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Gordon Discusses Relation of Race to Intelligence

By Eugenia Miller

Dr. Edmond Gordon of Teacher's College, Columbia University, discussed the interrelationship of "Ethnicity, Intelligence, and Education," with the Sigma Xi Society and interested guests on February 3 at 4:00 in Solen Auditorium.

Dr. Gordon elucidated the flaws in the much debated studies by Dr. Arthur Jensen, a University of California psychologist. Jensen, in a recent article in the Harvard Educational Review, used statistical methods to prove that heredity is far more important than environment in determining levels of test intelligence. He maintains on the basis of his studies, that heredity is the factor most responsible for the 15 point difference between average white and average Negro scores. Gordon sees the heredity environment interaction as the point of departure for any adequate consideration of the problems of intelligence.

Gordon feels that race is an important influence in the educational process. Even if the test scores are the same for the two races, the educational process, the educational resources, the aims of education vary from race to race. There is an urgent need for further studies of the educational process to determine the role of race in its variability.

Can the Neighborhood Health Center Solve the U.S. Health Care Crisis?

By Michael Leo

Today our country is faced with a forbidding and in many ways a shameful health care crisis. The existing, or more accurately, the non-existing system is suffering from gross indeficiency, patient inscrutability, and ever-increasing cost. The problems of delivery and insurance continue to frustrate all attempts to provide any form of health care to all citizens, rich or poor, must be reevaluated and attacked with whatever innovative techniques we can devise. Dr. Martin Luther King Jr. has stated that such goals demand a complete restructuring of the current system and a redefinition of the role of the physician. A probable result of all this turmoil is the rise of multidisciplinary team practice which the word "multi" connotes a near-future will be utilizing.

Drug Ed. Work to Begin Here

By Peter Meissner

In the last issue of the Ariel, I proposed that anyone interested in working in the area of drug abuse education contact me to set up a time for a meeting. Very few replies were sent in, possibly due to the unstructured nature of this program. In keeping the nature of the meeting informal and non-threatening, I hope the participants will develop their ideas on how to approach the problem of drug education.

SAMA Offers Hospital Projects This Summer

By Ron Souder

This summer the Student American Medical Association (SAMA) is sponsoring a new program designed to expose students to a community oriented health-care system. The program is called MECO and stands for Medical Education and Community Orientation. The MECO project had its beginnings in the state of Illinois but has since spread to many other states including Pennsylvania. The purpose of the program is to match students with community-oriented, non-affiliated hospitals in order for them to gain insight into the problems of health-care delivery in a rural or semi-rural setting. Each student will be assigned to a primary care physician who will act as his preceptor and inform him of the program for the summer. The student will spend time not only in the hospital but also in the office of the primary care physician in order to get a better appreciation of the total health-care system. In addition, the student will work with the community as a whole to determine the ways in which it meets the health-care needs of its people.

Students from Jefferson accepted into the MECO project will be matched with hospitals in Pennsylvania east of the Alleghenies. Each student is guaranteed a stipend of $600, plus room and board, for the summer program which runs for eight weeks from June 28 to August 20. Those wishing to apply should contact Ron Souder (WA 2-2491), the representative for Jefferson. The official deadline for applications is March 15; however, special circumstances permit filing applications until April 1.

EKG is one of 16 multiphasic health screening at Medichek, Na-
The War Goes On

It seems almost absurd to again editorialize against the war in Southeast Asia, even following our latest folly—the invasion of Laos. Whatever the rationale given for this escapade, the problem remains of believing what we are told about our government, which has been so incongruous with our behavior there over the past 17 years. We are rarely expected to accept the self-righteous indignation of our leaders over Communist assassinations or the withholding of American ground forces. This may be true for some, but it is incredibly naive for the administration or anyone else to believe that the true nature of the conflict in this country fluctuates with American body counts. The killing continues on a massive scale with little hope of remission, even if it is true that Americans are dying less frequently. The government persists in its attempt to assure militarily a pro-American government's existence in Saigon, irrespective of the political realities in Southeast Asia. Little has really changed.

There is less outcry against the war recently, but we do not believe it is a sign of a nation's intention or handling of the war. Rather it is to many of us the frustrated realization that the men running our government harbor attitudes about Southeast Asia which are an alien to both political and common American, that our views are beyond their comprehension.

