KeNTuCKY
Kernel

ESTABLISHED 1894 — UNIVERSITY OF KENTUCKY, LEXINGTON, KENTUCKY — INDEPENDENT SINCE 1971

WEATHER *Sunny today, high 70-75; clear tonight, low in mid-40s; partly sunny tomorrow, high in upper 70s.*

KEG *Local band Lime Shy gaining is quickly gaining popularity with catchy tunes and real-life music. Story, review, page 3.*

THu
September 29, 1994

Marchers support teacher in tenure fight

300 architecture students involved in demonstration

By Perry Brothers
News Editor

Nearly 300 architecture students marched from Pence Hall to the the office of Chancellor for the Lexington Campus Robert Hemenway yesterday in support of a professor whose tenure appointment has been denied twice and is under consideration again.

MARCH ON *Students walk toward the Administration Building yesterday, protesting the denial of tenure to Mark Clary.*

The procession crossed the Patterson Office Tower Plaza, chanting "viva la Clary" in unison, referring to former assistant architecture professor Mark Clary.

"I am a student of architecture, and I've been a student of Mark Clary," said Student Government Association President T.A. Jones, who was at the head of the procession. "As a member of the college and as student body president, it is my job to make sure that student concerns are heard."

Outside Hemenway's office in the narrow halls of the Administration Building, the students flanked the office door and demanded a forum with the chancellor.

"I appreciate the sentiment expressed by the students of architecture," Hemenway said, "and I would be glad to talk with any of you individually."

Clary

But one member of the crowd replied, "We're all here. Talk to us now."

A 15-minute discussion between Hemenway and the students led to a 5:30 p.m. meeting in Pence Hall yesterday, but only to discuss the procedure of tenure review.

"It is inappropriate for me to discuss the case of Mark Clary's tenure," he told the protesters, "but I will speak about the general process."

Prior to the impromptu meeting, about 150 students gathered on the lawn outside of the building as Jones and Architecture Student Council President Walter Zausch read evaluation letters from Clary's tenure dossier, or portfolio, and then answered questions posed by the outraged students.

Hemenway met with the students as scheduled and informed them of the review procedure.

University policy states that there are four components to tenure review, Hemenway said. Compilation of the documents for these phases begins in the fall, but the actual tenure review schedule starts in January of each year.

First, the college dean must review and submit an opinion on the candidate's work. Collectively, the faculty is required to submit their evaluation. Then a panel of faculty members from various UK colleges, or an area committee, must review these components before submitting their findings to the dean of Graduate Studies.

The recommendation of the dean must reach the chancellor's office by April 6, and then the chancellor must turn his recommendation into the University president by April 20.

According to documents gathered under the Kentucky Open Records Act, Clary's dossier passed through these steps during the 1992-93 school year, but his tenure was denied because he failed to get approval from the area committee or dean of Graduate Studies.

However, this decision was reviewed, at Clary's request, by the Senate Advisory Committee on Privilege and Tenure, and an appeal was granted based on a flaw in the procedure.

On April 28, 1994, eight days after the deadline for the chancellor to report the results of the review to the UK president, the College of Architecture received a fax from the chancellor's office stating that Clary's tenure request had once again been refused.

The students of the College of Architecture reacted immediately to this decision.

"He got the faculty approval and the dean's approval, so basically the people who didn't know him, the area committee and the dean of (Graduate Studies) are the one's who denied him approval," Zausch said in an April 29, 1994, Kentucky Kernel article.

Over the course of three days, Zausch led a campaign to compile a petition with 194 student signatures, out of an enrollment of about 300, and they collected 87 individual letters of support, which they delivered to UK President Charles Wethington.

These actions and another appeal request by Clary prompted the Senate Advisory Committee on Privilege and Tenure to encourage Hemenway to reconsider his decision.

Yesterday's march, Zausch said, was to express to the chancellor the sentiments of the students prior to his final decision.

Others at the march said this expression is needed.

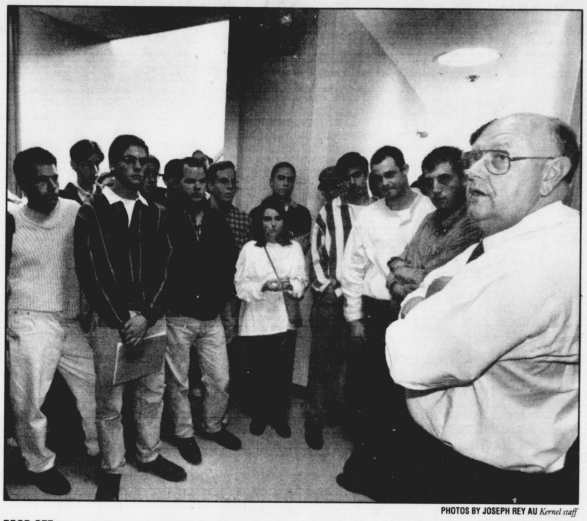
"I believe that we pay the tuition, therefore we are the employers," said third-year architecture student Sean Feeley.

"We should have a stronger voice," he continued. "All we have now are the little evaluations we fill out. Those are just formality to keep the students happy and make us feel like we have a voice, when we don't.

"This is a test of how much our voice matters right here. Clary is one of the best teachers in the school."

Clary, who is no longer employed by the University, said during a phone interview that he was both surprised and pleased by the students' show of support.

"Obviously, I'm deeply moved and encouraged by their support for my appeal. Sometimes, when I've wanted to give up, their initiative has kept the fire going."



PHOTOS BY JOSEPH REY AU *Kernel staff*

FACE-OFF *Chancellor for the Lexington Campus Robert Hemenway (right) meets with architecture students inside the Administration Building yesterday. The students were protesting the denial of tenure to assistant professor Mark Clary.*

Recipients qualified, officials say

By Glenda N. Ethington
Staff Writer

Financial aid officials said they do not know if any UK minority students were among the recipients of a scholarship recently called racist by a state senator, but they said that all recipients were qualified.

"No one was awarded the scholarships that didn't meet the qualifications," said Rhonda Bryant, scholarship coordinator of the Student Financial Aid Office at UK.

> *"No one was awarded the scholarships that didn't meet the qualifications."*
>
> **Rhonda Bryant**
> *UK scholarship coordinator*

Recent statements by state Sen. John David Preston, R-Paintsville, criticizing the new laws governing teacher scholarships awarded by the Kentucky Higher Education Assistance Authority has raised questions involving minority qualifications for the scholarships.

Preston called the laws "racially discriminating" when 11 minority students were given scholarships over more qualified whites. Bryant said her office is not concerned with minority statistics, but with distribution of the checks.

"The administration office has that information (minority statistics), but it's not important to our function," Bryant said.

KHEAA would determine, according to the laws and guidelines, which students receive the scholarships, she said.

According to a list posted outside the Student Financial Aid, there are at least 46 teacher scholarship checks to be distributed at UK.

"I wouldn't know if they were a minority student unless I met with them personally," Bryant said.

Judith Morgan, staff assistant in the College of Education, said there are teaching scholarships at UK, and a couple that are specifically earmarked for minorities. Morgan said criteria for funds and endowments are determined by the person setting up the fund.

JASON EGBERT *Kernel staff*

UK ATHLETICS *Director C.M. Newton said he was 'delighted' to play a role in the financing of UK's new library.*

Library plan approved by UK athletics board

By Jason Dattilo
Assistant Sports Editor

The UK Athletics Association helped bridge the gap between sports and academics yesterday, unanimously approving a proposal allocating athletic department funds to the construction of the Central and Life Sciences Library.

The proposal actually included two separate resolutions.

The first provided a means for funding the library, while the second amended the department's Articles of Incorporation allowing for the redistribution of money.

"The athletics department is delighted to play a role in the building of this Commonwealth Library," said UK Athletics Director C.M. Newton. "I also really applaud (President Charles Wethington) for his leadership and creativity in making this library possible."

Since UK has not received the approval of the state legislature, it could not fund the project independently and went to the Alumni Association for help.

In an attempt to garner financial support, the Alumni Association appealed to the Lexington-Fayette

See **ATHLETICS** *on* **Back Page**

Senate debates T-shirt controversy

By Sara Spears
Senior Staff Writer

UK's Student Government Association emergency Senate meeting last night turned into a heated debate about the disorganization of souvenir T-shirt sales before the UK-University of Louisville football game.

Senator at Large Greg T. Watkins said the Appropriations and Revenue Committee plans on pursuing an investigation on the mishandling of the money from the T-shirt sales.

"There is going to be an investigation into ... the funds down to the penny," Watkins said.

Senator at Large Beverly Coleman said she agrees with the need for an investigation.

Several senators said they thought the entire Senate was being blamed by SGA President T.A. Jones for the problems with the fund-raising project because some senators did not bring in T-shirt money on time.

"I really feel like the Senate is being blamed for the lack of organization," Coleman said.

Senator at Large Heather Hennel said there was no way any senator's money was late because there was no official deadline for turning money in to the SGA office.

> *"I feel that T.A. is the one who is responsible for the ... whole T-shirt situation."*
>
> **Beverly Coleman**
> *SGA Senator at Large*

Coleman blamed the SGA president for the problems with the T-shirt project.

"I feel that T.A. is the one who is ultimately responsible for the ... whole T-shirt situation," Coleman said.

Jones said he was not laying blame with the Senate.

"I'm not blaming anyone on Senate. It was ultimately my fault for not setting up a better procedure for the sales," Jones said.

Senator at Large LeAnn Norton agreed with Coleman and asked why 800 shirts were ordered for the game.

"I want to know why so many shirts were ordered in the first place," Norton said. "Why weren't only a few hundred ordered so we could be sure they would sell instead of 800?"

Jones said it was a case of miscalculation.

"We really thought we would sell 800 shirts," Jones said. "We expected too much, and we learned from it."

The Senate also unanimously approved Matthew Thomas as the chairman for the fall election's Board of Claims last night.

Several bills passed with favorable recommendations in the com-

See **SGA** *on* **6**

NEWS*bytes*

WORLD 800 die as boat sinks in Baltic Sea storm

URKU, Finland — Frigid waters and raging winds turned the Baltic into a sea of death for more than 800 people when a ferry suddenly listed and sank in a storm early yesterday. Authorities said 141 others survived.

Helicopters and ships grimly searched for survivors and bodies off Finland's southwestern coast.. Officials said it was too early to say what caused the ferry to sink shortly after midnight about 25 miles from Uto island.

NATION Leaders sign nuclear treaty

WASHINGTON — President Clinton and Russian President Boris Yeltsin agreed yesterday to speed up the dismantling of both nations' nuclear arsenals. "We will make the world safer for all of us," Clinton declared. The two leaders also signed agreements pledging closer economic and security cooperation. Clinton said he and Yeltsin had agreed to speed up the timetable of the START II agreement reached in 1993, which calls for reducing long-range nuclear warheads to 3,000-3,500 by year 2003.

Clinton: Congress must pass GATT

WASHINGTON — President Clinton insisted yesterday that Congress must pass a tariff-cutting, 123-nation world trade accord this year, even if it requires a rare lame-duck session of the Senate. The House is expected to pass the accord, negotiated under the General Agreement on Tariffs and Trade, with little difficulty.

NAME*dropping*

Madonna doesn't post bail for brother

SOUTHFIELD, Mich. — Madonna's brother has been in jail on the drunken driving charges for the past 11 weeks, unable to post $2,500 bail. Martin Ciccone, 37, was arrested July 9 after a traffic accident.

"As far as we know, he doesn't have the money," said Michael Salhaney, an assistant Oakland County prosecutor.

Madonna's spokeswoman, Liz Rosenberg, said the star had no comment. "It's personal. It's family," Rosenberg said.

Madonna

Compiled from wire reports

DiVeRSioNS

UK studio series continues tonight

Friedman helps to encourage student plays

By Maggie Plotkin
Staff Writer

Mike Friedman, the latest addition to UK's theater department, has his hands full. But that hasn't dulled his enthusiasm. He already has helped organize the Studio Season, a program that allows students to showcase original works.

"The beautiful thing about the series is that it is student-run theater," Friedman said.

Last year, student productions were a large part of the theater program, but Friedman said the process "was encrusted with rules and regulations."

"This University is littered with resources where students can perform," he said. "We're opening the doors a little."

There is a down side to the new program, however. Only six weekends in the semester have been alotted for production of student works. Friedman said he believes there are more students than there is time. He will point out other areas, such as outdoor theater, where people can perform.

Friedman, a Missouri native, has spent the past seven years at Elmhurst College in Chicago. The transition to UK has not been too difficult, and for good reason. The associate professor said there isn't a job in theater he hasn't had.

After getting his master's degree at Indiana University, Friedman "worked a lot of toilets."

He did melodramas and variety shows and even worked at a country western bar where he had beer glasses thrown at him. One job even led him to teach at an Indian reservation. Friedman also taught in the Michigan prison system.

Although he originally took the job at Michigan Reformatory for financial reasons (he needed storm windows for his house), Friedman said he considers his former job an educational experience.

"I learned more there than I did in any other job."

Friedman chose to go to Illinois because his current wife lived in Chicago.

"I applied to every college in the area, including those with eight students, and hairdressing academies," he said.

Students drew Friedman to UK.

"I came to UK to work for the students," he said. "Hands-on theater is my favorite way to teach."

Friedman, who is part owner of a small professional theater in Vermont, said he thinks he has a lot to offer UK's theater department.

"I hope I have learned things from my professional experience that I can teach in the classroom."

By Jonathan Piercy
Contributing Writer

The theatre department's studio series will continue tonight with "Impromptu," a philosophical look at humanity told through four actors brought together to improvise a play.

The play is the second in the series, following the successful "Theodora: She-Bitch of Byzantium."

The play involves four actors — three "characters" and one real person — who are given short notice to come to the theater. They are told to improvise a play that not only imitates life, but "is life."

A conversation with the director and cast, however, reveals that there is more to this play than just a story.

"It's about the roles people play around one another," director Kara Wooten said. "You don't walk out of this play with a 'one plus one equals two' feeling about what it means; everyone will get something different from it."

Senior Karl Lindstrom said, "It's about the masks people wear and, more importantly, why they wear them."

Lindstrom plays Tony, the one "average guy" in the play who has no trouble being himself.

The other three actors are hidden behind their respective "masks."

Ernest, portrayed by sophomore Nathaniel Orr (whom you may remember as Toso in "Theodora"), is the overconfident leading man. Ernest is a Cary Grant-type, who thinks he is too good for a production such as this.

Winifred (played by senior Kelli Combs) has spent a lifetime playing second to the lead and parts that are "just perfect for her."

This has left her with a cynical outlook on the theatre and on life in general.

Lora (senior Candace Weber) is the sweet, moderately talented girl-next-door who will agree with anyone who will lead.

The play is designed to make the audience look at their own "masks" while taking them through the full range of emotions. "It's a very short play, but it's an emotional roller coaster," Wooten said. "It moves from mood to mood within about 30 seconds."

Combs said, "Even though the play was written around 1940, it is timeless. The thoughts and feelings it inspires are just as real today as they were then."

JAMES CRISP *Kernel staff*

MAKING A POINT *Nathaniel Orr plays Ernest in the play 'Impromptu,' which is second in the Studio Series.*

"You'll laugh, you'll cry," Weber said. "You don't have to understand theatre to understand this play. It's a really good time!"

The show runs today through Saturday in the Briggs Theater, located in the Fine Arts Building. All three shows start at 8 p.m.

JAMES CRISP *Kernel staff*

THREE'S COMPANY *Lora (played by Candace Weber) comforts Tony (played by Karl Lindstrom) as Winifred (played by Kelli Combs) casts the two a perplexed look.*

WHAT'S *your sign?*

By Mike Munson

Aries (March 21-April 19) Love is like a handful of sand, grab too tight and it will slip through your fingers. It takes openness and trust to build a lasting relationship.

Taurus (April 20-May 20) The band stop playing, but you still hear the music. A loved one will take you out to dinner, if you show him or her this column.

Gemini (May 21-June 20) Seek long-term pleasures. As a long distance relationship dwindles, a new one sparks.

Cancer (June 21-July 22) Look not over your shoulder for the shadow you seek may be there. The stage is set for sensuous mysteries as a powerful G-force enters the scene.

Leo (July 23-Aug. 22) Learn to be comfortable around your boss, or fake it. You will be confronted by a former lover.

Virgo (Aug. 23-Sept. 22) The key to getting someone to like you is being able to like yourself when you are alone. Try quitting smoking again. Don't let a little cancer stick get the best of you.

Libra (Sept. 23-Oct. 22) Be nice to your employees. Remember, the higher the monkey climbs, the more you see of his behind. A shared umbrella springs a romance.

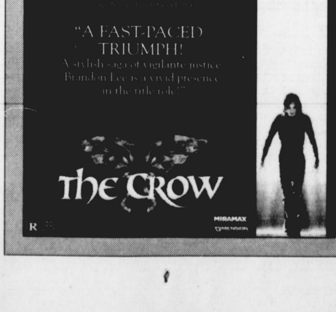
Scorpio (Oct. 23-Nov. 21) Tread lightly with your instructor this week. Someone in your class has put your teacher on edge. A Sagittarius in a red car will cut you off.

Sagittarius (Nov. 22-Dec. 21) You can learn important lessons from unimportant people. Ask away; you'll get that worthwhile favor.

Capricorn (Dec. 22-Jan. 19) Relax, don't be afraid to try. If you can't make a mistake, you can't make anything.

