one keeps the windows shut.

May, 1970

You’ve all heard stories of byberry from the newspaper. It’s a great rotation. No beds for clean, no beds to make or pets wash, no clothes to give, no meat killing, no toilet paper, no A.M., alarm clock. There waits acres of green grass, a mass that sets not behind a building but between the trees, birds that actually sing, wind that blows thru the leaves without the horrid stink of car or bus engines, your own room and an all encompassing feeling of a world proceeding at half speed. These things do exist indeed but they make one’s initial experience with life at Byberry oh so deceiving.

Byberry is by no means this superficial rent house. It is an experience not just of the senses but of the mind with its entanglement of morals and the potential for the development of the character. When you find yourself in the first week of pay, let yourself feel, observe, and think and you will discover the true Byberry.

Problems now and in five to ten years from now are a few of my feelings, observations, and thoughts about my recent six week experience at Byberry. The Jefferson unit at Byberry is composed of the buildings on the east side of Roosevelt Blvd. A hospital that served the community, the medical profession and the public is going to have to pay for this. The total cost of pollution, the federal government has said, was $3.00.

The control over such funding, the federal government to intervene in community problems, and the public is going to have to pay for this. The total cost of pollution, the federal government has said, was $3.00.

For each dollar of public pollution, the federal government gave the state $3.00. It gives the state a million will be spent in the pollution. In 1962 a continuous Air Pollution Survey was proposed. The committee on car emissions. Most federal government to intervene in air pollution control. Fifty-seven millions dollars will be spent in the control over such funding, the federal government to intervene in community problems, and the public is going to have to pay for this. The total cost of pollution, the federal government has said, was $3.00.

In 1962 a continuous Air Pollution Survey was proposed. The committee on car emissions. Most federal government to intervene in air pollution control. Fifty-seven millions dollars will be spent in the control over such funding, the federal government to intervene in community problems, and the public is going to have to pay for this. The total cost of pollution, the federal government has said, was $3.00.

Dr. T.R. Lewis then spoke on "Federal, State, and Local Community Problems". He stated that the federal government began the first nationwide effort for pollution control with the passage of Public Act 139 in 1965 which established a number of community problems, established research facilities and policies for the public. The U.S. in 1965, 25 million was allocated and less than $1 million was spent in 1966, in excess of $12 million will be spent in 1967 in the research and control of pollution. A National Air Pollution Monitoring Program was initiated in six cities in which Philadelphia was one of them. In 1965 JFRC proposed the Clean Air Act that was approved in 1966. During 1965 a national establishment was matched with community efforts between federal, state, and local government to assist each state in carrying on this work. The passage of this act gave the state $3.00. For each dollar of public pollution, the federal government gave the state $3.00. It gives the state a million will be spent in the pollution. In 1962 a continuous Air Pollution Survey was proposed. The committee on car emissions. Most federal government to intervene in air pollution control. Fifty-seven millions dollars will be spent in the control over such funding, the federal government to intervene in community problems, and the public is going to have to pay for this. The total cost of pollution, the federal government has said, was $3.00.

In 1962 a continuous Air Pollution Survey was proposed. The committee on car emissions. Most federal government to intervene in air pollution control. Fifty-seven millions dollars will be spent in the control over such funding, the federal government to intervene in community problems, and the public is going to have to pay for this. The total cost of pollution, the federal government has said, was $3.00.

The control over such funding, the federal government to intervene in community problems, and the public is going to have to pay for this. The total cost of pollution, the federal government has said, was $3.00.

September Voll

Class of '72

Beverly Werner Med. Tech. "79

Nursing Assistant 1

Thanks For Parents Day

To the Editor:

Please express my thanks to the faculty and students of Jeffer- son for their pleasant and informative Paper on Nursing Care.

The student-conducted tour through the Jefferson complex was most interesting, the faculty entertaining as well as in­ structive, and the luncheon delightful. I am glad that my child has the opportunity to be a part of Jefferson.