Mr. Nixon’s National Health Strategy

John Veneman, Under Secretary for Health in HEW recently stated that the Department was thinking of the next couple of years. Over the past year the proposals and debates in Congress on National Health Insurance (NHI) have consumed increasing amounts of time, and Mr. Veneman’s address on February 13, outlining his health proposals has made Mr. Veneman’s statement a real possibility. Ariel certainly cannot explore all the issues involved in NHI or all the proposals of Mr. Nixon, but we will attempt to open discussion in some areas in future articles. We would encourage all to read Mr. Veneman’s address in its entirety.

A few comments are in order about Mr. Nixon’s message. In general the goals he has put forth are impressive. Initially Mr. Nixon should make sure that his health strategy—direction for our system has been almost totally lacking. His aims of 1) assuring equal access 2) balancing supply and demand 3) financing for efficiency 4) emphasizing health maintenance and 5) controlling cost consciousness and 6) building on strengths, are laudable. The only major area he does not mention which we believe to be of paramount importance is citizen participation and power in the running of health facilities. No health maintenance program can succeed if the public is not deeply involved with solving the social, political, and environmental problems which affect their health.

The general strategy is fine, but the doubts regrettably remain with regard to action. The stated goals have been acknowledged as important by many people for years, so we must see more than lip service from Mr. Nixon. In addition, it is significant that the influence in the health field has been in the hands of organized medicine in the form of the AMA, in opposition to recently the medical establishment of medical schools and health related industries. It is on this reeve where Mr. Nixon stands. If Mr. Nixon registered for the AMA, his 1968 campaign received an estimated $2-3/2 million directly from the AMA political action committee. The AMA successfully blocked the appointment of Dr. John Krebs as a subcommittee chairman to further health care reform. Although organized medicine has successfully weathered recent changes and often turned them to their advantage, if Mr. Nixon’s proposals are to be fully implemented the President will have to sacrifice some past allegiances. As we have emphasized many times, and Dr. Krebs and the medical profession must be of first priority.

We would hope that Mr. Nixon iscorrect about the rise in priority for health as a political issue. We would hope that everyone will welcome the challenge of implementing a national health strategy in the best interests of all of us. Why not join in the debate and the action?

Curriculum Committee Approves Family Practice Preceptorships

Ariel is happy to report that family practice preceptorships will be available this summer—as a six or twelve week elective for sophomores, and a Wednesday afternoon elective, starting this spring, for freshmen.

In addition, the Curriculum Committee has lent support to the Department of Community Health and Preventive Medicine regarding the establishment of preceptorships for credit with practitioners in rural Pennsylvania. For further information, contact Dr. Willard Krehl, chairman of the department.

We wish to commend all those responsible for the establishment of these preceptorships—they will make a welcome addition to the Jefferson curriculum.

Headway on Curriculum

In one of our December editorials a deadline for developing a new curriculum was called for. Although no deadline has been set, there is a recent proposal before the Faculty Curriculum Committee which appears to make much headway in medical curriculum eventual at Jefferson.

The proposal itself is general and still needs much attention. But it has some interesting features. All basic science and clinical instruction is proposed, to be completed by the end of three years, the third year remaining clinical clerkships. The fourth year will be devoted entirely to clinical electives, with the intent to prepare a student to enter a residency training track from medical school. The proposal also includes some systems teaching (taking one organ system at a time and teaching all medical aspects of it) the first two years of medical school, of which remains to be worked out.

Hopefully input from students, especially the students who sit on the Curriculum Committee and faculty will be sought to and in our work for improvement. The proposal also includes some systems teaching (taking one organ system at a time and teaching all medical aspects of it) the first two years of medical school, of which remains to be worked out.

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Guest Comment... Process of Curricular Construction

By Joseph S. Gonnella, Associate Dean

I have been asked by the Editors of Ariel to summarize the recent accomplishments of the Curriculum Committee. The official report of the Committee for the 1969-70 academic year is to be found in the Annual Report. The following statements is in my personal summary of what has been accomplished.

A curriculum is not merely a collection of courses but is a series of educational experiences that should facilitate learning and should lead to the fulfillment of clearly defined educational objectives. There should be a clear relationship to the needs of the students, to the capacity of the faculty, to the available physical facilities and to the financial resources of the university and its medical school.

A new Curriculum Committee consisting of students and faculty was constituted at the beginning of the 1969-70 academic year. The Committee had to accept the past, evaluate the present and plan for the future. The task was not an easy one. As with any new committee much discussion took place regarding the charge. The issues discussed were:

1) What should the objective of the curriculum be? Should they be of the same type as the objectives? Why or why not?