Aquarius (Jan. 20-Feb. 18) Look at the person, not body parts. It will take twice as long on that project than you anticipate.

Pisces (Feb. 19-March 20) Have confidence in your convictions and in taking your tests. If you sound like you believe yourself, others will believe you too. All that is on that Capricorn's mind is a little bump and grind.



HOT TICKETS **DON'T PANIC!** *Widespread Panic and the Freddy Jones band will play at the Red Mile Sunday. Freddy Jones will start at 1 p.m. For more information and ticket prices, call the Red Mile at (606) 255-0752.*

CHEAP THRILLS **CELTICPALOOZA** *Carl Hylin and Fianna Rua will give a free performance of traditional Celtic folk music at Common Grounds Sunday. The performance begins at 8:45 p.m. Call (606) 233-9761 for more information.*

KERNEL ENTERTAINMENT GUIDE

KeG

Catchy tunes fill debut CD, 'Honeysweet'

By Brian Manley
Senior Staff Writer

Ever wonder how a band decides what direction it wants to take on a particular album before committing itself to that grueling process of writing and selecting the tunes the members want to play on their latest CD ?

MUSIC*review*

★★★★

"Honeysweet"
Lime Shy
(Tinybit Records)

RATINGS
★★★★ *Excellent*
★★★ *Good*
★★ *Fair*
★ *Poor*

I've always imagined some bands sitting around a large circular table to debate the direction to craft their music towards. As Lime Shy gathered around that same table the band members probably all agreed on two words - "catchy melodies."

Honeysweet is the local band's fruitful debut full-length, available to the public earlier only by their energetic performances around town or through airplay on UK's radio station, WRFL-FM, 88.1.

The album is sure to raise an already devoted fan base. (Yes, I'm afraid I have to admit I am a member of that underground society known as the Lime Shy Enthusiasts of Lexington.)

People may hate the album because they'll end up walking around all day with "Get Off" or "Do You Wanna Meet Martha?" the choruses tattooed on their brains.

Perhaps the best representation of the CD is "So." Penned by bassist Chuck Powell, it rises and falls, beginning with a mellow introduction, only to stomp into the rhythmic crash of Aashi Deacon and James Howard's guitar section. The song best sums up Karen Derefinko's vocal style, from floating softly through the verses into a forceful tone that she reaches at the chorus with a slight level of intensity.

The entire CD nearly grabs ahold of the listener's foot and forces it to tap. The choppy riffs of "Get Off" open into a heavy romp, then swishing into on the most singable choruses I've heard in a while. "Stockyard" saunters into a lounge act style setting, and "Eleven Acres" employs more emotional outbringing (especially in Derefinko's voice) than should be legal.

The CD culminates in a sugary compilation that serves as a cornucopia of tunes that leaves mindless drones swaying back forth to the pop/rock/fun effect it delivers.

People like to read wordy comparisons to other bands in reviews, but I can't do that. It's Honeysweet. It's sugary. It's user-friendly. It's Lime Shy.

JASON EGBERT *Kernel staff*

LIME SHY *The band which consists of Aashi Deacon, Karen Derefinko, Scott Eckard, Chuck Powell and James Howard, played songs from their new album 'Honeysweet' Tuesday night at Lynaugh's Club .*

Lime Shy explores religion, love, animal rights and REM's Stipe with new songs

By Ernest Jasmin
Arts Editor

It's Tuesday night. Karen Derefinko steps to the microphone at Lynagh's Club, decorated with a new tattoo just below her neckline and her trademark dip can in her back pocket.

She starts to sing with cherubic serenity, eyes closed. Her voice coos: "Ooooh."

A moment later the club is filled with the contrasting sound of guitars and drums which kick in heavy and frantic. The five-piece band Lime Shy launches into a song titled "So" from its first CD, Honeysweet,which they will celebrate in tonight with a disc release party.

Aashi Deacon and James Howard are on guitars. Chuck Powell is on bass and the band's newest edition, Scott Eckard, pounds away on drums.

"You know you're so honeysweet," Derefinko croons. "You're the centerpeice of my dreams. Must be strange times in which we live. I want to know you like you know me."

A short while later the band slips into the mellow jazziness of "Stockyard," which Derefinko, a vegetarian, had described earlier as a song against cruel treatment of animals.

Having met with representatives from People for the Ethical Treatment of Animals and deciding to become a vegetarian, she said she found herself debating her sister about the condition of a cow in a picture.

The cow was displayed spread-eagle, and Derefinko's sister, who wanted to become a dairy farmer where they lived in upstate New York, said the cow wasn't being treated badly.

"I said, 'No, it's in pain. You can see it in its eyes,' " Derefinko said.

The concern comes through in her voice as she sings, voice strained so that you can almost feel the suffering of the animal from whose perspective she sings. "Am I in pain?"

Derefinko's lyrics, which sometimes question the nature of religion, take the theme a step further.

"I paralleled it to Christ dying and the cow rising and then dying," she said.

At one point Deacon takes the microphone and Lime Shy plunges into an energetic rendition of Matthew Sweet's "Girlfriend."

Toward the end of the show the members of Lime Shy announce a new song they've written, titled "Stipe," which R.E.M. fans may not like. (The previous day she had jokingly said that David Byrne was the Jesus of music and REM was the devil.) The song satirizes R.E.M.'s grassroots speil in light of the band's making a million bucks on the side.

Lime Shy first formed in July 1993. The band's members had previously played in other bands that were no longer together, with the exception of Derefinko, whose sister introduced her to Deacon.

LOOKING *ahead*

The CD release party is tonight at 9 p.m. at the Wrocklage. Electric Mayhem and Beef will also play. Cover is $2.

After hearing Derefinko sing on "She Flows," the first song the group composed as a band, the other members fell in love with her voice.

"That's the voice I had been writing songs to in my head for two years," Powell said.

Ironically, "She Flows" was left off of the debut album because of a mix-up during recording. However, the band may release it on its next 7-inch, Powell said.

Band members said they have meshed well together and everyone actively contributes to creating the songs they perform.

"Though we all have our egos, there's no big ego that controls the show," Powell said.

Still things have not been entirely perfect. The band has been through a couple of drummers, the most recent departure being Kevin Schuer, the drummer on the CD, who band members said left in May when the band conflicted with his other plans.

Then there was the delicate process of collaborating with other creative minds that each of them had to undergo.

"(Music is) such a pure art. Sometimes you have it in your own head a certain way and it's hard to get it realized in a five-person band," Derefinko said.

Also, the type of self-disclosure that went into Honeysweet is sometimes difficult, band members said.

"It's like showing your diary," Deacon said.

Still bits and pieces of the stories behind the songs come through on the recording they made as the last band to record at Glasgow's Stockyard studios last December.

For example, there's "Is it Enough?"

"It's about when a girl breaks up with you," Deacon said. Then, after clearing his throat: "It's about a real person, but I'll never say (who) … . It would glorify the person."

"It was Julienne Hatfield, actually," said Eckard, making Deacon laugh.

Or there's "Risque," a song with stream of conscious lyrics that inspire images of death. "The perfect thing/a walk through the graveyard/every stone with something to say." Howard experienced a death in the family a few days before the song was written.

But there is a subtle contrast in the song's lyrics.

"Then the end is just that whole relationship thing," Derefinko shrugged. "So it's a whole contrast between relationships and a graveyard."

Currently, Lime Shy performs songs like "Please" and "Beautiful Red," which Powell said will be released after the band covers its expenses for Honeysweet.

The disc release party is 9 p.m. today at the Wrocklage. And the band members say it will live up to a band with a song titled "Risque."

'Eat Drink Man Woman' will whet many viewers' appetites

By Kenn Minter
Staff Critic

Manipulation through food is the common theme in Taiwanese director Ang Lee's new film, "Eat Drink Man Woman."

In the film, an aging talented chef (Sihung Lung) keeps his apron strings tied to his three grown daughters. It is through his cooking and elaborate meals that he keeps them all close to him.

Each daughter dreads these nightly doses of fatherly domination that are thinly disguised as family dinners.

The oldest daughter (Kuei-Mei Yang) is a high school chemistry teacher nursing a broken heart that may or may not be justified. She devotes much of her time to her Christian beliefs. Although many see her as an old maid and try to find her a potential mate, she sees her future devoted to taking care of her father in his old age.

The youngest daughter (Yu-Wen Wang) is a wide-eyed, innocent college student.

The middle daughter (Chien-Lien Wu), to whom most of the film's story is devoted, is an independent business executive. It is she who has the most difficult relationship with her father.

MOVIE*review*

★★★★

"Eat Drink Man Woman"

She is torn between her independence with her career and her obligation to her widower father. The two want to communicate with each other but neither knows how to properly do so. It takes the entire duration of the film for the two to reach each other and, of course, it's through the use of food.

Food, while it's not billed in the credits, is a major player in this film. Many scenes are centered and devoted to the act of eating.

The meals are shown intricately and immaculately prepared and served.

Similar to film's like "Babbette's Feast" and "Like Water for Chocolate," "Eat Drink Man Woman" makes your mouth water.

It's hard to leave the theater without being hungry.

ON*tap*

Reba, John Michael to hit Rupp

Reba McEntire, one of the current day legends of country music, and John Michael Montgomery, a Nicholasville native, are making a stop in Lexington on their national tour.

Friday at 8 p.m., the pair will play to an near sell-out crowd at Rupp Arena. Rick Reno, Rupp's general manager, said ticket sales are "going great."

The concert attendance is nearing its capacity of 17,500, but "some walk-up seats are still available."

Montgomery

McEntire has visited Rupp Arena many times before, and Montgomery recently entertained at a tractor pull there.

Montgomery also made a trip to Rupp to perform the national anthem before a basketball game last year, a rendition for which he received scattered criticism.

On Oct. 15, Rupp Arena will enjoy its "second best exhibition game ever" when the Dallas Mavericks and Jamal Mashburn take on the Chicago Bulls. Reno said the attendance for Mash's return will take a back seat only to a 1992 game featuring Michael Jordan's Chicago Bulls.

Anyone interested in tickets for either of these events may get them from any TicketMaster outlet, including the one in the Student Center, or from the Rupp Arena box office.

FILM*clips*

Movies showing in Lexington theaters this weekend starting tomorrow.

Angels in the Outfield	A small boy prays for angels to help his baseball team. PG
Barcelona	Two friends explore Spain. PG-13
Blankman	Dweeb becomes crime fighter. PG-13
Body Snatchers	Horror tale of body snatching. R
Camp Nowhere	Kids run their own summer camp. PG
Clear & Present Danger	Agent helps declare war on Latin American drug trade. PG-13
The Client	Young boy takes the stand in Grisham adaptation. PG-13
The Color of Night	Psychiatrist takes over his murdered friend's practice. PG-13
Corrina Corrina	Whoopi Goldberg changes life of widow and daughter. PG
Dream Lover	Architect falls in love with pathological man-hater. R
Eat Drink Man Woman	Taipei's greatest chef questions human desires. NR
The Endless Summer II	Sequel to the 1966 surf film. PG
The Flim Flam Man	Aging con-man travels around Kentucky. NR
The Flintstones	Comedy based on pre-historic cartoon. PG
Forrest Gump	Dim-witted man gains fame through positive attitude. PG-13
Fresh	Young boy involved in New York city drug scene. R
Go Fish	Lesbian romantic comedy. R
A Good Man in Africa	Sean Connery plays a doctor. PG-13
Hard-Boiled	John Woo directs epic action flick. NR
I Love Trouble	Nick Nolte and Julia Roberts play dueling reporters. PG
In the Army Now	Pauly Shore goofs off in the Army. PG
It Could Happen to You	Cop wins lottery and splits it with waitress. PG
Jason's Lyric	Tragic story of two brothers. R
The Little Rascals	1930s comedy makes it to the '90s. PG
The Mask	Boring banker finds powers in magical mask. PG-13
Maverick	Mel Gibson plays a gambler who meets his match. PG
Milk Money	Two kids set up father with a prostitute. PG-13
Mi Vida Loca	Coming of age story about girls in gangs. R
Natural Born Killers	Psychotic couple becomes famous in media feeding frenzy. R
Next Karate Kid	Trilogy continues - this time with karate girl. PG
Pink Floyd at Pompeii	Psychedelic trip with Pink Floyd.
Priscilla Queen of the Desert	Drag queens go on a bus tour. R
Reality Bites	Winona Ryder is torn between two men. R
River Wild	A rafting expedition gets hijacked. PG-13
The Scout	Baseball coach recruits a problematic player. PG-13
The Shadow	Alec Baldwin stars as comic book hero. PG-13
The Shawshank Redemption	Morgan Freeman stars as an inmate.
A Simple Twist of Fate	Modern day version of George Elliot's book. PG-13
Speed	Cop matches wits with an insane bus bomber. R
Terminal Velocity	Suspense about skydiving and spies. PG-13
Timecop	Van Damme chases villians across time. R
Trial by Jury	William Hurt stars as hit man. R
True Lies	Secret agent hides his identity from wife. R
Wagons East	Late John Candy stars in western comedy. PG-13
Widow's Peak	Mystery at 1920s widows' enclave. PG
When a Man Loves a Woman	Man struggles to help his alcoholic wife. R
Wolf	New York publisher turns into a werewolf. R

AU ready for TV showdown

Tigers' matchup with UK puts them back in spotlight

By Brett Dawson
Sports Editor

The way the UK football team has been playing, it might not want to be on national television tonight.

Auburn, on the other hand, can't wait.

The ninth-ranked Tigers, owners of the nation's longest winning streak at 15 games, are going to enjoy soaking in the national spotlight. After all, when they play host to UK at 8 p.m. on ESPN, it will mark AU's first appearance on national TV since being placed on probation prior to last season.

UK at Auburn
Tonight, 9 p.m.
Jordan-Hare Stadium, Auburn
Records: *UK 1-3 (0-2 SEC), Auburn 4-0 (2-0 SEC)*
TV: *ESPN, 8 p.m.*
Series: *Auburn leads 20-5-1*
Last Meeting: *Auburn won 24-12 in Lexington on Oct. 7, 1989*

The Cats (1-3, 0-2 Southeastern Conference) have struggled seemingly non-stop since topping Louisville 20-14 in their season opener, dropping three straight by an average of almost 37 points.

UK is last in the SEC in total defense and 11th in total offense. Even the Cats' reputable running backs, highly regarded in the preseason, have managed only the ninth-best rushing attack in the league.

Auburn, meanwhile, keeps on winning. The Tigers haven't lost a game under second-year head coach Terry Bowden. And AU, the league's third-best defensive team, doesn't plan on having its television debut spoiled by a loss.

"This is the only game in the country … every (U.S.) military base in the world and every city in this country is going to be turned on ESPN," Bowden said yesterday. "Every one of (the players) has a chance to become a household name.

"It has to mean something to them as far as adrenaline."

Unlike Auburn, the Cats need that extra shot in the arm — and some momentum as well. UK could be a loss away from an unsalvageable season, with games against Georgia and at Tennessee still looming.

"They're in a situation at Kentucky where this is a must win for them, and we expect them to play their best football," Bowden said.

But Auburn isn't going to be the easiest place to do any season salvaging. The Tigers have put a considerable dent in UK coach Bill Curry's career winning percentage.

Curry, who went 0-10 against Auburn during stints at Georgia Tech and Alabama, hasn't coached against the Tigers since his Alabama team lost 30-20 in the rivals' first meeting at Jordan-Hare Stadium in 1989.

Curry said his only memory of a win at Auburn was as an assistant coach at Georgia Tech in 1976.

"I've been watching Auburn play football since 1957, and I've never seen an Auburn team that didn't have great players," Curry said. "Never."

The fact that Curry has had only four days to prepare his team for Auburn could make this game that much tougher. But considering their slow start, Curry and his players seem almost anxious to get back on the field.

"I think it'll be good for us to have a short week," free safety Melvin Johnson said. "You don't have to dwell on it as long with the taste of a loss in your mouth."

Curry said he thinks the abbreviated week could be just what the doctor ordered for his tattered troops.

"Everybody goes (the shortened week) now if you play on Thursday," Curry said. "If your players are needing some break in the routine, this provides it."

Note:

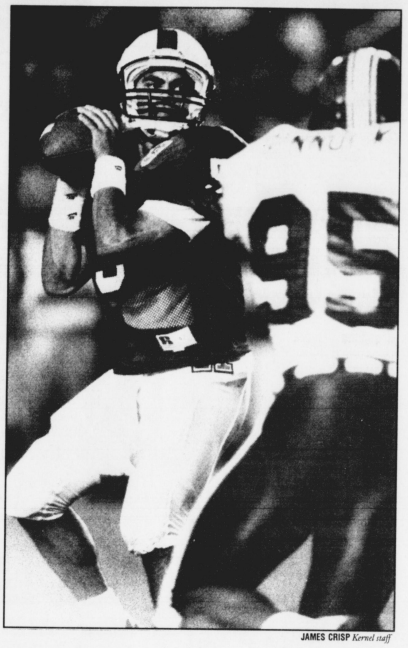
▼UK will play without one major player for sure, and could be without several other key contributors.

Linebacker Donté Key will not play. The junior, who is second on the team in tackles, sprained a knee against South Carolina.

It's possible the Cats could be without two of their top receivers. Split end Randy Wyatt, who has averaged 20.8 yards per reception on his 5 receptions this season, is doubtful for tonight's game. He has a severe ankle sprain.