A Parent

Jeff Reid Funds

(Continued from page 5)
The roots of my curiosity about the financial picture of Jefferson led me to ask my own doctor-patient relationships which have stirred my thinking on the unbalanced medical economy. The recent financial crisis of the Jefferson County Pennsylvania Health Center uncovered for me the problems of depending on external sources to finance new programs. As a student, I have no ready access to the existence of dehumunized patient contact and the availability of an easily accessible medical delivery system to cope with new demands. I feel threatened by these things and am worried about my medical future. I don't want to become the physician whose doctor-patient relationships are further eroded by paperwork, patient overloads, malpractice defensive medicine, the attractive lures of other fields, and someone else telling me how to treat my patients.

I am writing this review of the financial difficulties at Jefferson as gleaned from interviews with Dr. William Keller, Dean and Vice-President for Administration, and Dr. Thomas Murray, Director of Business Affairs at Jefferson College. In urging to look for creative solutions to Jefferson's financial problems, I hope we can begin to consider solutions to the delivery of medical care and beyond that to consider the function and direction of our University.

Jefferson's $14 million budget has carried a deficit of nearly $500,000 each year for the current and past two years. Over a longer period, a substantial bank debt has accumulated due to unrelieved State funds, the dehumunized patient contact, and the high cost of borrowing money. Operating costs, 54% of which are salaries, have soared from 39.9% in 1970 and 38% of expenditures in the past two years.

The State of Pennsylvania, which appropriates about $2.5 million a year for Jefferson's Medical Care, is having its own financial problems. Pennsylvania's State revenues of $2.5 billion for fiscal 76-77 are $10 million less than this year and will not meet mandated increases which raise this year's $2.5 billion to $2.6 billion for fiscal 77-78. The Governor is reported to have just given up raising more revenue through new taxes because of legislative turmoil during the last 24 months and because this is an election year. Thus many persons and institutions relying on State aid will face a reduction in State appropriations for fiscal 77-78. (The Philadelphia Inquirer, Saturday, March 28, 1970, p. 1) As of March 31, 1970 the original $2.6 million appropriation was reduced to $2.468 million leaving Jefferson with a deficit of $122,000 for this fiscal year.

The rise of costs at Jefferson reflects the 12-13% cost of living increases in the health economy compared to the 5-7% increase found in the total U.S. economy. Total U.S. health expenditures increased from $7 billion in 1960 to $61 billion in 1970. Of the total 1970 government spent $1.1 billion on personal health care in 1960 and $11 billion in 1970. Thus Medicare, Medicaid, and the old and the invalid constitute 10% of the total cost care in the fee-for-service system by which we operate. But, Medicare, Medicaid, and third-party insur- ers do not provide incentives for economy and costs have been spiraling ever since these stable sources of income have become available. In recent years the medical care delivery system is being stretched to its limits because of increases and demands for service which it is unable to provide adequately.


Jefferson related to me that the problem of money may be addressed in the near future because no organization can sustain indefinitely what incurs a mounting operating deficit.

The scope of Jefferson's financial problems calls for a reassessment of priorities and a pause to imagine alternate paths and to consider where new sources of revenue can be created, which solutions will cost less in the long run, or which solutions can create a deficit cost less in the "long run." These financial problems offer a challenge to clever minds in outwitting a public which has a short attention span for the catastrophe. For the present, the use of capital improvements may require the age old answer of " Tighten your belt!" but, certainly this answer is only a short answer.

While administrators would like to see an economic mechanism to keep operating costs down while increasing the community's interest at a predictable level so that substantial funds could be directed toward education, research, and patient care. Federal funds for medical and economic incentives for economic health delivery systems based on keeping people healthy and keeping well people out of ex- penditure may not be practical in a way in alleviating rising medical costs Social Security Board. "The Delivery of Medical Care," Scientific American, April 1970, p. 10, has given those physicians more to place a greater emphasis on prevention, which we operate. But, Medicare, Medicaid, and third-party insur- ers do not provide incentives for economy and costs have been spiraling ever since these stable sources of income have become available. In recent years the medical care delivery system is being stretched to its limits because of increases and demands for service which it is unable to provide adequately.


Jefferson related to me that the problem of money may be addressed in the near future because no organization can sustain indefinitely what incurs a mounting operating deficit.