2) How should the Committee be structured? Should there be any subcommittees? How many?

3) Who should sit on the committee? Should the College be represented? Should the Hospital be represented? Should both be represented?

4) The Committee also agreed that change must be evaluated. And evaluation cannot be done unless the objectives are well defined.

Unfortunately the writing of objectives is difficult and laborious. It is much more popular and demands much talk about the structure and process of learning. Therefore, there is the constant temptation to bypass the writing of objectives and go to the next phase—the design of learning experiences. In my opinion the Curriculum Committee has resisted this temptation and has persisted in its attempt to have the Departments and System Committees specify the concepts, skills and attitudes which the student should acquire prior to the next phase of his education.

With the above in mind progress has been made. The most important outcome has been the involvement and interaction between the Faculty and the Student Body. While a true consensus has not reached, discussions and compromises on various segments of the College have opened lines of communication which will be the major ingredient for success.

The Curriculum Committee has loaned support to the Department of Community Health and Preventive Medicine regarding the establishment of preceptorships for credit with practitioners in rural Pennsylvania. For further information, contact Dr. Willard Krehl, chairman of the department.
We and the Dying

"Because I do not hope to turn again
Because I do not hope
Because I do not hope to turn

Dearing this man that man's scope
I no longer strive to achieve such things
(Why should the eagles stretch its wings?)
Why should I mourn

The vanished power of the usual reign?

My Ash Wednesday mood came early this year. The book which I talk about in the Bookook was not the cause of this morbidity, but only a consequence. The cause was simply the fact that more people seem to die in an instant than they did thereby than they did fifteen years ago? Anyway, this January and February several patients had died, and I was beginning to wish I made my living in a less traumatic profession than nursing.

Now that I have already revealed my eccentric concern with my own psychological trauma while other people are dying, I might as well open myself to more criticism by confessing to more of my nurse's attitudes and complaints about doctors. I remain open to argument and comment, however. Since one day I too hope to assume the M.D., I am willing to be converted to M.D. attitudes when they are defensible.

My first heretical idea is that nurses have a harder job than doctors, when it comes to taking care of the terminal patient. The nurse has to stay. The nurse cannot stop going into that room. The patient has to wrap for the morgue. The family in which he had been talking an hour beforehand. The nurse has to decide about a Code Blue call. After a certain point, the doctor's only order is "Call me when he is gone." After certain point, the doctor's only concern is "I hope we can get a 'post.'"

My overwhelming question was and is what can we do when we can no longer hope to cure the patient? Is our job over then? Is there no reason to visit that patient? Does our responsibility stop with physical care?

Dr. Ross's book gave me some help with these questions, but I still think that many doctors resist responsibility too soon and underestimate the importance of the psychological support they could give with a little time. Or can we really excuse ourselves by saying we don't have time to waste on the dying when the living need us? Do doctors really think that way? I hope not. But perhaps for the male mind this attitude is more tenable than the admission that I avoid that room because I feel bad in there. I never can be sure whether my conflicts are merely professional, that is, nurse vs. doctor, or more basic, female vs. male.

I think there should be time in medical school for exploration of our own attitudes towards the dying. I think there should be time in the first quarter of medical school. I think there should be time in the third quarter. If the nurse is going to be expected to do as much as the doctor does in these situations, she cannot be expected to do it without a thorough preparation.

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ABORTION COUNSELING, INFORMATION AND REFERRAL SERVICES

Abortions up to 24 weeks of pregnancy are now legal in New York State. There are no resi-
dency restrictions at cooperating hospitals. The doctor and the patient must be from the same
state. An understanding of the risks must be
achieved by the patient and the physician is required.

If you think you are pregnant, contact your doctor or a
hospital. Someone on staff will help you decide. If
you choose to have an abortion, early abortions are
available.

Abortions should be performed by Board certified obstetricians. The book was the eagerness of most of
the professionals to help. Also the book reveals the tact and sen-
nivity of the physician. The patient must be treated with
respect. People at such a time and to pry
into their private lives, to reveal their
secrets, to absorb their test-tube
knowledge of it all.