Clyde Rudolph, who has 108 yards on just four catches, probably will play, but the decision on whether he will start will be made just before game time.

Linebacker Eric Wright is in the same situation.



JAMES CRISP *Kernel staff*

READY FOR PRIME TIME *Antonio O'Ferral and the UK football team travel to Auburn tonight for a nationally televised game on ESPN.*

KENTUCKY *stats*

Rushing	Att.	Net yards	Yds./Att	TD	Long
Moe Williams	52	270	5.1	2	68
Damon Hood	21	137	6.5	0	33
Antonio O'Ferral	27	108	2.9	1	15
Jeff Speedy	4	25	6.3	0	25

Passing	Comp.-Att.-Int.	Yards	TD	Long
Antonio O'Ferral	39-86-5	538	6	64
Jeff Speedy	9-15-0	116	0	26
Matt Hobbie	1-5-1	6	0	6

Receiving	Rec.	Yds.	Avg.	TD	Long
Leon Smith	14	196	14.0	1	50
Isaac Curtis III	9	118	13.1	2	36
Moe Williams	7	70	10.0	1	35
Randy Wyatt	5	104	26.0	0	30
Clyde Rudolph	4	108	27.0	2	64

GAME *keys*

▼Auburn will be making its first appearance on national television in more than a year. The Tigers were banned from national TV last season as part of their NCAA probation. Auburn still is ineligible for postseason play or a Southeastern Conference championship.

▼UK, loser of three straight games, is in desperate need of a victory to boost its spirits. The Cats haven't experienced winning since they knocked off Louisville back on Sept. 3.

▼UK's defense, already last in the SEC, will be without one of its top players: junior linebacker Donté Key. Key sprained his knee against South Carolina and will not be available tonight.

▼Auburn, third in the SEC in total defense, hasn't been able to muster much offense this season with the exception of a 38-0 rout of Division 1-AA opponent East Tennessee State.

Auburn is in the middle of the pack in the SEC in total offense and had to rely on three interception returns for touchdowns to beat LSU three weeks ago.

▼The Cats would like to get out of the gate early for a change. UK hasn't scored a first-quarter touchdown in eight games.

SHOW *stoppers*

UK

Harris

▼Strong safety George Harris has come into his own over the past few weeks. The transfer from City College of San Francisco had 19 tackles against South Carolina, and his 28 tackles on the season are third on the team behind, free safety Melvin Johnson and Key.

▼Tailback Moe Williams is back. At least it looked that way when Williams ran for 117 yards on 12 carries last Saturday against South Carolina. That performance boosted the sophomore, invisible in the SEC rushing leaders prior to last week, to 12th in the league with 263 yards on the season.

▼Placekicker Brian Sivinski is making UK fans forget all about Doug Pelfrey. Well, maybe not, but Sivinski certainly has looked sharp in the Cats' last two games, drilling field goals of 48 and 45 yards. Sivinski is two for three on the season.

Auburn

▼Pat Nix is AU's starter at quarterback, but the flashier of the Tigers' tandem at QB is Nix's backup, redshirt freshman Dameyune Craig. Craig has thrown for 154 yards and a touchdown with no interceptions so far this season.

Davis

▼Tailback Stephen Davis is the SEC's third leading rusher, averaging more than 100 yards per game. Davis, a 6-foot-2, 229-pound junior, averages 5.4 yards per carry and has scored three touchdowns this season.

▼Free safety Brian Robinson has two interceptions, tying him for sixth in the league. The junior has totalled 77 yards in interception returns and has scored one touchdown. He also has 24 tackles.

WORTH *noting*

▼UK coach Bill Curry is 0-10 lifetime against Auburn. This will be the first time Curry has faced the Tigers since coming to Lexington. His previous games against AU came during his head coaching stints at Georgia Tech and Alabama.

▼Auburn is 10-1 all-time against UK at home. The Cats' only win at Auburn came on Oct. 7, 1961, when UK beat the Tigers 14-12.

▼Second-year Auburn coach Terry Bowden has never coached against UK.

AUBURN *stats*

Rushing	Att.	Net yards	Yds./Att	TD	Long
Stephen Davis	74	403	5.4	3	40
Fred Beasley	14	75	5.4	1	13
Joe Frazier	17	60	3.5	0	8
Kevin McLeod	6	49	8.2	0	13

Passing	Comp.-Att.-Int.	Yards	TD	Long
Patrick Nix	48-92-3	571	4	32
Dameyune Craig	11-23-0	156	1	29
Allen Barnett	1-1-0	14	0	14

Receiving	Rec.	Yds.	Avg.	TD	Long
Frank Sanders	19	210	11.1	1	28
Tyrone Goodson	10	77	7.7	0	21
Thomas Bailey	9	114	12.7	1	30
Willie Gosha	5	94	18.8	1	29
Stephen Davis	4	35	8.8	0	17

CaMPuS

Med college honors achievers

Staff, students recognized at convocation

By David Turner
Staff Writer

Recognition is supposed to flow from talent and achievement, yet quite often people who excel go unnoticed.

Yesterday, the College of Medicine took steps to correct this all-too-common occurrence by honoring people who have proved their excellence.

The college's first Academic and Convocation Awards Ceremony was held Tuesday evening in the Otis A. Singletary Center for the Arts.

"The convocation provides an opportunity to recognize those unsung heroes of the school," said Dr. H. David Wilson, dean of academic affairs.

"The convocation is honoring teaching, learning and scholarship," Wilson said.

Staff and students were given awards in dozens of areas, including career achievement, research, teaching and academic success.

Many of the recipients are among the most talented medical personnel in the state.

"Despite all of the metaphorical mountains we have had to climb the College of Medicine has made some real gains," College of Medicine Dean Emery A. Wilson said during the opening ceremony.

The medical school is in the midst of unprecedented growth and success, he said.

Among its achievements:

▼Last year's graduating class was among the brightest and most respected in the school's history.

▼The number of women and minorities in faculty positions increases linearly each year.

▼The Albert B. Chandler Medical Center is ranked as the 16th largest corporation in Kentucky (judged solely by dollars at hand).

At the convocation, the Master Teacher Award was given to instructors who have proved themselves to be exceptional educators.

Of 63 applicants, only five received a full five-star rating, indicating success in all five areas of evaluation.

They were Steven Haist, assistant professor of medicine; Gary Kearl, associate professor of family practice; Harold Traurig, professor anatomy and and neurobiology; Richard Schwartz, associate professor of surgery; and David Peck, associate professor of anatomy and neurobiology.

The Outstanding Volunteer Faculty Award was given to "mentors" who took students into their offices and provided an on-the-job education.

Eight people were recognized, however, these eight people have played major roles in the training of more than 250 medical students throughout the course of their careers.

Student awards held an important place in the proceedings.

Students from the very top of their classes were rewarded with awards and scholarships.

"I was very happy to see my classmates and peers recognized," said Lee Ann Simmons, a second-year medical student and winner of the Basic Clinical Skills Award.

JAMES FORBUSH *Kernel staff*

CHEERS TO THE WINNERS *Dr. H. David Wilson, dean of academic affairs, applauds faculty who received awards from the College of Medicine yesterday.*

UK offers first STEPS to job

By Kathy Reding
Contributing Writer

Hunting for a job is often a frustrating process for students seeking extra income. Student and Temporary Employment Services can make this process less painful for UK students.

"(STEPS is) a job referral service for students. With STEPS, students know where jobs exist and when they will fit into their schedules," said Sharon Bruce, student employment coordinator at STEPS.

A student interested in finding a job through STEPS first fills out an application describing his past work experience and special skills.

The student then chooses from several available jobs.

The available jobs are on a list that is updated every Monday. Typically, there are 100 to 150 available jobs, including everything from sales to computer work to food service work.

Education required ranges from freshman to graduate school level. Both on-campus and off-campus positions are available, and hours per week and work schedules vary widely.

After applicants choose potential jobs, they are interviewed by a STEPS counselor to select which ones are best-suited for them. Students are referred to the employer and must call to set up for a job interview.

"Students are matched with a job. (Counseling) is a practice session for students for the real interview," Bruce said.

All UK and LCC students and any employer or campus department are eligible to use the free STEPS service. STEPS also places non-students in temporary jobs in UK departments.

Bruce said students come to STEPS to earn money for college and spending money and to gain work experience in their major area for after they graduate.

"More jobs are averaging around $5 per hour," Bruce said. Some students even move into positions in their career area after graduation through their jobs, Bruce said.

Employers call daily with job listings and about 100 students are interviewed each week. "Many employers call their openings in here before advertising," Bruce said. "STEPS is a time-advantage for students over newspaper classifieds."

Keri McDaniel, a biology sophomore, is employed at the Early Learning Center day care through STEPS.

"They (STEPS) inform you about the entire job, flexibility of the schedule, and you feel comfortable with the interview," said McDaniel, who found a job in her first day. "They put special emphasis towards helping students."

STEPPING*out*

Students interested in finding a job through the STEPS program can stop by the Student Employment Office at 252 E. Maxwell St. Interviews are conducted Monday through Thursday from 11 a.m. until 3 p.m. on a first-come, first-served basis.

SGA

Senate debates sales of UK-UofL T-shirts

From **PAGE 1**

mittee meetings that followed.

The Campus Relations committee favorably passed a bill for allocations toward a trip planned by several SGA officials to Washington, D.C., for the "Lead ... or Leave" national conference.

Along with passing the bill, committee members also submitted a statement on their opinion of the state of SGA at this point.

"Our organization is unorganized and in serious need of guidance. We feel that the executive branch needs to focus on communication and cooperation with the Senate," the committee's report said. "Our suggestion stems from the recent difficulties that have plagued our organization, including T-shirt sales and the upcoming Lead ... or Leave workshop."

The Appropriations and Revenue committee passed requests for funding with favorable recommendations. The requests totalled $6,146.

The bills included a request for $2,138 from the American Institute of Architecture Students Forum, one from $1,010 for the National Future Homemakers of America Cluster Meeting, and one for $2,998 to start a UK co-ed soccer team.

The Operations and Evaluations committee gave recommended a resolution sponsored by Senator at Large Adam Edelen and Avi Weitzman, executive director of academic affairs.

The bill would create two amendments to the SGA Constitution.

The amendments would divide the Senate budget in half, forcing 50 percent to be used to fund organizations outside of SGA and the remaining 50 percent used to fund SGA-created programs.

All of last night's legislation will go before the full Senate next week for final approval.

Celebration to focus on primary health care

Health professions students plan educational festival

By Jeff Vinson
Staff Writer

Medical students across the country are participating in events that outline the opportunities and challenges of primary care.

UK medical school students are no exception.

From 11 a.m. to 2 p.m. today in the Albert B. Chandler Medical Center Courtyard, students from UK's five health profession colleges will celebrate National Primary Care Day by learning about primary care and its impact on health care at an information fair and cookout.

A task force comprised of Medical Student Association representatives organized the event.

"This is a day that we would like to use to present to the community at large the importance of primary care and its role in the forthcoming reform of the health care system," said Tamara Dickerson, a fourth-year medical student in the College of Pediatrics and chairwoman of the Primary Care Day task force.

Dickerson said various residency programs, including pediatrics, internal medicine, family practice and obstetrics and gynecology, will have information booths in the courtyard.

Prospective medical students can receive information about available incentives associated with primary care.

In a released report, the Association of American Medical Colleges stated that most health experts believe that half of all doctors should be generalists.

Over the past 25 years, the AAMC said that the supply of generalists dwindled to about 30 percent of all physicians.

According to the AAMC, enhancing generalist practice as a career option requires a united effort by medical schools, state and federal governments and third-party payers.

Generalist physicians include general internists, general pediatricians and family practitioners.

In 1992, the AAMC recommended as an overall national goal that a majority of graduating medical students be committed to generalist careers.

The AAMC advocates that all medical schools and teaching hospitals make appropriate efforts to reach this goal within the shortest possible time.

Dr. C. Everett Koop, former U.S. surgeon general, shares the AAMC's concerns.

"The generalist physician could lead American medicine into the 21st century, not losing one whit of science on the way, but at the same time recapturing the spirit of medicine that was humane and self-giving: a spirit not of a business, but of a compassionate profession," Koop said in a release.

At each of the nation's 142 allopathic and osteopathic medical schools, including UK, students may view Koop's comments concerning primary care issues on video.

PRIMARY *goals*

Primary Care Day goals

- ▼Encourage medical students' interest in primary care careers
- ▼Provide information about primary care and career opportunities
- ▼Address misconceptions that prevent students from choosing primary care careers
- ▼Reaffirm continued and important role of generalist physicians

"Speed Racer" is awesome

Annual run will benefit UK charity

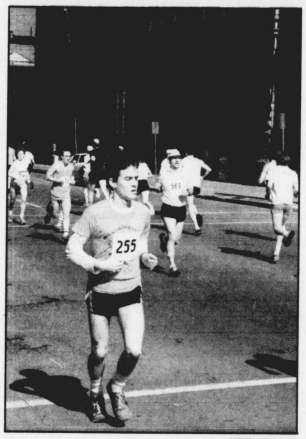


PHOTO FURNISHED

RUNNING MEMORIES *Proceeds from an annual 5K run, named for Joe Bieschke (above), will benefit the Albert B. Chandler Medical Center Children's Fund.*

By Thomas McIntosh
Staff Writer

Fall 1986 was not a very good season for the Bieschke family.

They lost their eldest child, Joe, to cancer on Oct. 29.

But something good came from all the sadness that November. That something is the Joe Bieschke 5K run, which has become a yearly tradition.

The run gives people the chance to experience what Joe loved most: running. In its ninth year, the run will take place at the Kentucky Horse Park at 10:15 a.m. Saturday.

The race consists of a 5K run and a one-mile walk. All registered runners will receive a custom-designed T-shirt and the chance to win various door prizes, such as $100 in cash and a Sony television.

All proceeds from the race will go to the Joe Bieschke Scholarship Fund at his high school, Lexington Catholic, and the UK Children's Fund at the Albert B. Chandler Medical Center.

Patrick and Louise Bieschke, Joe's parents and coordinators of the race, decided to give money to the children's fund to carry out Joe's wishes to help other people.

The Bieschkes wanted the money to satisfy the entertainment needs of the cancer patients at UK because they need a fun diversion.

"Working on computers and watching movies helps the kids take their minds off of illness and treatments," Patrick said.

"The money has been previously spent on televisions, VCRs, a computer, games and movies," Louise said.

Judi Martin, child-life coordinator at the hospital, said the profits given from the race have been helpful.

"They were able to give us funds for things that we did not have," Martin said.

Martin added that the money is being spent on recreational and leisure supplies for adolescents because Joe was an adolescent when he died.

"A hospital is a very artificial, controlled environment," Martin said. "We tell the kids when to eat, sleep and use the bathroom. Playing is the only activity they have where they have control.."

At 16, Joe was diagnosed with Burkitt's lymphoma, an acute form of cancer that attacks the lymphatic system.

Joe's situation hits home for Valerie Parsons, a communication disorders major and a member of Kappa Alpha Theta social sorority, who will join the Bieschkes for the run.

"I was diagnosed in 1979 with acute lymphoplastic leukemia, and I was treated at UK," Parsons said.

"The race helps good come out of what happened to their son."

"I really respect and admire the Bieschkes and everyone else involved for devoting so much time and energy to helping others," Parsons said, "especially since running meant so much to Joe."

If you would like to run, registration will be at 9 a.m. Saturday at the horse park.

VieWPoiNT

Paved with good intentions

KeNTuCKY Kernel

Established in 1894
Independent since 1971

IN OUR OPINION

Discussions over issues of race, and more specifically diversity programs, always bring to the fore the deepest running emotions in people.

Kentucky's state-supported universities are mandated by law to improve in the areas of minority student recruiting, faculty and administrative hiring.

Recently, however, controversy arose over the awarding of Kentucky Higher Education Assistance Authority scholarships.

A new law that was passed by the General Assembly this year states that minorities are entitled to the same percentage of scholarships as the percentage of those that applied for them.

This was bound to cause a stir.

Throwing the first punch was state Sen. John David Preston, R-Paintsville, who wrote letters to 11 white students who were denied the scholarships because they happened to be white.

In the letters, Preston noted that the scholarships were given to less qualified black students.

If the scholarships were doled out as they had been in past years, three minority students would have received the scholarships.

Criticizing Preston's actions was Sen. Gerald Neal, D-Louisville, who said that the letters served only to "fan the flames of racism."

We have stated before that we believe diversity is important. But should quality be sacrificed when trying to achieve this goal?

No.

It simply is not right to hand out these scholarships based on anything but merit and financial need.

Equality never can be achieved as long as special preference is given to people on the basis of race. Discriminatory preferential treatment was never right in the past for whites; it simply cannot now be right for blacks.

While this situation needed to be brought into the open, Preston's method was underhanded and did little to promote legitimate debate on the subject.

Preston is an elected senator. If he wishes to question the fairness of the law, then he should bring that to the Senate floor, allowing everyone to chime in on the points of contention.

SOUND*bytes*

Should taxpayer-funded scholarships be given on the basis of race?

"No. I think that preferential treatment for a group of people based on anything other than ability is wrong."

Scott Erny
Psychology graduate student

"It is a very iffy question. At times you can say yes, and at times you can say no."

Nicole Martin
Political science junior

"No, because I think academic scholarships should be based solely on academic performance."

Clarissa Shetler
Biology freshman

"They should be given out on merit and need."