The scope of Jefferson's financial problems calls for a reassessment of priorities and a pause to imagine alternate paths and to consider where new sources of revenue can be created, which solutions will cost less in the long run, or which solutions can create a deficit cost less in the "long run." These financial problems offer a challenge to clever minds in outwitting a public which has a short attention span for the catastrophe. For the present, the use of capital improvements may require the age old answer of " Tighten your belt!" but, certainly this answer is only a short answer.

While administrators would like to see an economic mechanism to keep operating costs down while increasing the community's interest at a predictable level so that substantial funds could be directed toward education, research, and patient care. Federal funds for medical and economic incentives for economic health delivery systems based on keeping people healthy and keeping well people out of ex- penditure may not be practical in a way in alleviating rising medical costs Social Security Board. "The Delivery of Medical Care," Scientific American, April 1970, p. 10, has given those physicians more to place a greater emphasis on prevention, which we operate. But, Medicare, Medicaid, and third-party insur- ers do not provide incentives for economy and costs have been spiraling ever since these stable sources of income have become available. In recent years the medical care delivery system is being stretched to its limits because of increases and demands for service which it is unable to provide adequately.


Jefferson related to me that the problem of money may be addressed in the near future because no organization can sustain indefinitely what incurs a mounting operating deficit.

The scope of Jefferson's financial problems calls for a reassessment of priorities and a pause to imagine alternate paths and to consider where new sources of revenue can be created, which solutions will cost less in the long run, or which solutions can create a deficit cost less in the "long run." These financial problems offer a challenge to clever minds in outwitting a public which has a short attention span for the catastrophe. For the present, the use of capital improvements may require the age old answer of " Tighten your belt!" but, certainly this answer is only a short answer.

While administrators would like to see an economic mechanism to keep operating costs down while increasing the community's interest at a predictable level so that substantial funds could be directed toward education, research, and patient care. Federal funds for medical and economic incentives for economic health delivery systems based on keeping people healthy and keeping well people out of ex- penditure may not be practical in a way in alleviating rising medical costs Social Security Board. "The Delivery of Medical Care," Scientific American, April 1970, p. 10, has given those physicians more to place a greater emphasis on prevention, which we operate. But, Medicare, Medicaid, and third-party insur- ers do not provide incentives for economy and costs have been spiraling ever since these stable sources of income have become available. In recent years the medical care delivery system is being stretched to its limits because of increases and demands for service which it is unable to provide adequately.


Jefferson related to me that the problem of money may be addressed in the near future because no organization can sustain indefinitely what incurs a mounting operating deficit.

The scope of Jefferson's financial problems calls for a reassessment of priorities and a pause to imagine alternate paths and to consider where new sources of revenue can be created, which solutions will cost less in the long run, or which solutions can create a deficit cost less in the "long run." These financial problems offer a challenge to clever minds in outwitting a public which has a short attention span for the catastrophe. For the present, the use of capital improvements may require the age old answer of " Tighten your belt!" but, certainly this answer is only a short answer.

While administrators would like to see an economic mechanism to keep operating costs down while increasing the community's interest at a predictable level so that substantial funds could be directed toward education, research, and patient care. Federal funds for medical and economic incentives for economic health delivery systems based on keeping people healthy and keeping well people out of ex- penditure may not be practical in a way in alleviating rising medical costs Social Security Board. "The Delivery of Medical Care," Scientific American, April 1970, p. 10, has given those physicians more to place a greater emphasis on prevention, which we operate. But, Medicare, Medicaid, and third-party insur- ers do not provide incentives for economy and costs have been spiraling ever since these stable sources of income have become available. In recent years the medical care delivery system is being stretched to its limits because of increases and demands for service which it is unable to provide adequately.

University (Continued from page 7)

PGH into an acute care hospital, to
three more neighborhood centers, and to build community
health clinics administered by nurses and physicians and
by medical students from the nearby medical and community schools.
The Neighborhood Facilities Group is also attempting to "build the
seventh loan" to "build the seventh loan" to the total economy.