The total costs at good facil-
ities range as follows (in-hospital
service only as noted):

For D & C, Pregnancy up to 9
weeks, $250 (in-patient hospital
service); up to 12 weeks, $385-$410, up
to 14 weeks, $500-$550; the
only through art and music do his
character's approach such a
synthesis. Art here and only through
an asceticism and solitariness does
the artist come to the heart of his
work. He achieves both the sen-
nivity to perceive the meaning of
life and the mastery of his art to
express this mystery. But the
poet in one life does one man
manage both to experience
fully and also to be ascetic and
solitary enough not to lose sen-
nivity? Or, in terms more helpful to us, how does the
ascetic scholar retain contact
with and comprehension of life at
the same time, and their eagerness to share these feelings
and experiences, and
sensations with students and
staff in order to help. Also
the book reveals the tact and sen-
nivity of the professionals to
help people.
A Hitch in Time Saves the Mind

With movies such as Love Story, Song of Norway, and Alex in Wonderland, one has difficulty appreciating until the moment arrives the behavior of the actor. Gordon believes that learning takes place only after presentation. Furthermore, whereas genetics is the element responsible for calling forth the behavior, a man’s self concept and sense of control of his destiny are the elements responsible for sustaining it.

The question and answer period following the presentation focused Gordon’s seminarian arguments upon current problems at Jefferson. Dr. Hyman Mendelsos, Co-ordinator of research at Jefferson and President of the Jefferson chapter of Sigma Xi, asked Dr. Gordon if he believed the MCATs to be an effective criteria for evaluating black applicants to TJU. Gordon replied, “Yes, if you wish to select students who will fit into the Jefferson educational system as it presently exists. Gordon went on to say, however, that an educational institution should not be an expert on the skin color, a social distinction, not on the basis of a specified set of tested genetic coordinates a society may determine. Gordon further pointed out that the plane.

And yet, these pictures, hinged beneath the surface. Hitchcock takes a situation of normality, however dull it may appear, to emphasise the evil abnormality that he wants to portray. One cannot have a gang of Hell’s Angels commit a murder in a dark alley and make a meaningful statement to the audience feel an apartness from the action on the screen. However, when murder is committed in a sanitary motel bathroom during a shower when we are maximally exposed, the incursion of evil into our well- cleansed existence becomes more horrifying. (I have never felt comfortable showering in a motel since seeing Psycho.) Unlike Stanley Kubrick, Hitchcock does not expose that brand of humanity that insists that people are good, and only systems evil, as if the systems themselves were not functions of human experience. He insists, almost irresistibly, upon a moral reckoning for his characters and for his audiences.

Probably another reason that his works seem to be ignored by many Anglo-American critics is that he gives so much pleasure to his audiences—more pleasure than is permissible for serious cinema. Discovering his cameo appearances are always challenging to the audience and they point to the irony of the situation where the most important man involved with the film plays the most insignificant role. Hitchcock departs from the Einsteinian style of montage of varied shots and favours the intricate editing of objects and glances within a scene. Examples of this are the focus on the incriminating bourgeois green tie that strangers on a train and the falling bicycle in a film. Even his dialogue provides pleasure for the audience. My favorite sequence in the Birds is when a family is eating fried chicken in a restaurant under attack by the birds and one frightened child asks, “Mommy, are the birds going to eat us?”

Hitchcock’s method of creating a film is unique and is essential to properly communicate his art. He usually begins with a novel or story which he has heard that appeals to him, but instead of trying to adapt it to a screenplay, he constructs the entire film on a storyboard. He sketches every shot to appear in the film and includes every necessary detail. This enables him to plan each sequence with precision and carefully and fully manipulate his audience’s emotions.

The “Mac Guffin” is another characteristic of Hitchcock’s films. This is a device with which he begins every film to lead the audience into the plot. He makes it seem as if it is of vital importance, yet at the end of the film it is of no importance to the plot at all. For example, in Psycho, Janet Leigh steals a large sum of money and it appears that she will be caught at the end of the film. However, she is never caught and the emphasis shifts to the psychosexual murderer. In an interview with Hitchcock, he explained, “all of this clearly shows that you’re always fully aware of your intentions and therefore doing you is carefully thought out. You never put up a facade. The Mac Guffin is a story or a device, which creates suspense around a Mac Guffin, are the very ones that some of the critics love in mind that they claim that ‘Hitchcock’s got nothing to say. The only answer to that is that a film-maker isn’t supposed to say things, his job is to show them.”

Jefferson Commons will be showing Stage Fright, Strangers on a Train, 1 Confess, and The Wrong Man, all Warner Bros. pictures from the Hitchcock film series. They are worth seeing if you can find a theater playing them. The management will even remit newspaper listings if you prove you didn’t read any of the new.
Priest Presents Catholic Point of View on Abortion

By Rev. Vincent M. Walsh

(Editor's Note: In accordance with our continuing discussion of the subject of abortion, this item is included.)