David Killion
Education graduate student

"I think they should go to people who have need. Colleges cost so much these days."

Teresa Bruneau
Biology sophomore

Journalists benefit University more than football team

I had to laugh the other day when I read a letter to the editor in the Kentucky Kernel in which a reader trashed one of Lance Williams' columns. Williams was bemoaning UK's loss to some football team, though I can't remember who it was.

The crux of the letter was that Wildcat football players work very hard, which I'm sure is true, and that they have more class and represent the University better than Williams would ever be able to.

I must say that really got to me. Lance and I have only talked a couple of times, so I won't vouch for his class, but the matter of his representing this school deserves discussion.

I fail to see how a horde of young men clad in plastic armor and skin-tight knickers running around bludgeoning and grabbing each other in a sweaty heap constitutes an admirable symbol for a college.

My Random House Webster's College Dictionary defines a university as "an institution of learning of the highest level, comprising a college of liberal arts, a program of graduate studies and several professional schools."

Hmm, nothing about football or those silly pants.

I would venture to say that Lance Williams, in his exhibition of professional skill as a journalist, not to mention his mere literacy, is a better representative of this University.

(He didn't even pay me to put in that plug for him.)

But people only write in to a newspaper when they really care about what they have read, and this reader obviously takes great pride in his football team. There are certainly many more folks out there who feel the same way.

To be blunt about the matter though, it's a crying shame that some UK students and alumni care more about the school's place in The Associated Press football poll than its academic rankings or credibility.

These kinds of people can sit around for hours arguing over football coach Bill Curry's failing strategies or UK's porous defense, but don't give a rat's ass about UK President Charles Wethington's policies (until they're ready to axe Bill).

Offer to take them to a meeting of the Board of Trustees, and they'll suddenly remember that they left their bean casserole in the oven.

By God, though, they would have sold their own grandmother for 50-yard-line tickets to the UK-Louisville game. Yeah, boy, nothing better than an evening at Commonwealth Stadium.

Kevin Cullen
Contributing Columnist

You can get your kicks watching dozens of strapping young lads rolling around in the grass, straining, heaving, grunting and . . . well, you get the picture.

And, heck, why not bring the kids, since it's not like they get enough violence at home on TV.

The whole notion of bankrolling a guy's college education because he can lift the equivalent of two file cabinets and run across a field encased in polymerized plate mail is ludicrous.

People always will argue that athletic scholarships enable many students to pay for a college degree they would otherwise be unable to afford.

Call me crazy, but if someone can't do a bit of homework and study a couple of times a year to make the grade in high school (not a hard thing to do), have they got the mental equipment to be in a major university?

I think not.

If the average high school football player spent as much time hitting his books as he did hitting his head against other jocks, he should be able to get a grant or scholarship no sweat. (Sorry about the pun.)

On the other hand, people like Lance Williams put in long hours for little or no pay, plying a professional skill.

> *"I'm not going to say that the Kentucky Kernel is of a higher quality than Coach Curry's football teams, but at least journalism is an academic pursuit."*

I'm not going to say that the Kentucky Kernel is of a higher quality than Coach Curry's football teams (Lord help the Kernel staff if it isn't), but at least journalism is an academic pursuit.

Compare this to football — a game in which the players don't even have to think for themselves. They have a bunch of old washed up football players on the sidelines to plan out all of their moves for them.

Football is here to stay.

But you'll never convince me that a bunch of guys playing a child's game project an image befitting a university.

Contributing Columnist Kevin Cullen is a library science graduate student.

INFORMED SOURCES

"IF SOMEBODY *robs a bank and pays back money, it doesn't mean he didn't commit the crime."*

Donald C. Smaltz, *the independent counsel investigating Agriculture Secretary Mike Espy. Espy reimbursed the cost of gifts from businesses he regulates and has denied any wrongdoing..*

Conservatives should not be timid

Frum points to moderation as reason for Republican losses

Todd Baggarly
Contributing Columnist

On the 1980s, the hard-hearted policies of Ronald Reagan were the cause of numerous social ills. Farmers were dispossessed of their land, senior citizens were thrown into poverty, tax cuts for the wealthy caused budgetary shortfalls that caused a capital shortage and choked off economic growth resulting in a three-year recession. We finally are realizing that this is what happened, aren't we?

No. This is just tired old liberals whining because they were crushed in three straight presidential elections.

But, according to a new book by David Frum, "Dead Right," the above charges have successfully cowed the conservative movement and were responsible for crippling the Reagan administration even before it took office.

But, for appearances sake, conservatives came to accept the welfare state rather than try to dismantle it for fear of appearing stingy and mean-spirited.

If conservatives are ever to earn the privilege of governing again, they must regain the courage of their convictions and learn, to borrow from William F. Buckley Jr., to shout "No!" in the face of onrushing liberalism.

We conservatives also must stop pandering to the yearning of the American people for painless solutions to the problems that face this nation, like the budget deficit, which will start to increase again in a few years.

Instead of blaming the deficit on "waste, fraud and abuse," we must begin to be honest as to how seemingly intractable problems are to be solved in the long run, no matter how unpopular our solutions may be at first.

To start this dialogue, it is necessary to assert that our budget deficit didn't happen because of too many "welfare queens." And, contrary to liberal opinion, it didn't happen because the rich don't pay enough taxes.

It happened because liberals built a welfare state that is not very "forgetful" when it comes to paying benefits to the "forgotten middle class." It exploded in the 1980s because conservatives didn't try to tear this monstrosity down when they had the chance.

Two of the biggest spending programs today are Social Security and Medicare.

These are entitlement programs, which means that rather than Congress' setting a spending level, anyone who meets certain criteria is "entitled" to benefits.

Social Security jumped from being a $118 billion program in 1980 to being a $300-plus billion program in 1993. It currently is the largest line-item in the budget, and this is before the baby-boomers are ready to retire. Medicare made a jump from $32 billion to $132 billion in the same time frame.

One aspect of Social Security that is particularly irresponsible and unfair is that the more money one has made in one's career, the more benefits one receives. Thus, a retired millionaire gets more benefits than a retired elderly person who made minimum wage all of his life.

This is so because the elderly have the strongest lobby in Washington and liberals decry as "cruel" any discussion of limiting benefits to the elderly, even those who are not poor.

A similarly ridiculous misallocation of federal expenditures is agriculture programs.

Taxpayer monies are used to pay farmers not to grow crops. Food is purchased by the government to artificially elevate the demand for food to a high enough point to provide farmers with a price that the government deems "fair."

In other words, the U.S. government has as one of its policy objectives the systematic elevation of the price of food that working families must pay. All of this in the name of "compassion." You see, it would be callous to expect farmers to submit to the marketplace. They, unlike the rest of us, have a God-given right to profitability and your tax dollars are used to secure that "right."

To make themselves worthy of governing again, conservatives would be wise to heed Frum's criticism and remake themselves accordingly.

A timid conservative movement, though better than contemporary liberalism which started this mess, is largely irrelevant. Frum's critique of 1980s conservative governance is valid and insightful; on what is wrong with the conservative movement today, he is Dead Right.

Contributing Columnist Todd Baggarly is a political science graduate student.

CLaSSiFieDS

Call 257-2871 • Visa/Mastercard accepted

Deadline: 3 p.m. the day before publication

FOR SALE

'87 PONTIAC SUNBIRD Convertible 56k $4100. 269-6060.

'89 GMC PICK-UP. Good condition. 5-speed. High Mileage. $4,500. 252-2529.

'92 JEEP WRANGLER, 31K like new. Moving, must sell. 269-5455 or 502-695-2235.

'93 CANNONDALE M800- Great condition, $600, 281-5732 after 9pm.

A NEW PRICE! '84 CHEVY SPORTVAN. AC/PS, am/fm stereo with tape deck; captains chairs, bench -seat; 305 engine, well-maintained van with 129K miles; still runs very good, oil changed every 3-4000 miles its entire life; minor rust; gold color; tinted windows; new tires. PRICE REDUCED: now $3400. Call 257-1900 days, 223-0934 after 7 p.m.

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KENWOOD CD PLAYER. $200. Denon PMA860. Amplifier $200. Carver Tuner $150. Klipsch Forte II speakers $550. OBO. Call 253-4617.

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WIEDER EXERCISE and weight training machine. Many accessories. $100. 233-1926.

ZENITH 171 COMPUTER with printer and desk. IBM Compatible. $500. 223-7681.

FOR RENT

1 BR APT. Woodland Ave. Newly decorated, unfurnished. Water included. Walk to school. $350/mo. 268-8135.

3 BR 2BA. Never lived in apartment. Close to campus. Air and laundry. $750/month. 263-5084.

4 BR APT. 2 BA: Kitchen with refrigerator, stove, microwave and central air. Block and a half from UK campus. Laundry. $900/mo. Call 252-6612 ext. 8081.

205 WALLER AVENUE near Hg. and Medical Center. Newly constructed duplex. 4BR, 2BA w/d connections. Available immediately. 272-2684.

APARTMENT UNFURNISHED. All utilities paid. 1 & 2 BR, pool, 10 minutes from campus, starting at $430. 266-0801.

ARE YOU MOVING? TRUST MAN WITH VAN. Christopher Sullivan 266-2142.

BEAUTIFUL SPACIOUS 2-3 BR APT, 2 BA, 3 walk-in closets, hardwood floors, ceiling fan, no pets, 1 mile from UK. Call 269-7902.

FEDERALLY ASSISTED FAMILY HOUSING AVAILABLE. 2-3 Bedroom Units. Apply at 1510 Versailles Road. Rent based on income. Call 255-8011. (Hearing impaired call TDD 1-800-247-2510).

FOUR BEDROOM TOWNHOME available now and only one mile to UK! Includes three full baths, washer/dryer, plus! Call 252-5858 for appointment.

FURNISHED EFFICIENCY - $300/month. 5 minute walk to UK. Call 252-0850.

FURNISHED EFFICIENCY WITH A.C. 462 Rose Lane $285/month plus electric. 255-2651 before 10 am of after 8 pm.

FURNISHED ONE BEDROOM apartment on busline, quiet $275/moth, call Ms. Merrill 255-1518.

MATURE ONE OR TWO FEMALE ROOMMATES wanted to share 3 bedroom 2 bath duplex 273-0481.

NEAR UK - DOWNTOWN 1 Br. $250 & up. Lease and deposit, $295. Newly furnished, utilities paid. 252-0680.

NEWLY REMODELED ONE BEDROOM only four miles to UK! Choose the spacious garden-style apartment or the lovely townhome! Rates begin at $335/mo. Call 252-5858 for appointment.

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PARKING available at 132 Virginia Avenue; $45 per month; call 252-5858 for more info!

SHARE HOUSE, PC; private furnished living, study, bed, 1/2 bath. Must love dogs. Med-grad-serious student. Nicholasville. $300/month plus half. 887-4313.

TWO BEDROOM laundry qualify for rental discount, $330-350. Call Brenda 255-7115.

HELP WANTED

$$FUN & MONEY$$ If you don't have enough of either, you need to call today! Filling positions immediately to help with expansion. Call 225-8706.

$100 PER HOUR POSSIBLE. Mailing our circulars. No experience required. For information call 203-221-2011.

$1500 WEEKLY POSSIBLE MAILING OUR CIRCULARS! For info call 202-298-9065.

$363.60!! Sell 72 funny college t-shirts. Profit: $363.60!! 19 designs. Free catalog. 1-800-700-4250.

$500+ WEEKLY Dancers, models, entertainers needed. Local agency openings. Will train. For info./ interview call 233-1993 after 6pm. Mon-Sat.

*****FLEXIBLE HOURS*** KENNY ROGERS ROASTERS** is now hiring full and part-time crew members. We offer an exciting work environment, advancement potential, above minimum wage, meals, uniforms. We are actively recruiting staff who are reliable, hard working, and team players. If this descibes you, apply in person M-F 2-5p.m. at Patchen Village, Turfland Mall, or Tates Creek Centre. Previous applicants need not apply.

ADVERTISING ASSISTANT 15-20 hours/week. Familiar with page layout and computers. Howard Stovall 268-1431.

ASSEMBLERS: Excellent income to assemble products at home. Info 1-504-646-1700. DEPT. KY-6415.

ATTENTION MODELS AND DANCERS—needed for private entertainment. Great pay!! Confidential. 231-1595 after 7p.m.

ATTENTION STUDENTS! Earn extra cash stuffing envelopes at home. All materials provided. Send SASE to Homemailing Program, 1228 Westloop #174, Manhattan KS 66502. Start immediately.

ATTENTION: LEXINGTON POSTAL POSITIONS $12.26/hour + benefits. Carriers, clerks, sorters, + main jobs. For exam application, call (708)264-1600 ext. 4356.

BABYSITTER NEEDED in my home for 4 year old child. Tuesday, Thursday, and every other Friday. 11:30-5:30, need own transportation. 3 references required. Call 278-1758 or 227-3709.

BASIC JANITORIAL WORK: 2-5 days per week, M-F, 6-10pm. Need 3-5 people. Should have own transportation and know Lexington. $5/hr. 272-6726, have message.

CASHIER- Part-time evenings. Please apply to The Merrick Inn Restaurant 3380 Tates Creek Road.

CHIMNEY SWEEP. Must have own truck. Up to 40% commission. Will train. Police check required. 269-0061.

COUNTRY MUSIC CORNER POCKET-DJ open dance floor Thursday no cover. Silverado Band, $2 cover Friday and Saturday. Orchard Shopping Center, Nicholasville. 9 pool tables and 4 dart boards.

CRUISE SHIP JOBS! Attention: Students! Earn $2000 plus monthly part-time/ full-time. World travel. Caribbean, Hawaii. All positions available. No experience. Call (602) 453-4651

CRUISE SHIPS HIRING- Earn up to $2,000+/mo. on Cruise Ships or Land-Tour companies. Seasonal and Full-time employment available. No exp. necessary. For info. call 1-206-634-0468. ext. c55351.

EARN GREAT MONEY AS A SERVER at the Olive Garden. Will work with school schedule, but must work at least two lunches M-F. Apply between 2-4 M-F, or call 272-8334.

EXPERIENCED RELIABLE CHILDCARE NEEDED IN OUR HOME. Some afternoons and weekends. Nurturing responsible person to care for loving pre-schooler, non-smoker with own transportation and good driving record. Some college preferred, references required. 268-2359.

FABULOUS GIFT SHOP needs part-time help. Flexible hours, experience preferred. Now thru Christmas. Call 269-3812.

FAZOLI'S now hiring morning and evening shifts. Full or part-time. Work well with students. Apply 2200 Nicholasville Road.

FULL-TIME RUNNER POSITION WITH MID-SIZE LAW FIRM IN DOWNTOWN LEXINGTON. Minimum wage, mileage, and benefits. Send resume to Frances Short M, GM, 271 W. Short Street suite 700, Lexington, KY 40507. No phone calls please.

FULL/PART TIME- Lexington's premiere commercial cleaning service. Flexible schedule! Responsible, dependable? Please call 271-3529.

GENERAL HELP NEEDED FOR FALL SEMESTER- Duties vary. Flexible hours. $5/hour. Good driving record a must. Apply in person only. 4001 Nicholasville Rd. Enterprise Rent-A-Car.

GRAND OPENING -Campus Consign Mart. 506 and a half Euclid Ave. Selling quality used clothing 226-9183

GROOMING SHOP needs cat/dog bather. Morning 2-3 hours. Call for appointment. 269-0000.

HELP WANTED - Rett's Landscaping. Starting pay $5.50/hour. (606)269-7644.

HOLIDAY INN SOUTH now hiring part-time p.m. dining room server, part-time p.m. dishwashers, and part-time banquet set-up person. Apply in person. 5532 Athens-Boonesboro Rd. Lexington, KY 40509. I-75, exit 104.

HOUSESITTER LAKE ESTATE- some chores, occasional au pair. Send background to PO Box 24544 Lexington, KY 40524.

IF YOU WOULD LIKE TO EARN MORE in one day working with me than you will in one week flipping burgers, call me! Ask for Paul at 254-2611.

LOOKING FOR A GREAT PLACE TO WORK? Come on down to Lonestar Steakhouse & Saloon. Now hiring am & pm bartenders, servers, host/hostesses, and line cook. Apply in person. M-F 2-4 at 2555 Nicholasville Road.

LOOKING FOR PART-TIME WORK? Counter help for upscale Gourmet deli and wine shop. Must be able to work at least 2-3 lunch shifts during the week. Apply in person at La Cucina 355 Romany Road. No phone calls please.

MAIL ROOM HELPER to work part-time, weekday mornings or afternoons. Off campus. Must have own transportation. Call Betty 231-7272.

MONEY!!! It is the rare individual who seeks financial independence and is willing to take the chance to achieve! International corporation seeks entrepreneurial minded individuals for expansion in Lexington. Call 225-8706.

NOW HIRING, GREAT PAY. Choose your days, choose your hours. Call today. Kelly Temporary Services 223-2416.

PART TIME JEWELRY SALES. Evenings & weekends. Must have retail sales experience, salary & commission. 269-9731.

PART TIME RUNNER FOR DOWNTOWN LEXINGTON LAW FIRM. Send resume to Frank Marino. 2116 Island Drive, Lexington 40502.

PART TIME STANLEY J'S NEW YORK STYLE DELICATESSEN seeks counter person to work evenings. 15-20 per week and some Saturdays. No Sundays. Apply at Stanley J's Stonewall Center 3101 Clays Mill 224-3354

PART-TIME warehouse personnel for distributing center 8 am-12pm. Mon-Fri. Apply in person to supply house 172 Lisle Rd.