At Jefferson, there has been an attempt to develop a better
understanding of community medicine as shown by volunteer work in
Mantua, Blackstone Hall, and Gray's Ferry clinics. Student involvement in
the development of these programs is solving the problem of unequal
distribution of care. Because they are growing to meet new
demands for service, these clinics will need organization and
connection with other functions in a medical care system.

PGH into an acute care hospital, to
three more neighborhood centers, and to build community
health clinics administered by nurses and physicians and
by medical students from the nearby medical and community schools.
The Neighborhood Facilities Group is also attempting to "build the
seventh loan" to "build the seventh loan" to the total economy.

At Jefferson, there has been an attempt to develop a better
understanding of community medicine as shown by volunteer work in
Mantua, Blackstone Hall, and Gray's Ferry clinics. Student involvement in
the development of these programs is solving the problem of unequal
distribution of care. Because they are growing to meet new
demands for service, these clinics will need organization and
connection with other functions in a medical care system.

In looking for these solutions we
must keep in mind the cost of living increase of
the total economy.

PGH into an acute care hospital, to
three more neighborhood centers, and to build community
health clinics administered by nurses and physicians and
by medical students from the nearby medical and community schools.
The Neighborhood Facilities Group is also attempting to "build the
seventh loan" to "build the seventh loan" to the total economy.

At Jefferson, there has been an attempt to develop a better
understanding of community medicine as shown by volunteer work in
Mantua, Blackstone Hall, and Gray's Ferry clinics. Student involvement in
the development of these programs is solving the problem of unequal
distribution of care. Because they are growing to meet new
demands for service, these clinics will need organization and
connection with other functions in a medical care system.

In looking for these solutions we
must keep in mind the cost of living increase of
the total economy.

\[ \text{compound chemical compounds for treatment-} \]
\[ \text{mention to exist. Moreover, she} \]
\[ \text{is} \]

PGH into an acute care hospital, to
three more neighborhood centers, and to build community
health clinics administered by nurses and physicians and
by medical students from the nearby medical and community schools.
The Neighborhood Facilities Group is also attempting to "build the
seventh loan" to "build the seventh loan" to the total economy.

At Jefferson, there has been an attempt to develop a better
understanding of community medicine as shown by volunteer work in
Mantua, Blackstone Hall, and Gray's Ferry clinics. Student involvement in
the development of these programs is solving the problem of unequal
distribution of care. Because they are growing to meet new
demands for service, these clinics will need organization and
connection with other functions in a medical care system.

In looking for these solutions we
must keep in mind the cost of living increase of
the total economy.

\[ \text{mention to exist. Moreover, she} \]
\[ \text{believe most men} \]

PGH into an acute care hospital, to
three more neighborhood centers, and to build community
health clinics administered by nurses and physicians and
by medical students from the nearby medical and community schools.
The Neighborhood Facilities Group is also attempting to "build the
seventh loan" to "build the seventh loan" to the total economy.

At Jefferson, there has been an attempt to develop a better
understanding of community medicine as shown by volunteer work in
Mantua, Blackstone Hall, and Gray's Ferry clinics. Student involvement in
the development of these programs is solving the problem of unequal
distribution of care. Because they are growing to meet new
demands for service, these clinics will need organization and
connection with other functions in a medical care system.

In looking for these solutions we
must keep in mind the cost of living increase of
the total economy.

\[ \text{mention to exist. Moreover, she} \]
\[ \text{believe most men} \]

PGH into an acute care hospital, to
three more neighborhood centers, and to build community
health clinics administered by nurses and physicians and
by medical students from the nearby medical and community schools.
The Neighborhood Facilities Group is also attempting to "build the
seventh loan" to "build the seventh loan" to the total economy.

At Jefferson, there has been an attempt to develop a better
understanding of community medicine as shown by volunteer work in
Mantua, Blackstone Hall, and Gray's Ferry clinics. Student involvement in
the development of these programs is solving the problem of unequal
distribution of care. Because they are growing to meet new
demands for service, these clinics will need organization and
connection with other functions in a medical care system.

In looking for these solutions we
must keep in mind the cost of living increase of
the total economy.

\[ \text{mention to exist. Moreover, she} \]
\[ \text{believe most men} \]