Rev. Vincent M. Walsh, the Catholic Chaplain for Jefferson Hospital, has submitted the following article in response to Ariel's support of legalized abortion.

Many thanks to the editors of Ariel for this opportunity to express the Catholic Church's teaching on abortion. The issue is so complex that I fear some will misunderstand this article and say, "Well, he didn't convince me" or "He didn't face the real questions." Nevertheless, the opportunity has been presented, although the medium of a newspaper article does not allow for the give and take of dialogue, I welcome the invitation. The parts of the article are: 1) The central unanswered question; 2) The Catholic Church and the central question; 3) The State and this question; 4) What medical evidence is there?; 5) The State and medical evidence; 6) The Medical Evidence and This Question.

I do not feel that abortion is a simple issue. When the fetus becomes a human being, the question of whether or not the fetus is human is not worthy of all the medical procedures will be. One doctor has stated, "Birth is seen now as merely a statement about where the child is." Doctor S. Cherry, psychiatrist at Mt. Sinai Hospital, New York, has put this way, "A baby has been humanized and has been as was done by Germany toward the Jews ."

Pro-abortion literature claims that the fetus belongs to the human race. I would consider this article "Quality and by how sensitive we are to others. It is difficult to see how wide open widespread abortion, justified by the mere wish of the mother can make us, as a nation, more sensitive to life."

And this State and This Question: Basically, the state has a duty to protect the rights of individuals. Our constitution makes these rights are inviolable, granted not to the individual by the state or by law even by the parents. An individual has rights because he is a human being. Once again, we have returned to the central question, "When does the fetus become human?" The state, unless it is an intrapersonal, has to answer that question. If it does not, then it effect, the state says that certain individuals are not worthy of legal protection - as was done by Germany toward the Jews.

Medical Evidence and This Question

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"The fetus is not an appendage or organ of the mother, but rather a separate organism. It can be identified as belonging biologically to the human race. It contains all the genetic information that, during development, will interact with its environment to produce the complete human organism. There is no point in its development where the biological form and functioning of the body are suddenly added."

Ariel's questions are:

1) Does a doctor performing abortions here in Jefferson on what medical basis he decided that the fetus was not human. He answered that the question of whether or not the fetus was human had no place in an abortion discussion. This beginning of human life is a scientific and rational question which should consider all data supplied by embryology and fetalogy and should be decided after the study of this data. The conclusion would be that it seems like here human life had began. All the dates indicate that the fetus belongs to the human race. I do not have recent for medical studies what the fetus can do at different stages. I do not have to recall the findings of genetics. I do not have to state that at eight weeks the EEG shows a distinctly individual pattern. Even viability itself has become elastic and no one can predict what future medical procedures will be. One doctor has stated, "Birth is seen now as merely a statement about where the child is." Doctor S. Cherry, psychiatrist at Mt. Sinai Hospital, New York, has put this way, "A baby has been humanized and has been as was done by Germany toward the Jews ."

A parous quote from a bishopric at the University of California would sum things up. "The fetus is not an appendage or organ of the mother, but rather a separate organism. It can be identified as belonging biologically to the human race. It contains all the genetic information that, during development, will interact with its environment to produce the complete human organism. There is no point in its development where the biological form and functioning of the body are suddenly added."

Who?

Two men stand in a little girl's nose.

Who will she be?

What will she be?

S. Agey

Sculpting, Shaping, Molding, Making

Yes, I know she'll be beautiful.

But

Who will she be?

No one will ask a doctor to

See what inflation does.

With five bucks.

Air-Chair only

$4 when you open a checking or savings account for $25 or buy a Savings Certificate at Fidelity Bank.

Air-Ottoman only

$1 when you open a checking or savings account for $25 or buy a Savings Certificate at Fidelity Bank.

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The paradox in the abortion controversy is that, while the medical evidence piles up saying that the fetus belongs to the human race, the states are removing legal protection. For example, the New York law is not based on medical evidence. I have read entirely the Abortion Commission's Report to Governor Rockefeller. Medical evidence is scant and hard to believe analogies are employed to justify abortion. For example, the fetus is likened to the blueprints drawn up by an architect, an architect can destroy blueprints because he might want a different type building, or a woman can destroy the fetus. After Abortion, What Then? If anti-abortion laws are removed, what legal changes come next? The very next step seems to be euthanasia. Legislative initiatives have already been begun in Britain. Legislation, which was just defeated in the Florida legislature, but will be reintroduced next year, states that a person has "the right to die with dignity." This means not only that a person can ask a doctor to

(Continued on Page 7)
Once Upon a Time

Mothers were sitting at water springs, dancing, singing, gently caressing their children. Guiding them to the currents of Life...