POWERHOUSE GYM needs fitness oriented sales people + receptionist. No experience necessary. Call before 5 p.m. 263-5444.

RAMSEY'S DINER on High Street is now hiring night time dishwashers. Please apply M-F, 3-5p.m.

SALES PEOPLE NEEDED. Work your own hours. Earn extra money. Call 226-9192, ext. 3.

SECURITY OFFICERS NEEDED!! Great for students! AM shifts available, flexible hours. Please apply M-F 9 a.m.-5 p.m. to 2623 Regency Road. Hired on spot with clean police record. Must bring record. Check for interview.

SERVERS WANTED - Mesa Verde, Lexington Green Mall. Now hiring experienced servers. Apply in person between 2-5p.m.

SERVERS- evenings, some experience required. Please apply to The Merrick Inn Restaurant 3380 Tates Creek Road.

SITTER NEEDED my home Tuesday and Thursday 7:30 - 4:30 $45/wk. 269-6707.

START NOW. GREAT PAY! No experience necessary. Will train. Flexible hours. Call before 5 p.m. 263-5444.

SUPER 8 MOTEL. Housekeeping positions now open. Part-time weekends available. Apply in person. 2351 Buena Vista (Winchester Rd).

TEACHERS AND ASSISTANTS for early learning center. Must enjoy working with infants through Kindergarten ages. Send resume to KIDS COMPANY 350 East Main Street Lexington, KY 40508. Apply Now! Fall positions available.

WANTED COED TO HOUSESIT AND BABYSIT two friendly dogs approximately 2 weekends per month. Trustworthy + dependable a must. Call 268-0217, ask for Rick.

WANTED STA 291 TUTOR for two people. Will pay separately. Contact Jennifer at 271-5936.

WANTED!! America's fastest growing travel company seeking individuals to promote Spring Break to Jamaica, Cancun, Florida, Padre. **FANTASTIC FREE TRAVEL AND GREAT COMMISSIONS!** Sunsplash Tours 1-800-426-7710.

WANTED: A permanent part-time stock person. Mandatory Tues. and Thurs. 9am-6pm. Extra holiday hours possible. Apply in person. The Bombay Company Fayette Mall.

WE'RE A SMALL (AND WE THINK INTERESTING) LEXINGTON FIRM, looking for a part-time office helper (10 to 30 hours per week). We need someone who has word processing skills, can drive a car with standard transmission, and has good writing and telephone skills. $4.25 to $5.00. Call Donna at 231-8308 for more info/interview.

WORK YOUR OWN HOURS!! Make big bucks!! Sell ads for local anti-crime newspaper. 268-2937 or 233-3792

PERSONALS

Stephanie: Alright, so I'm an idiot. But what's in a name anyway? So here's your true mention in the Kernel. Better late than never, eh? C-Ya! Brian

"GET INVOLVED." College has so much more to offer than crowded classes and boring parties. Delta Sigma Phi emphasizes Friendship, Academics, Community Service and Leadership. For more information, contact Ken April at 253-9903.

****#1 EARN $2500 & FREE SPRING BREAK TRIPS!!** Sell 8 trips go free!! Best trips and prices! Bahamas, Cancun, Jamaica, Panama City! Great Experience! 1-800-678-6386.

***** HAPPY 19TH BIRTHDAY AMY!** Love, M.H. and B.W.

*****SPRING BREAK'95*** America's #1 Spring Break Company!!** Cancun, Daytona, & Panama! 110% Lowest Price Guarantee! Organize 15 friends and TRAVEL FREE! Earn highest commissions! (800)32-TRAVEL

ΛΛ UK SNOW SKI CLUB Room 106 Student Center. Why does Andrew get to go to Steamboat? Andrew will go to Steamboat, we'll all go to Steamboat...it'll be anarchy!

A MOUNTAIN BIKE COMPETITION for Collegians. Oct 15 & 16. Cross-country and Slalom. 14 categories. Ski Butler in Carrollton, Kentucky. Full-service camping. (502) 484-2998.

ALPHA GAMS - Thanks for Double Vision. It went great!! Lambda Chi Alphas.

BEAUTIFUL GIRLS!!! EXCITING!!! PASSIONATE!!! Talk to 'em live!!! 1-900-526-9000 ext. 5092 $3.99/minute. Must be 18 years old. Procall Co. (602) 954-7420.

BLANDING III RUSH GROUP-Hope your semester is going well! I miss you! Love, Melea.

COUNTRY NIGHT AT RENAISSANCE. Tonight 7pm-5am. 117 South Upper.

DDD BRANDY-Congrats on the SDC. We are proud of you! Your sisters!

DDD JENIFER N- Congrats on getting a part in Lend me a Tener, that's great!

DDD KELLI- Break a leg in your production tonight! Delta Love, Your Sisters.

DDD-Laine, Melissa and Jessica- keep up the good grades! Delta Love, your sisters.

DELTA ZETA'S- Good luck with Road Rally this weekend! Drive your way to first place!

DG LAURA P - Good luck on Saturday in the track meet against SIU. We're all behind you. ITB, your sisters.

DO YOU DREAM IN COLOR? Bring your organization's event to life with Third St. Stuff's customized T-shirt designs. 385 S. Limestone 255-9206. Free Chili Pepper Windsock to 5th customer.

DON'T GO UNPROTECTED! We have very affordable health insurance for students and other individuals or family members. Call Aegis for a fast free quote. 275-2124. **DON'T WAIT!**

EXPERIENCED PROFESSIONAL PHOTOGRAPHER AVAILABLE for sports, documentary, advertisement and portraiture photography. 606-271-8967.

FRAT HATS!! All UK frats in stock. $14.99 **COURT SPORTS** (corner of South Limestone & Euclid). 255-5125.

FREE TAPE of ancient, true **prophecies**. Write PO Box 62, Wilmore, Ky 40390

HOW TO IMPROVE, REPAIR & INCREASE YOUR CREDIT - Establish Triple A & get out of debt. Send SASE for free info. KMB 3360 Overbrook Dr, Lexington 40502.

JOIN THE UK FCA for the **UK/LSU GAME** Thurs. 8p.m. at CSF!!! (corner of Woodland and Columbia). EVERYONE WELCOME!!

KITTEN! Giving away 10 wk. old all black kitten. If interested, please contact me. 266-6191.

LID SALE! Team hats by Starter. 2 for $15.99. Court Sports on corner of South Limestone & Euclid 255-5125.

LIVE MUSIC FOR PARTIES. Jimmy Buffet, Garth Brooks, Eagles, etc. 226-0252.

LOST WEIGHT NOW! Enjoy a happier you. Call 278-7149.

OOZEBALL LATE APPLICATION DEADLINE DUE FRIDAY AT NOON. Return completed applications to the Sturgill Building next to Chi Omega.

PARKING! PARKING! PARKING! Spaces available- Woodland Ave. Call for Details. 253-2081

POLL WORKER NEEDED! $5 per hour. Sign up quickly in the SGA Office Room 120 Student Center.

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POLL WORKER NEEDED! $5 per hour. Sign up quickly in the SGA Office Room 120 Student Center.

SAACURCH '94 STAFF- U R The Best. Keep up the good work. Love Erica and Melanie.

SHELLI AND EDDIE- Good Luck on the LSAT! Love Erica.

SIG-EPS- Congratulations to Rob Naylor for double LOG of the week award!

SIGMA TAU DELTA ENGLISH HONOR SOCIETY fall membership drive applications available in 1215 POT.

SKYDIVING INSTRUCTIONS. Train and jump same day. $90. 606-873-0311.

START ME UP...with apparel by Starter. Court Sports, corner of South Limestone and Euclid, 255-5125.

SUPER SALE RACK! Tees and tanks as low as $5. Court Sports, corner of South Limestone & Euclid, 255-5125.

SWEET ADELINES CHORUS SHOW - "DOCTOR RUTH'S KOOKIE KOLLEGE OF MUSICAL KNOWLEDGE" Saturday, October 1st 8:00pm Opera House $7.00 266-5736.

THE MOLE HOLE at Lexington Green and Turfland Mall are looking for full and part-time help. Apply in person at either location.

THROTTLE! Do you require professional illustration done for your next ad, flier, pamphlet, etc.? Call me! Reasonable rates! 233-1926! Ask for Kenn!

WINNERS, SPIRITS & FOODS presents Karaoke on Wednesday nights from 9-1. 2 for 1 well drinks till 8:00. $1.25 Miller products from 9-1.

WITNESS: Were you on the Lextran that hit my Corolla on Monday (lunch) or saw this happen? Call Deo at 257-2585 (w) or 266-7596(h).

WOMAN BOWLER- Like bowling and having fun? Join our team Sunday night. Call Joe at 254-9312 for more information.

YESTERDAY'S RESTAURANT needs girls between 21-25 Thursday nights for free pool lessons 7-10pm. Lower Level Civic Center.

YOU WANT IT? WE'VE GOT IT! Stussy hats, tees & sweatshirts exclusively at Court Sports. Corner of South Limestone & Euclid. 255-5125.

WANTED

DOES ANYONE OWN THE SOUNDTRACK TO "THE GRIFTERS"? Will pay for used disc/tape or dub. Call Megan at 225-8916.

ROOMMATE WANTED

FEMALE ROOMMATE for 2br, 2 1/2 bath, fully furnished townhouse. Must be clean and responsible. 1/2 mile from UK, $325/mo plus 1/2 utilities 259-7520.

FEMALE ROOMMATE NEEDED- to share large 2 bedroom apartment. Located close to campus off of Nicholasville Road. 276-1084.

MALE ROOMMATE WANTED. New furnished apartment on Virginia Ave. $260/month. Ask for Brian 226-5016.

MATURE ONE OR TWO FEMALE ROOMMATE(S) WANTED TO SHARE 3 BEDROOM 2 BATH DUPLEX 273-0481.

PROFESSIONAL COUPLE SEEKS INTERNATIONAL STUDENT. We are offering 1 furnished bedroom with small bathroom in a beautiful home 2 blocks from Transylvania University. Rent is $350/mo. We both enjoy answering social and cultural questions concerning life in U.S. Boarder should have car or access to transportation. 233-0960.

ROOMMATE NEEDED by graduate student. 2 BR, 1.5 BA, pool, laundry facility. 10 minutes from UK. $170/month + utilities. 225-5572.

ROOMMATE NEEDED TO SHARE 2 BR APARTMENT ON 2ND STREET. $250/mo. plus utilities. Call 225-5946.

ROOMMATE WANTED for house on campus by October 1st. $162.50 plus utilities. Call 252-0489.

ROOMMATE WANTED! 5 bedroom house close to UK. Call 277-8948.

SHARE HOUSE, PC; private furnished living, study, bed, 1/2bath. Must love dogs. Med-grad-serious student. Nicholasville, $300/month plus half. 887-4313.

SERVICES

!!!COURSE TYPING! 315 South Lime. Great rates. Drop by or call 226-0396.

****TYPING BY M.E.** - Wordperfect 5.1, APA, MLA, Laser Printing. All student requirements. Reasonable Rates, Mary Ellen. 231-3805.

A+ DOCUMENTS AND PRESENTATIONS FORMATTED, edited, written. Competitive rates. 24 hour service available. 223-7622.

ACCURATE TYPING, WORD PROCESSING. Guaranteed. Free disc storage. Legal, Nursing, Everything. APA/MLA. Call Doris 273-2149.

ALL TYPING/WORD PROCESSING resumes, research, legal and theses. LAST MINUTE ACCEPTED. Days, evenings, weekends. 254-1076 or 299-7639.

ALL TYPING/WORD PROCESSING- Resumes, research, legal and theses. LAST MINUTE ACCEPTED. Days, evenings, weekends. 254-1076 or 299-7639.

HOW TO IMPROVE, REPAIR, + increase your credit, establish Triple A credit and get out of debt. Send SASE for free info. K&B Marketing 3360 Overbrook Dr., Lexington, Ky. 40502.

LAUNDRY AND OR IRONING. Will pick up and deliver. 266-6309.

TYPING BY WEEZY, "You write it, I'll type it." Pick-up and delivery. 278-8500 anytime.

TYPING!!! $1.20/PAGE. Legal Cites, Medical, Research, Anything else!!! Cindy 277-3496.

WILL BABYSIT IN MY HOME anytime . 6 months or younger. 15 yrs. experience. Close to UK. Debbie 226-9395

LOST & FOUND

BLUE AND YELLOW JACKET found in Funkhouser. 225-8070.

FOUND - KEY CHAIN in front of BS. Car keys & aprtment keys with 515 Laketower key chain. Contact Kim at 266-0558.

FOUND: Black and white small cat/kitten with collar. 226-9146

FOUND: Ladies watch. Describe to claim. 257-5475.

FOUND: Ring in Fine Arts Building on 8/26. John 293-2669.

FOUND: Ring in ladies room CB 9-6-94. Call 269-5105.

FOUND: Set of keys at Court Sports on 8/26. Includes Honda Motorcycle key. Inquire at 385 South Limestone.

FOUND: Woman's Timex watch in front of POT 8/25/94. Call with description after 7:30p.m. 225-5393. Ask for Jon or Randy.

UK AREA- Mixed hound found. Tan black and white with collar. Call 278-0622.

MEETINGS

COMMUNICATION HONOR SOCIETY MEETING October 4, 1994, at 5p.m. in Journalism Building. Room 226.

HMA MEETING- Thursday Sept. 29th, 5:00 at Jelly Beans in Chevy Chase.

PSI-CHI BAKE SALE 9:00-2:00 Kastle Hall.

WATER SKI CLUB MEETING- Monday at 9:00 pm. Student Center Rm 106 Questions? Call 323-3663

RIDES

YOU'RE GETTING SLEEPY...sleepy...sleepy...ARGHH-HH...you awaken to a speeding oncoming Mactruck! Sound familiar? Going home this weekend? Hate driving alone? Take someone along who could really use a ride. Advertise in the RIDES section in the Kernel Classifieds, 257-2871.

TODAY'S CROSSWORD PUZZLE

ACROSS

1 Of part of UK
6 Carry
10 Turned
14 Actress Ekberg
15 Ice pellets
16 Too
17 Speaker of Latin
18 Units of work
19 Dapper
20 Ocean dweller
22 Proverb
23 Pronounce carelessly
24 Warped
26 Beaufort or Bering —
29 Navy officer: abbr.
30 Basketball great Chamberlain
31 Totaled
33 Priests' garments
37 Football coach Chuck —
38 Reprimand
40 Marsh bird
41 "High Plains Drifter" star
43 Grin
44 Harness piece
45 Golfer's peg
47 Doze
48 Like babies and kittens
51 Charity
53 Heroic tales
54 Jewish holiday
59 Heart of the matter
60 Lazy
61 Lasso
62 Stake
63 Pass the word
64 Fortified
65 Guide
66 Influence
67 Riverside plants

DOWN

1 Battles
2 Enough, for a poet
3 Large sedan
4 Heavenly bodies
5 Dealt with
6 Not ours
7 Paddles
8 Cheapskate
9 Overhead trains
10 Sahara tempest
11 Skirt feature
12 Custom
13 Famous
21 Enjoyment
22 Is not well
25 — as Solomon
26 Rice wine
27 — St. Vincent Millay
28 Commotions
32 Gleaned
33 Spanish hero El —
34 First herdsman
35 Metric weight unit
36 Snow vehicle
38 Spiral
39 Small sweet melon
42 Nets
43 Conference
45 Docilely
46 Broad-antlered deer
48 Lawful
49 Reckon
50 Panorama
52 Fern seed
55 Earthenware jar
56 Apple or pear
57 Spent
58 Warren Beatty film
60 — a boy!

PREVIOUS PUZZLE SOLVED

G	L	A	D	E		A	S	S	T		P	L	O	W
R	E	B	E	L		B	L	U	E		A	I	D	A
A	V	O	W	S		B	I	G	D	I	P	P	E	R
N	E	D		A	R	O	M	A		S	A	S	S	Y
D	E	E	D		E	T	E	R	N	A	L			
			A	C	E			C	O	B		B	A	A
P	H	O	N	O		S	P	A	R	E	R	I	B	S
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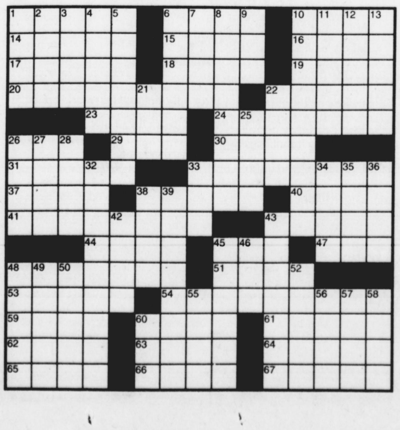

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Sherman's Alley by Gibbs 'N' Voigt

Prophets' Profits

Athletics

Board approves library finance plan

From **PAGE 1**

Urban County Government on Sept. 17.

Urban County Government indicated it would respond favorably and possibly award $41 million in tax exempt revenue bonds to UK — providing the Alumni Association could allocate funds to repay the bonds.

Yesterday's vote allows the Athletic Association to donate $3 million annually toward payment on the bond's principle and interest.

"The necessary action inside the University is now complete at this stage," Wethington said.

The Athletic Association has been supporting various University programs used by all UK students for years, Wethington said. The association will now turn over its annual contribution to the library project.

Wethington said funding for the library will not come at the expense of other UK-sponsored activities.

"These other costs, which athletics have been picking up, will then be picked up by other University funds," he added. "I will now turn inside to my staff and work out an arrangement for the re-allocation of resources."

As of yesterday, the Athletic Association's Articles of Incorporation, the organization's charter, restricted the amount of debt the association could incur to $500,000.

This article was amended to allow for the $41 million debt service that would be created by the bonds.

According to its charter, the Athletic Association was due to be disbanded in 1995, but board members yesterday extended the duration of the association's existence indefinitely.

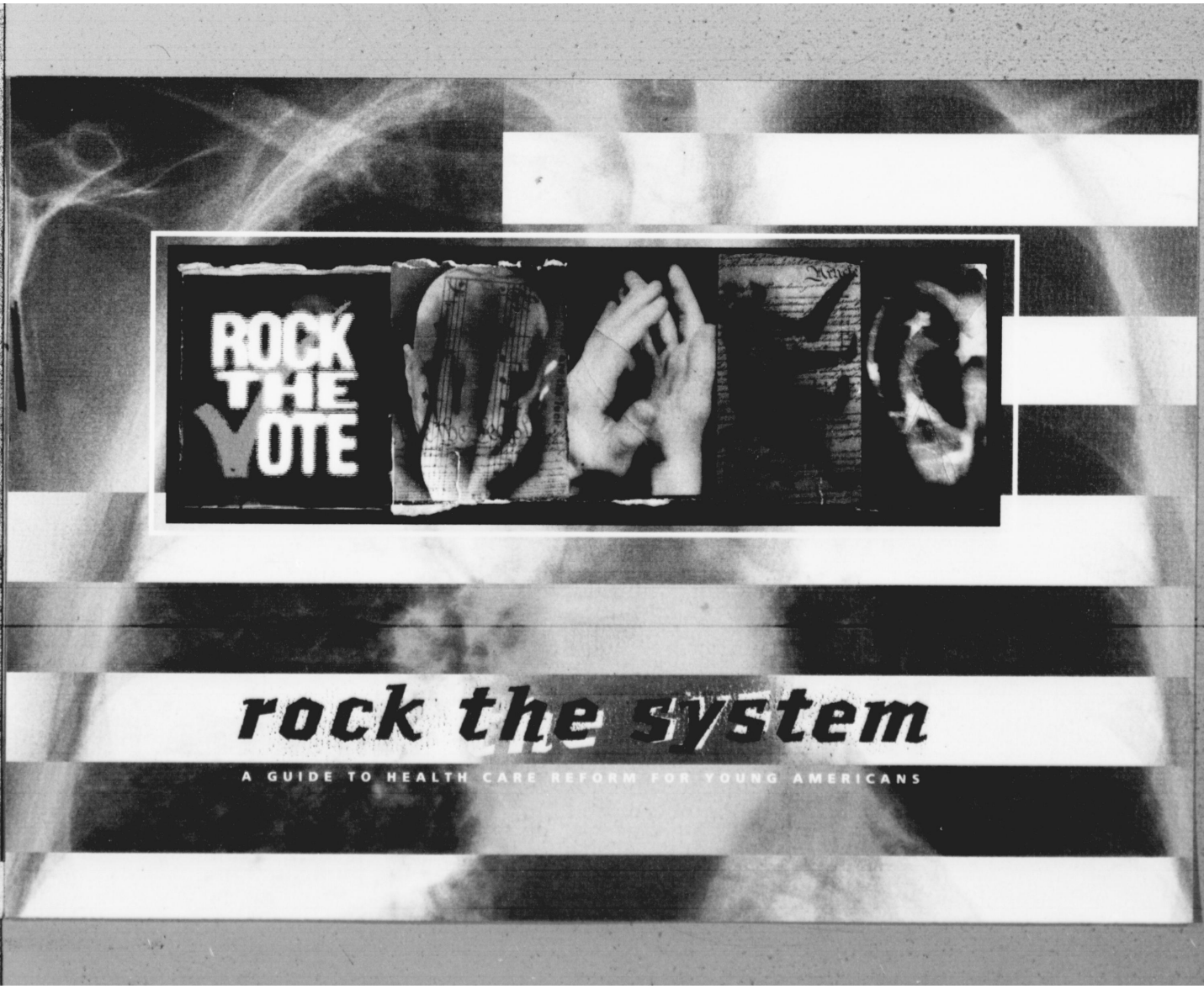
This action was taken so the association could oversee the entire payment process on the bonds.

Wethington said that if the city-county government issues the bonds, ground-breaking for the library could begin as early as November.

"It would be a very nice Christmas present," he said.

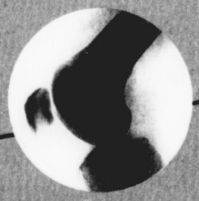
Look for coverage of the UK-Auburn game in tomorrow's Kernel

Mr. Bunny and Circle-Head by Kenn Minter



rock the system

A GUIDE TO HEALTH CARE REFORM FOR YOUNG AMERICANS



COVER PHOTO: EXUMO

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ROCK THE VOTE

Rock The Vote is a national organization for young people based on one simple idea: No one should make decisions about our lives and our futures without talking to us first. Whatever the issue—crime, economic growth, education, or national defense—young Americans deserve to be heard.

But since young people don't vote as much as other generations, or contribute as much money, or write as many angry letters, politicians just don't pay us much attention. Of course, they're happy to take a picture with a rock star sometimes (ever seen the one of Richard Nixon and Elvis?). But when it comes to a huge, difficult national issue like health care reform, we don't hear much out of Washington or the statehouse.

Even if you want to know what's going on with the big debate on health care reform, it's hard to find out. And that makes it really hard to get involved. At Rock The Vote we believe that young people care about what our government does, and that there's a nation of youth who are ready to take action. We're ready to Rock The System—if it's really going to make a difference. But we're not stupid. We need to know what we're getting into first. We need the facts. We need information. That's what this booklet is for.

Rock The Vote has gathered an incredible group of writers—with credits ranging from Sassy to the Washington Post—to give you the information you need to get involved in the health care debate. We've commissioned a groundbreaking survey on what our generation thinks about health care and health care reform. And we've put a killer research team to work gathering all the most relevant statistics and studies in the country so we can get the facts straight.

This book is strictly nonpartisan. It's for Republicans, Democrats, Independents, everyone. We've got info on all the major health care bills in Congress (as of May 1994), from both sides of the political spectrum. And more importantly, we've tried to explain the ideas behind them. So while the names and the details will change throughout the debate, this book should still give you a great place to start.

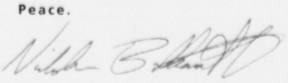
Why should we care about health care reform? Here's the bottom line, on the real: WE HAVE TO PAY. Our generation could have to pay the health care bills for the next fifty years, under rules the government is making up now. We've already signed the check. They're just filling in the amount.

How can we do it? Our editor, Sheryl Fragin, tackles that question in the Overview, and Julie Kosterlitz of the National Journal (the Washington insider's bible) walks you through the plans and committees in the Legislation section. For the full story on what's up in the health care debate, you can read those sections now.

You don't have to wait decades for health care reform to matter. There are lots of issues that matter to young people right now. We've got six of the most important: pregnancy, sexually transmitted diseases (STDs), HIV/AIDS, substance abuse, mental health, and violence. All of these are areas where young people who would benefit from health care aren't getting it. And they're areas where prevention counts—education and outreach could save a lot of money. Our articles explain where we're at as a country on each of these issues, and how different ideas for health care reform might affect them.

There's a lot in here. It's not all easy to understand. Just remember two things. First, everyone in America finds this a confusing topic. And second, knowledge is power. This book should help you cut through the garbage and look for the truth. There is no one right answer in health care reform, just a lot of choices America needs to make. Democracy is all about knowing what those choices really mean—and letting the world know where you stand.

Peace.



Nicholas Butterworth is the executive director of the Rock The Vote Education Fund.

overview

by Sheryl Fragin

You make the call. Janet is nineteen, a part-time college student and full-time sales clerk with no health insurance. Her father cut out years ago, her mother waits tables and takes in ironing to make the rent. Across town, John, also nineteen, is a full-time student who doesn't have or need a job. His parents are partners in the city's top law firm, which provides great insurance for their whole family. Both Janet and John have badly diseased livers and need a transplant—at a cost of $270,000 per operation. Who lives and who dies?

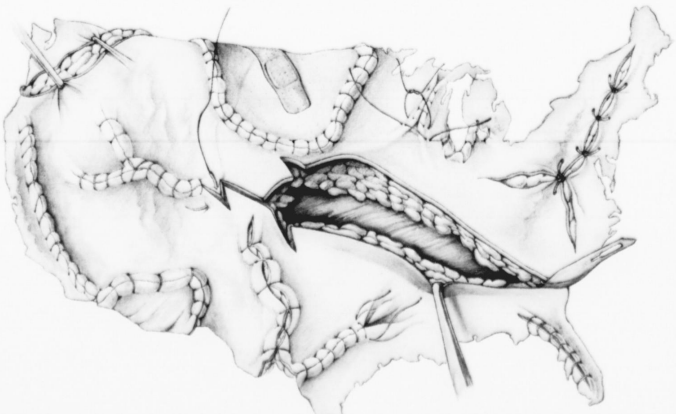
Forget every mind-numbing fact you've heard about health care reform. Forget the arcane sniping between advocacy groups. It all boils down to this: Do you consider health care a basic right of all citizens, or the personal responsibility of each individual?

Chances are you elected to give both patients the transplant. Now just remember that your decision has a price—it's going to cost you in higher taxes to care for all the Janets across the country. And to make things more complicated, let's suppose she brought on the disease herself through IV drug use. Does she still get the surgery? How would you vote on an uninsured lung cancer patient (estimated medical costs $58,000 over two years) who has smoked three packs a day for most of his life?

Such questions can be startling to anyone who hasn't dealt with illness before, since the health care system is a bit mysterious even to those who use it. Every hospital is required to treat patients in an emergency—gunshot wounds, heart attacks, appendicitis—regardless of whether they can afford to pay. And if they have no insurance, chances are very, very good that the hospital gets stuck with the bill. That's because the surgery needed to patch up the gunshot victim just cost a quick $20,000.

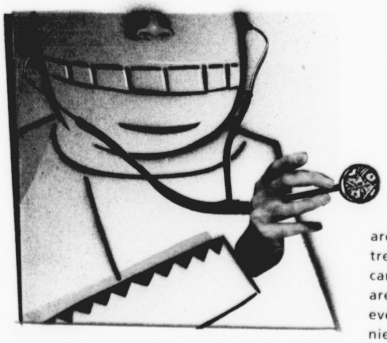
But most hospital care doesn't fit into the crisis category, no matter how critical it may seem to the patient. The majority of all cancers, tuberculosis, and other terrifying diseases are considered non-emergencies, leaving doctors broad discretion over how to treat them. Not surprisingly, when the hospital doesn't expect reimbursement, it isn't really eager to perform expensive treatments. One 1990 study in Massachusetts, for example, found that uninsured patients were 40 percent less likely to receive heart bypass surgery.

That's not very encouraging for the estimated one in five Americans who go without insurance during some part of the year. It's especially bad news for young people, since more than half of the uninsured population is



©CHRISTINE SCHAAR

Sheryl Fragin has reported on government issues for The Atlantic Monthly, Newsweek, and many other publications.



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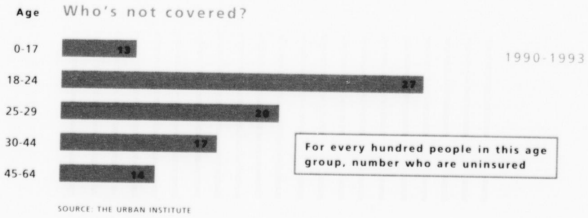


SOURCE: THE URBAN INSTITUTE

under thirty years old. In fact, eighteen- to twenty-four-year-olds are the group least likely to have coverage (see chart).

If you're in good health, rarely see a doctor, and aren't fazed by those numbers, think again. The uninsured—including many of your peers—are costing you big time.

People without insurance see doctors far less often, and typically wait until they are very sick before going. That means they often wind up hospitalized for ailments that could have been easily managed in a doctor's office. According to the Kaiser Family Foundation, uninsured patients are twice as likely to be hospitalized for diabetes, high blood pressure, and illnesses that are preventable by vaccine. (They are also three times more likely to die in a hospital than those with health coverage.)

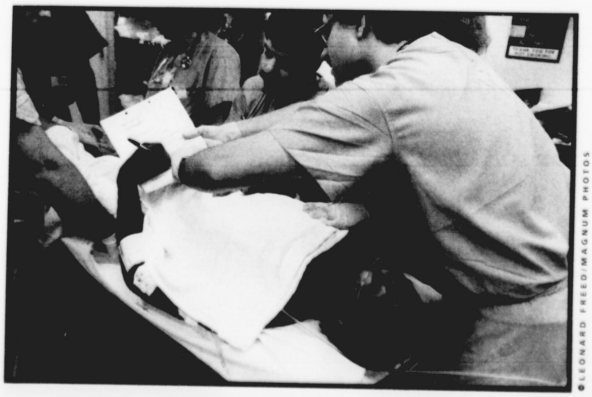
What does that mean for you? Doctors and hospitals aren't really absorbing the cost of treating these patients—you're carrying most of it. When bills aren't paid, charges are hiked for everyone else. Insurance companies, in turn, raise their monthly premiums. And the federal government, which helps public hospitals care for the poor, has to cough up more money—which you supply through taxes. Every time an uninsured stabbing victim is rushed into surgery, or a low-income mother uses an emergency room to treat her son's cold, you help foot the bill.

Of course, there's also the unpleasant possibility that you could develop a serious, chronic problem. A severe head injury from a car accident, for instance, could eventually rack up more than $300,000 in medical bills. To put things in perspective, consider that even if you were earning the national median of $35,900, it would take roughly 150 years to pay off the debt. No entertainment, no vacations, no letup over your lifetime.

"Illness is the major cause of bankruptcy in this country," says Steffie Woolhandler, a professor at Harvard Medical School. "The average person who enters a nursing home loses all of their savings in thirteen weeks."

Illness, in fact, is eating up our entire economy. Total health spending jumped an astronomical 817 percent over the past twenty years. Even worse, nearly one out of every six dollars in the federal budget went to health care last year. That left fewer resources for education (one out of fifty dollars), housing (one out of seventy-five dollars), and other critical needs.

"We can't balance the federal budget because Medicare costs so much," says Alan Hillman, director of the Center for Health Policy at the University of Pennsylvania. "We can't fix our highways because we're paying for health care. Young people's futures



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depend on the economy, and to a large part the economy depends on getting health care costs under control."

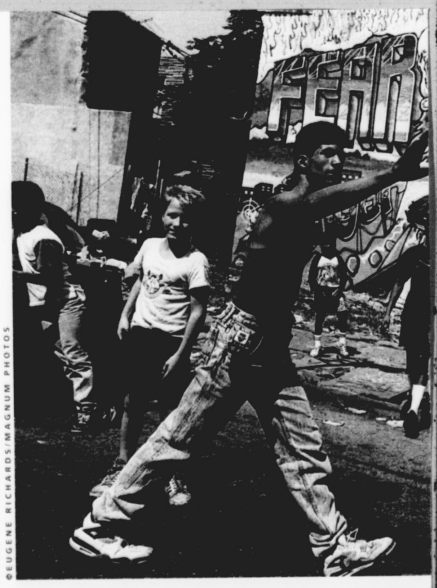
Economists lay the blame on several factors, including the growing use of expensive high-tech medical equipment, overtesting by doctors afraid of malpractice suits, ballooning doctors' salaries, an insurance system that makes patients oblivious to costs, and the aging of the population. Of the five, by far the most ominous for young people is the last on the list.

By the year 2020 almost one in five Americans will be elderly, and the percentage of very old—those over eighty-five—will have doubled from 1980. That's a hugely expensive scenario, since senior citizens account for most of our total health care spending.

Ever since Social Security was created in 1935, the country has embraced "pay as you go" programs, where the young pay into a fund that gets divvied up among the old. Medicare, the federal program that provides health insurance for the aged and disabled, follows the same principle. But with the elderly population growing at double the rate of everyone else, today's young people are going to be saddled with a tab they can't possibly pay—particularly when the huge "baby boom" generation reaches old age in about twenty years.

Already Medicare is the most out-of-control sector of the whole uncontrollable health care system. Not only is it overburdened by the population explosion among seniors, but as the source of over one-quarter of a typical doctor's income, and as a complicated program supervised by the government, it is open to all sorts of fraud. Last year Medicare alone consumed 9 percent of the federal budget.

The shoulders of so-called "Generation X"—the baby busters—aren't broad enough to carry this mess. "They are the thin generation," says Uwe Reinhardt, an economist at Princeton University. "They worry that, number one, the baby boom is taking all of their opportunities—which is totally fallacious, by the way, because as the baby boomers move ahead they suck this generation up with them. And number two, they're afraid they'll have to feed them. That's a reasonable fear. So far, you have to admit the eighties were not very reassuring. They see that in the year 2010 they're going to have to give up half their income for senior-citizen baby boomers who never saved enough."