Ocean waves gently crashed at beaches of a peaceful world.

Men and women drank the joy of living from the movements of their limbs and their melodies into the eternity.

Children's laughter sounded in exuberance of voices filled with gaiety and delight.

Joyful glances in young men's eyes, reigned in smiling faces of maidens gray in love and drunk with youth in tender bodies.

Suddenly...a bowling...

What a jowling!

Never heard and never felt before, unvisited, perpetrated...

It was the plague that penetrated: Stiffened faces.

Falsehoods grieving,

Tired arms and deadened loins,

Weeping cheeks and pulled-out going,

Harassed backs, polite in bowing;

Bodies bare of love,

Drunk the joy of living and their melodies into the eternities.

Longing bare of sensing,

Bodies bare of love,

Hardened backs, polite in bowing;

Men and women...

Weeping, crying, uninvited, perpetrated...

To the deaths of maidens gay with love in young men's eyes,

Drank the joy of living and their melodies into the eternities.

The research done by the pro-

abortionists is shoddy at best, if they say is anywhere from 200,000 to 1,200,000 which everyone admits to be a guess, let alone the real figure.

Where does the 1,200,000 statistic come from? The source is a 1934 book in Japan. Especially significant was psychic damager (of Japanese women who had four abortions claimed severe emotional problems directly related).

The results of these practices can be seen in a recent survey taken by the Prime Minister of Health in Japan. Especially significant was psychic damage (of Japanese women who had four abortions claimed severe emotional problems directly related).

This entire survey should be read well, since its implications are quite far-reaching. Especially significant was psychic damage (of Japanese women who had four abortions claimed severe emotional problems directly related).

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President Nixon Proposes A National Health Strategy

The following is a part of the text of President Nixon's message to Congress on February 18. It deals with his proposal for a National Health Strategy which he discusses in our second editorial.

BUILDING A NATIONAL HEALTH STRATEGY

Things do not have to be this way. We can change these conditions—indeed, we must change them if we are to live up to our promise as a nation. Good health care should be readily available to all of our citizens. It will not be easy for our nation to achieve this goal. It will be impossible to achieve it without a new sense of purpose and a new spirit of discipline. That is why I am calling today not only for new programs and more money but also for a new approach which is equal to the special responsibility to help all our citizens achieve equal access to our national Government has a responsibility-both public and private-to help the most and too often we simply buy our way to better effort to be successful, the study found. Hunger for law and order. The public is angry and backslide even after agreements have been drawn in on themselves in anxieties and hidden fears, and to protest has become decidedly in reaching conflict resolution.

If more of our resources were invested in prevention, care of sickness and accidents, fewer would have to be spent on the more traditional kinds of health care. If we gave more attention to treating those in our school and education, we would reduce community costs and control. In short, we should build ahead of crisis and not react to it.

The study notes that Nixon's proposals are not addressed to those who are already sick, but to the many who are not yet sick. It found that Nixon's proposals should be more directed to the system that produces sickness and disease, rather than to the system that treats it. It found that the Nixon proposals were a step forward, but not enough.

President Nixon's proposal for a National Health Strategy is a significant step forward. It is a step that will help to achieve the goal of equal access to health care for all citizens. It is a step that will help to reduce the incidence of sickness and disease.

The proposal includes a number of important elements. It includes the establishment of a National Health Service, which will be financed by general revenues of the Government. It includes the establishment of a National Health Insurance Program, which will provide health insurance for all citizens. It includes the establishment of a National Health Research Program, which will provide funds for health research. It includes the establishment of a National Health Education Program, which will provide education about health and the prevention of disease.

The proposal is a comprehensive package of measures that will help to achieve the goal of equal access to health care for all citizens. It is a proposal that is worth supporting.

Our Clothing Blows Minds Not Wallets

If your bag is a fancy store with fancy prices to boot, forget about us. We are a very-fancy store.

But what if we lock in decoration, we make it in selection. We've got good Wall Bottoms to give you mad. We've got shoes chock full of body shirts, tee shirts, and turtleneck. We've got the latest in wide belts. Not to mention our jeans, jackets, and boots.

We also have a whole range of weird goods. Stop in and blow your mind.