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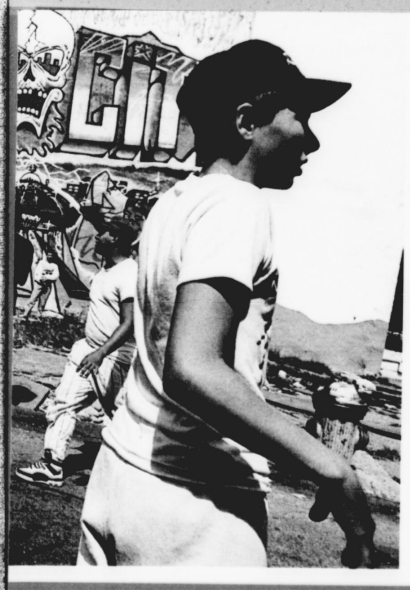
Economist Laurence Kotlikoff, author of a book called *Generational Accounting*, has translated all of this into hard numbers, and the results are particularly painful for men who turn twenty-seven this year. By his estimates, they'll be paying far more in taxes over their lifetimes than any other age group (see box at left). "Most of this burden is not to pay off interest on the federal debt," says Kotlikoff. "Most is to pay Social Security and Medicare benefits to your grandparents and parents. That's money you could have saved for yourself, for your old age. Think about a world in which the payroll tax was 100 percent, with all

Future Shock

Birth year	1967 (Men)	1967 (Women)	1922 (Men)	1922 (Women)
Taxes paid over a lifetime	$262,300	$164,700	$54,000	$44,300
Lifetime benefits received (Social Security, Medicare, etc.)	$59,300	$63,300	$152,600	$168,800
Final score (taxes minus benefits)	You lose $203,000	You lose $101,400	They get $98,600	They get $124,500

SOURCE: 1995 U.S. BUDGET, LAURENCE KOTLIKOFF AND ALAN AUERBACH



the benefits going to old people. We're not there yet, but that's where we're headed."

Kotlikoff has many critics who cringe at the implicit greed and bitterness in his message, since every society has some system to transfer resources from the strong to the weak. "I always feel we can make it through the twenty-first century if we can re-educate young people to know their income is not theirs," says Reinhardt, the Princeton economist. "I like to tell my students 'You're expected to feed your family and another one and a half persons you don't even know.' There's nothing wrong with that if you could give people a sense of community." But whatever their personal philosophy, economists agree that young people can't possibly pay the tab without health care reform.

That's particularly true because the salaries of young people are on a downward spiral. According to just-released Census Bureau data, the number of eighteen- to twenty-four-year-olds earning poverty-level wages has shot up 24 percent in thirteen years—a jump the bureau calls "astounding." Almost half the full-time workers in that group earn less than $13,000 a year, as do nearly one in five of those between twenty-five and thirty-four. The irony is that young people are about as squeezed as old people were when Social Security was created—except the poor are now getting stuck with the bills.

Salaries don't tell the entire story, either. Part of the reason so many young people are uninsured is that businesses are finding more and more ways to avoid providing health benefits, particularly to their most expendable workers. One favorite option is to hire more part-timers, who rarely are given insurance packages. And who are these part-time workers? Primarily young men and women who increasingly are being shut out of full-time employment.

Those who are lucky enough to get company coverage are quickly discovering one of the most terrifying aspects of our health care crisis—the inability to quit a job without risking your insurance. It's known as job lock, and it has a

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GLOSSARY

Fee for service: A payment system where you're billed separately for each treatment—like a throat culture, heart operation, or routine check-up. It has been the standard system in the United States.

Single-payer: A payment system where the government picks up the bill for everyone's health care, using tax money. It is used in Canada, Great Britain, and many other countries.

Managed care: Steps an insurance company takes to cut costs by monitoring your treatment. They could mean getting the company's okay before being admitted to a hospital, or having the company veto treatment it doesn't think is working.

Health Maintenance Organization (HMO): An all-in-one group of insurers and medical workers. Members pay a flat fee for unlimited care but can only see doctors who are part of the group.

Medicaid: The state and federal insurance program for the poor who either have children, or are elderly, blind, or disabled.

Medicare: The federal insurance program for the old and disabled.

Private insurance: Coverage that you or your employer buy from an insurance company, as opposed to getting through government programs like Medicaid or Medicare.

Premium: The periodic bill for your insurance policy.

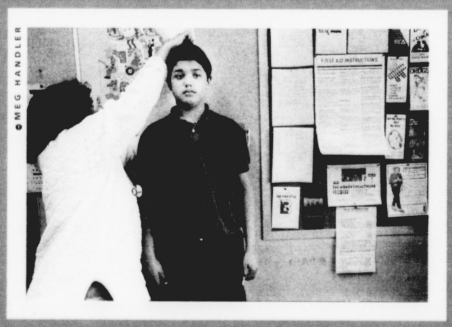
Pre-existing conditions: Health problems you had before your insurance policy began. Insurance companies may refuse to cover these conditions—such as chronic asthma or migraine headaches—for a set period of time, or indefinitely.

Subsidies: Government assistance to help low-income people pay for basic services like health care.

Inpatient care: What you get when you're an overnight patient at a hospital or treatment center.

Outpatient care: Treatment in a doctor's office or clinic.

Centers for Disease Control and Prevention (CDC): The government agency in Atlanta that tracks and fights everything from AIDS to the flu.



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the major health care proposals. But another issue vital to this generation isn't really making it to the table. All of the problems that plague young people—from drug addiction to unplanned pregnancy to HIV infection—are preventable, given enough forethought and attention. That's unfortunately not the way we're used to looking at health care, which is why most of these are considered lifestyle problems, outside the scope of health care reform.

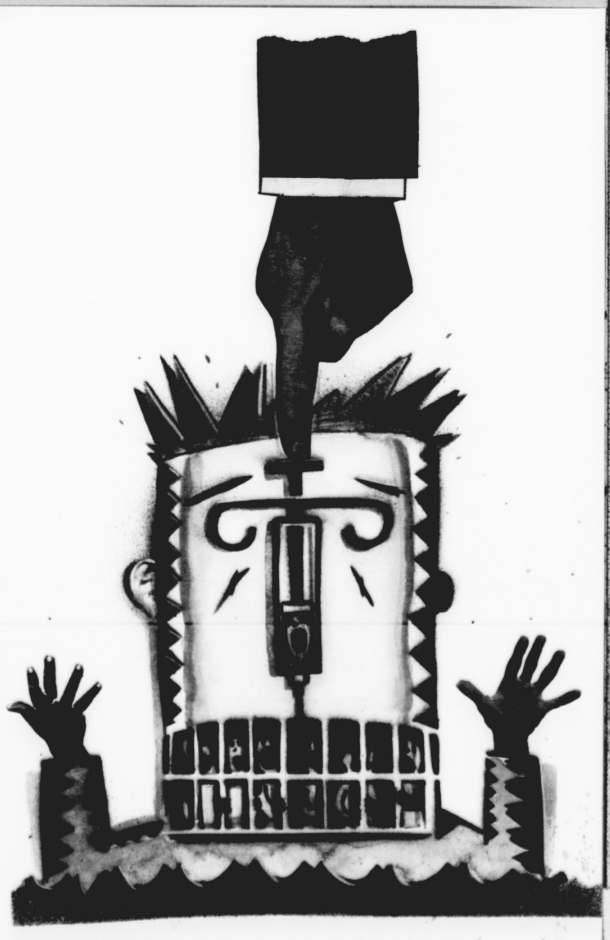
U.S. Surgeon General Joycelyn Elders has noted that 90 percent of the money slotted for medical care is spent on the patient's last few months of life, while only .8 percent is put toward prevention. "There is a priority in American medicine on illness care and not on prevention," says Harvard's Woolhandler. "For young people in particular, preventive care could really work. When people smoke, they start young. Eating, drinking, exercise—those habits are frequently established in childhood and young adulthood."

Short-term thinking is costing this country billions it can't afford, as you'll see in many of the following stories. There's probably no better reason for adding young voices to the debate.

profound effect on the careers of those just starting out. "Young people should advocate policies that allow them to be as mobile as possible when it comes to moving up the economic ladder," says the University of Pennsylvania's Hillman. "What they'll find is that our current system inhibits their ability. If we had a system of health care insurance for everyone, they wouldn't have to worry."

Insurance "portability"—being able to carry your coverage with you from job to job—is an important aspect of most of

Doctors earned an average of $171,000 in 1991—five times what the typical American worker made.



substance abuse

by John Whalen

By the time Hunter turned fifteen he was already a heroin addict. It was an expensive habit, so he learned a trade. Several, in fact: petty theft, burglary, stick-ups, drug dealing. And whenever he was in prison, which was quite often, he always managed to buy jailhouse smack. "Sometimes the drugs are better in there," he says.

Ask Hunter, now in his thirties, how much money he cost the system—as a career criminal and junkie in and out of prisons for a total of nine years—and he honestly doesn't know. What he does know is that all the punishment and prison rehabilitation didn't begin to rehabilitate him.

"When you leave prison," Hunter recalls, "they say 'See you soon!' They know who will be back. I think building more prisons is a waste of money when they should be building treatment facilities, so those who come out can re-enter into society." In 1992 Hunter checked himself into Walden House, an intensive rehab clinic in San Francisco, and finally beat his habit. After fifteen months of treatment he's been drug-free (and felony-free) for nearly two years and is close to getting a counseling credential and college degree.

Hunter is one of the lucky ones, with the will and wherewithal to take charge of his own problem—as well as the community services to meet his needs. But right now as many as 5.5 million Americans need treatment, with perhaps one in four in their teens or early twenties. And only about a quarter of them are getting some form of care.

That's because ever since the government declared war on drugs in the early seventies, officials have put their faith in cops, copters, and incarceration to solve the problem. Most of the federal money spent on controlling drug and alcohol abuse—nearly $80 billion during the 1980s—has paid for law enforcement, border patrols, and international interdiction (like chopping down coca crops in Peru).

In the past decade there have been more than a million arrests for drug violations. Over half of all federal inmates are locked up for drug convictions. Mandatory sentencing laws toss small-time and first-time offenders into jail cells and sometimes throw away the key. Consequently, our prisons are seriously overcrowded, which often leads to the early release of violent criminals—to make room for more druggies.

With law enforcement getting all the money, things like education, prevention, and treatment have gotten short shrift, even though experts say they've proven far more effective at reducing chemical addiction and its consequences across all sectors of society. Currently, only one-third of all federal money spent on drug control pays for treatment and prevention efforts.

That leaves at least 100,000 addicts, by government estimates, willing to undergo treatment but languishing on waiting lists. "I had to wait two months to get into a program," says Will, a twenty-five-year-old Californian whose alcohol problem grew so bad he couldn't keep a job. While he waited for an opening in a publicly funded rehab center, he lived in a parking lot in San Jose, a

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John Whalen is a former columnist for the San Jose Metro who has written for New York Newsday and the Boston Phoenix.

dents will eventually
alcohol-related problems.
- Slightly more than 100,000 pregnant

Who's offering what on the substance abuse front*

Plan	Clinton
Benefits	• 30 days a year in residential clinic or regular hospital (with a 30-day extension if person poses a "threat" to self or someone else) • 120 days a year intensive day treatment (walk-in detox, partial hospitalization, etc.) • 120 days a year walk-in counseling, relapse prevention • 30 group therapy sessions • Trade-off arrangement allows swap of residential "inpatient" days for walk-in "outpatient" days

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with the highest rate of addiction. The Centers for Disease Control and Prevention estimates that cigarette smoke kills about 418,000 people each year. According to the Environmental Protection Agency, another 3,000 nonsmokers also die of lung cancer from breathing secondhand smoke.

But if the war on drugs largely has been ineffective policy, it has been very effective politics, allowing all kinds of tough-guy posturing. The mere suggestion by Surgeon General Joycelyn Elders last December that we study new approaches to the drug problem, including legalization, caused a national outcry that squelched any further debate. "No one ever lost an election because they were soft on treatment," says Herbert Kleber, medical director at Columbia's substance abuse center. As a deputy director under George Bush's "drug czar," Kleber was in charge of "demand reduction" but resigned from the administration in part because of the lopsided emphasis it placed on interdiction over treatment.

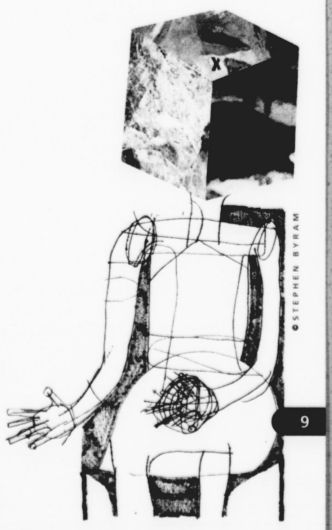
Apart from politics, Kleber attributes the American fixation with law and order to a fundamental misunderstanding of the nature of addiction. "There's almost a Puritan streak in America that says addiction is a weakness" as opposed to a disease, he says. "There's also the belief that treatment probably doesn't work anyway, so why should we put our hard-earned dollars into it? Unfortunately, they don't draw the same conclusion that there's no evidence that interdiction worked."

Thanks to the priorities of the war on drugs, there have never been enough public funds to handle the demand for treatment. To make matters worse, many private insurance companies have been whittling substance abuse benefits to the bare minimum. So insured patients have been pouring into public treatment facilities, jamming the rolls even more—while beds lie empty in expensive private hospitals.

The good news is that the federal government is finally looking at prevention and treatment as a health issue, and plans to shift priorities from interdiction to treatment, to the tune of 74,000 new treatment openings. The new crime bill, at least in the House version, allocates $9.2 billion for crime prevention and drug treatment.

The bad news, according to addiction experts, is that Washington continues to send mixed signals. For starters, the crime bill floats even more cash for new prisons and more cops, and by the time you read this the treatment provisions may have been whacked by the Senate. As for the Clinton health plan, the thirty days it provides in a hospital or clinic just isn't enough, say treatment experts—especially since studies show that successful rehab can take eighteen months or more. Hard-core addicts often need more than a year in an intensive treatment program that provides discipline, education, job training, and socialization skills.

Two of the competing reform bills get louder cheers from experts: the single-payer plan, which offers extensive coverage, and the new Stark bill, a Clinton offshoot that covers more treatment than the Clinton plan. "There's no silver bullet," says Jim Kooler, one of California's top drug officials. But when so many social problems are linked to a disease as treatable and preventable as substance abuse, he notes, "we shouldn't be waiting for those problems to come to us."



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Cooper-Breaux	Single-payer	Chafee-Thomas	Stark	Michel	Nickles
• No substance abuse benefit defined	• Full coverage for all necessary treatment	• Says it will cover substance abuse, but leaves specifics to a "National Benefits Commission"	• 135 days a year in residential clinic or 90 days in regular hospital • 90 days a year intensive day treatment (walk-in detox, partial hospitalization, etc.) • Unlimited walk-in counseling, relapse prevention • Unlimited group therapy sessions • While Clinton plan makes patients trade inpatient for outpatient days, Stark allows them to use both benefits—with no reduction of one for the other	• No substance abuse benefit defined	• No substance abuse benefit defined

*SEE PAGES 30-32 FOR MORE HEALTH PLAN DETAILS

mental health

by Marjorie Ingall

It would be cheesy to put a bright, uplifting spin on Kurt Cobain's suicide. I won't try. But there is one valuable thing that could come of it: increased awareness of mental illness. Cobain was suffering from bouts of depression (the condition that underlies most suicides) compounded by substance abuse—problems anyone can face. In fact, suicide is now the third-leading cause of death among people fifteen to twenty-four. And suicide is just one corner of this topic. There are lots of other reasons to care about mental health issues in general.

Reason to care #1: Guess when most mental illnesses kick in? Right. The average age of onset for major depression is twenty-four. For anxiety disorders it's fifteen. According to one conservative estimate, bulimia affects around three in a hundred college-age women. Suicide claims the lives of more than 5,000 young adults every year. "Young people often don't recognize the symptoms of depression," so they're unlikely to seek help, says Mary Jane England, president-elect of the American Psychiatric Association. "And society isn't giving them the kinds of jobs they've been trained to do, so they really feel worthless."

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Reason to care #2: It's more common than you think. One estimate from the National Institute of Mental Health holds that 22 percent of Americans eighteen and older suffer from some type of mental disorder in any given year. And its National Advisory Council estimates that 12 percent of all kids will develop a mental illness before the age of eighteen.

Reason to care #3: Most major mental illnesses are extremely treatable. Though patients may not get 100 percent well, they can usually lead normal lives through a combo of psychotherapy and medication. The five biggies in psychiatric terms: • Depression. One in four women and one in ten men can expect to develop it at some point. It's one of the most manageable of all, with an 85 percent success rate. • Bipolar disorder (a.k.a. manic depression). It usually strikes before age thirty and affects nearly one in a hundred people. Those affected experience euphoria (hyperactivity, racing thoughts, wildly optimistic thinking) followed by plummeting, profound depression. It has a 70 percent treatment success rate. • Panic disorder. Just what it sounds like. Your heart races, your breathing gets shallow, you break out in a sweat over unreasonable fears. It affects more than one in a hundred Americans in any given year. Treatment success rate: 75-90 percent. • Obsessive-Compulsive Disorder. This often begins in childhood and affects 2 percent of Americans over their lifetimes. OCD means you can't get rid of unwanted thoughts and you may feel compulsions (like, say, the need to wash your hands again and again). It has a 60 percent treatment success rate. • Schizophrenia. This can be the most devastating of illnesses for a family. It causes delusions, hallucinations, and/or false beliefs—like the CIA has planted a radio in your teeth. Roughly one in a hundred adults will develop it. Schizophrenia can be managed, though not cured, in about 60 percent of the cases.

Overall, those treatment success rates compare very favorably to treatment for other illnesses. You only have a 52 percent chance of getting better after some heart bypass operations, but as the American Psychiatric Association points out, no one questions whether or not

Marjorie Ingall is senior writer and health editor at Sassy, where her work won an American Psychiatric Association award last year.

bypass surgery should be paid for by health insurance.

Reason to care #4: It's costing all of us a lot of money. In 1990, according to one estimate, the total cost of all mental disorders in America was almost $148 billion. That includes the price of treatment and, more ominously, the indirect costs of lessened productivity, the use of the criminal justice system, social welfare expenses, the need for family caregiving, and lost earnings due to premature death by suicide.

Major depression alone accounts for more sick days than any disorder except heart disease. In 1990 it meant an estimated $23 billion in lost work. As for the social costs, nearly one third of the homeless have a severe mental illness. And more than 7 percent of all people in jail are seriously mentally ill.

Okay. So mental illness is a big problem. The real issue is how (and whether) to pay for treatment. What it boils down to is a fundamental question about how we, as a society, view mental disorders and our responsibility (if any) to those who have them. Should we do everything possible to ease human misery, even if the afflicted lead relatively normal lives? Or should we save our energy and dollars to treat the most severely disabled? Then again, should we reserve our ammo for those who are most likely to recover completely and contribute to our country's productivity?

One problem facing both sides in the debate is how hard it is to quantify the effectiveness of mental health care. How do you judge the success of treatment? If a person doesn't kill herself? If she says she feels better? Who should decide when treatment is finished—the patient, the doctor, the insurance provider?

The way we've looked at mental illness has changed something fierce in a very short time. In the nineteenth century there were pretty much two diagnoses: lunacy and idiocy. Then for much of the twentieth century Sigmund Freud held sway. Long, long, long-term talk therapy, sometimes lasting a lifetime, was the way to go. Today 85 percent of patients in therapy use fifteen or fewer visits. And the dominant view of mental illness is that it's caused by a mix of brain chemistry and psychological and environmental factors.

Still, mental illness is a source of stigma (unless, of course, you're a depressed and addicted movie star, in which case you'll be revered and glamorized). As Tipper Gore, the Clinton administration's big advocate for mental health care reform, aptly puts it, "Myths and misinformation about mental and addictive disorders are all too common. Some people are uncomfortable dealing with them because the symptoms are behavioral rather than physical." Typical of this school is *60 Minutes* commentator Andy Rooney, who seems to think Kurt Cobain's suicide was a self-indulgent, spoiled act by a whiny slacker. In April Rooney ranted about what "all these young people would do if they had real problems, like a Depression, World War II, or Vietnam." Well, depression with a small "d" is a real problem. It's an actual illness, not a cop out for the spineless. And mental disorders often coexist with substance abuse; many doctors theorize that the sufferer is trying to self-medicate.

Right now, 20 to 30 percent of the mentally ill get no treatment at all. And many people with truly debilitating mental illnesses are unemployed—a big reason why the mental health system relies much more heavily on public funds than

The mental health highlights of the major congressional plans!*

Plan	Clinton	Stark	Single-payer	Chafee-Thomas	Cooper-Breaux	Michel	Nickles
Benefits	• 30 outpatient psychotherapy sessions and 30 inpatient days (plus 30 more in certain cases) • In quirky trade-off arrangement, allows swap of inpatient days for extra outpatient treatment • Goal is full coverage (with no benefit limits) for mental illnesses by 2001; until then co-payments and limits remain higher than for other illnesses	• 90 days a year inpatient care in regular hospital • 45 days a year in psychiatric hospital • Intensive day treatment in community centers, with 90-day limit • Outpatient psychotherapy for kids and adolescents, with unspecified limits	• Offers 15 inpatient days and 20 outpatient visits, but will cover unlimited extra care if deemed necessary	• Promises coverage for severe mental illness, though specifics still must be "clarified" by a National Benefits Commission	• No mental health benefits defined	• No mental health benefits defined	• No mental health benefits defined

*SEE PAGES 30-32 FOR MORE HEALTH PLAN DETAILS

the health care system in general. An important question is, What'll happen to these people under health care reform? Not like you're automatically in a peachy situation even if you have private insurance: Ninety-five percent of the insurance plans in one survey limit coverage for mental illnesses treated in a doctor's office. Almost 80 percent have more restrictive hospital coverage for mental problems than other illnesses. If you develop a really severe problem you may exhaust your benefits and wind up in a state-run institution.

Ironically enough, most benefit plans contain a financial incentive for hospitalization instead of office care, because they offer more generous hospital, or inpatient, coverage. Bummer, since new evidence indicates 50 percent of those inpatients could be treated at least as effectively in a doctor's office. And inpatient care is way expensive.

Speaking of expensive, the basic argument for limiting coverage of mental illnesses is cost, cost, cost. Or fear thereof. Mental health and substance abuse expenses shoot up as much as 60 percent every year. One major reason for skyrocketing mental health costs in the eighties was the huge increase in teenagers and people with substance-abuse problems put—often unnecessarily—in private psychiatric hospitals. (From 1986 to 1988 alone there was a 65 percent jump in admissions of minors to private psychiatric facilities!)

In addition, insurers have done studies showing that comprehensive mental health coverage would be staggeringly expensive. (The mental health establishment counters that the studies used antique data based on fee-for-service care. In the last few years most mental health treatment has been under managed care, which costs less.) There's also the fear that the very existence of a mental health benefit will encourage its use. In other words, because they can, folks will be darting off to their therapists like whining neurotics out of a Woody Allen movie.

On the other hand, those who favor covering mental illnesses say that managed care will prevent anyone from blank-checking endless, unnecessary psychotherapy sessions. And overall they predict it'll ultimately yield a $2.2 billion savings, considering that these ailments often strike young people just as they're becoming productive.

What many in the field would like to see is a wider range of options for patients. Very few current insurance plans offer halfway services between office care and hospitalization—like day or evening treatment programs and in-home family counseling. Experts would rather see costs controlled than have rigid limits on hospital stays. They feel preventive care is vital, and undervalued. And many say the system is too fragmented. That's the appeal of school-based clinics: Early intervention would in theory help mental health problems as well as pregnancy, substance abuse, violence, AIDS, and poverty.

A recent poll shows that three-quarters of Americans want mental health problems covered to the same extent as physical illnesses. Is this likely? Well, that's largely up to you. What will you ask of your congressperson? Your employer? Your insurer? "Be a good consumer," advises England, of the American Psychiatric Association. "You can demand certain rights." For the uninsured, plans that guarantee universal coverage offer more help than you're getting now. Is that enough? It's your call.

P.S. What do you do right this second if you're depressed and need help? Talk to someone you trust or call a local mental health center. If you or a friend are feeling suicidal, find a hotline under "suicide" in the Yellow Pages or check the Resource Guide on page 36.

EXUM

pregnancy

by Lisa Ruppel Benenson

Jessica Rivera is seventeen years old, and this is what she thinks about late at night when sleep won't come and the minutes on the clock drag ever closer to morning. She thinks about her fourteen-month-old son, and wonders how she will keep him safe and bring him up to be a good man. She tries to figure out how she can move to a place where there won't be any gangs. She worries about money and she worries about school, and she worries about keeping her little boy fed. Sometimes her head begins to ache from all the thinking and all the worrying. Such are the night terrors of an unwed teenage mother.

Jessica belongs to a club whose membership has exploded over the past twenty years: Teens in the United States get pregnant more often and have more babies and more abortions than teens in any other developed nation. More than a million get pregnant each year—approximately 2,800 each day.

Those statistics have devastating consequences for the poorest people in this society. If you are young and poor, and you have a child out of wedlock, it is likely you will stay poor, will not get a good education, and will never find a good job. And because of your poverty, your children probably won't see a future for themselves that is any different. At fourteen, or maybe sixteen, they too may find themselves expecting a child—and the cycle will begin again. Surgeon General Joycelyn Elders has said that 80 percent of poverty in the United States is related to teenage pregnancy, and that nine out of ten men in prison between the ages of nineteen and thirty-five were born to teenage mothers.

"Unintended pregnancy is a problem for everyone in this country," says Mark Smith, vice president of the Kaiser Family Foundation. "And the younger you are, the darker you are, and the poorer you are, the more of a problem it is for you."

Some of the young women behind those numbers come from more privilege rather than less, and their futures will not necessarily be tarnished by the experience. But for Jessica Rivera, and the hundreds of thousands like her, the road will be much more difficult. The story of how she came to the path that now lies ahead of her is not unusual in her world.

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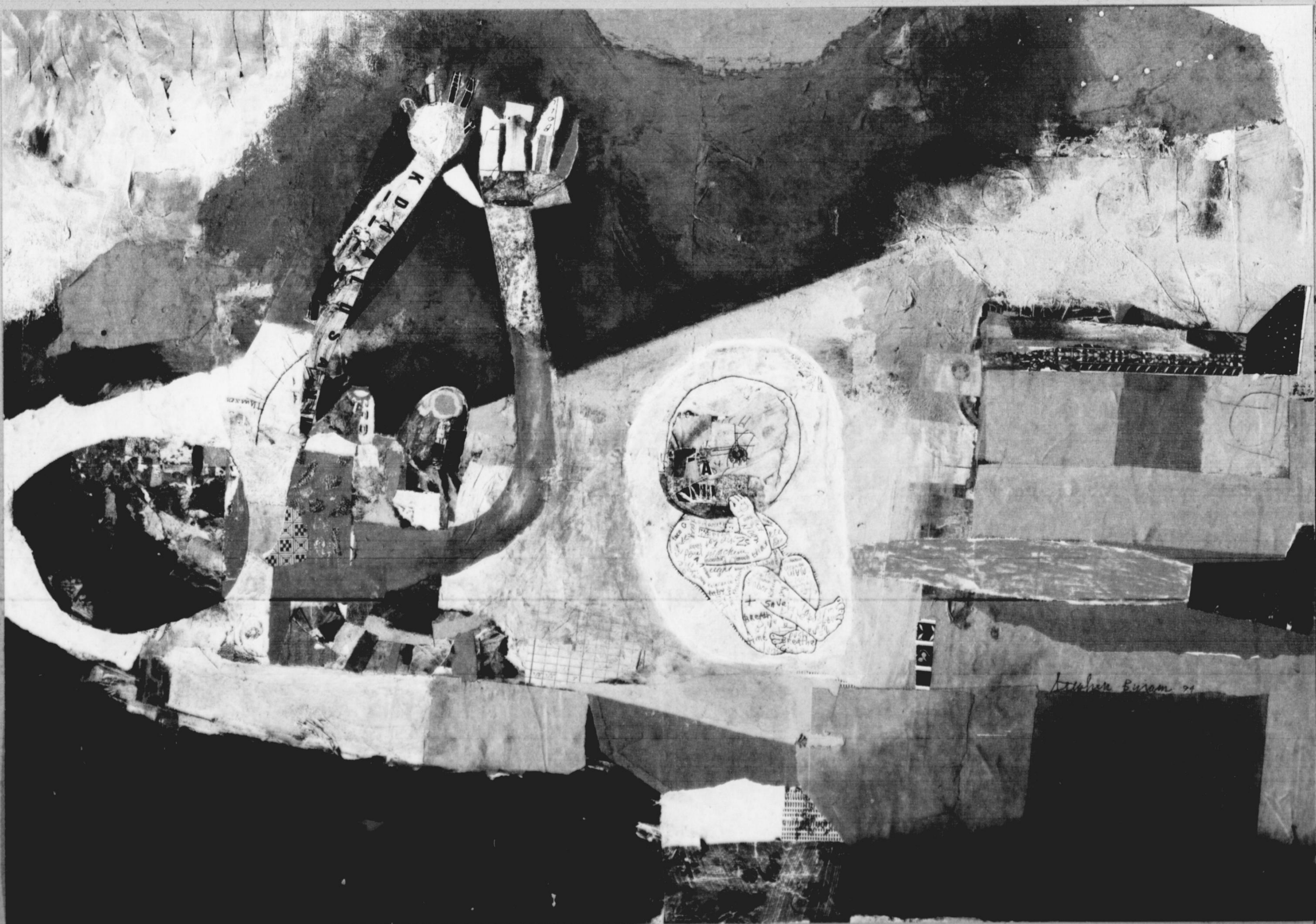
Jessica is from the Bronx. She is the third daughter of a woman who had her first child at sixteen. Before she was ten she had endured years of beatings from her mother and repeated rape by her stepfather. Placed in foster care, she says her mother held a knife to her throat the day social workers came to take her away, releasing her only when the child protection agents came through the back door.

At fourteen she ran away from the latest in a series of group homes and moved in with her twenty-year-old boyfriend. After a year of living together he began pressuring her to have sex without condoms. "I guess I just put myself in denial that I would ever get pregnant," she says. When Jessica learned she was pregnant, her boyfriend wanted her to have the baby and she didn't have $175 for an abortion. When she was four months pregnant, Jessica stole a car with two friends and got as far as Wyoming before the police caught

Lisa Ruppel Benenson has written for Newsweek International, Parenting, and the Boston Globe.



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them. She was shipped back to New York, where she was ordered into a home for pregnant teenagers in Albany.

As lawmakers grapple with health care reform, those who work with teenagers like Jessica worry about how—and whether—their problems will be addressed. Teenage pregnancy can't begin to be tackled without taking on issues of poverty and education and joblessness. As Marian Wright Edelman of the Children's Defense Fund likes to say, "The best contraceptive is a real future." But if health care reform doesn't include help for America's at-risk teenagers, things will clearly get worse. "We will see much more disease, much more unwanted pregnancy, and much more unwanted childbearing among teens, and these are simply things our society cannot afford," says Andrea Salwen, a spokeswoman for Planned Parenthood. "Health care reform is our chance to make some real headway."

As always, the hottest question is where the reform proposals will come down on abortion, possibly the most divisive issue in the country today. Under a 1977 law, no federal Medicaid money can pay for abortions, and only twelve state Medicaid programs cover the procedure on their own. So in most of the country, low-income teenagers who want an abortion must finance it from their own pockets. That's a situation President Clinton has promised to change, and one which conservatives intend to uphold.

Not surprisingly, all but one of the reform plans so far avoid the issue. Many are expected to eventually cover abortion, but the plan sponsored by Republican Senator Don Nickles of Oklahoma is the only one to say that abortion doesn't *have* to be covered (though it's not absolutely excluded). "We have a lot more teenage pregnancy than anyone wants," says Nickles, "but I do think it's regrettable that abortion has become a form of birth control. Under the President's plan, it may end up costing $60 for an abortion. That will make abortion more commonplace, and that's unfortunate."

The United States has one of the highest abortion rates in the developed world, and of the 1.6 million performed in 1988, one-quarter were obtained by teenagers. That statistic has led to parental notification or consent laws in twenty-three states. Pressure from Right-to-Life groups has also made abortion services unavailable in 83 percent of the counties across the country. Those moves, plus heavy media attention to the debate, seem to have left many teens with the mistaken idea that abortion is medically dangerous and widely illegal.

But the big question for policymakers is how to prevent the pregnancies that make abortions necessary in the first place. "The abortion rate in this country is unconscionably high, and I think we can all agree that ought to be unnecessary," says the Kaiser Foundation's Smith. Many see school health care centers as key, and funding for them is currently included in the Clinton health plan. The clinics are designed to make it as simple as possible for teenagers to get health care services—and will address one hugely important issue for sexually active teens: Will their parents find out that they're trying to get contraceptives, or an abortion?

At this point none of the major health care proposals speak directly to the issue, since the so-called details are expected to be worked out after the final bill is approved. But the lack of specifics worries those who feel that writing privacy guarantees for teens into a health care bill may be very hard, given that it's a political hot potato. "I think kids' rights will be the first to go," says Debra Hauser-McKinney of Alternatives for Youth. "They don't vote."

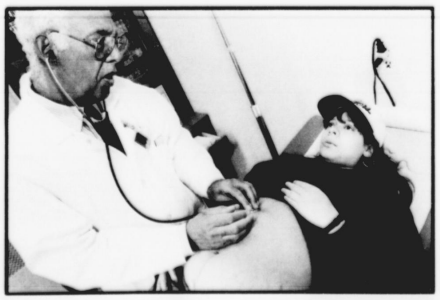
Where the reform bills stand on reproductive health*

Plan	Clinton	Stark	Single-payer	Chafee-Thomas	Cooper-Breaux	Michel	Nickles
Benefits	• Preventive services, including pre-natal and well-baby care • Prescription contraceptive devices (like diaphragms and cervical caps) • Intends to add birth control pills, Norplant (contraceptive straws inserted into woman's arm), and Depo-Provera (contraceptive shot) • Allows doctors, clinics, and hospitals to refuse a service "on the basis of a religious belief or moral conviction"	• Preventive care, including pre-natal and well-baby visits • All costs relating to delivery • Prescription contraceptive devices	• All family planning services included • Preventive services like pre-natal and well-baby care	• Prescription contraceptive devices • Talks about preventive services but gives no details	• Talks about preventive services but gives no details • No mention of family planning	• No mention of preventive care, or most other specifics	• Says benefits package doesn't need to cover preventive care or abortion

*SEE PAGES 30-32 FOR MORE HEALTH PLAN DETAILS

One critical issue that *has* made it into the plans is preventive care for pregnant teens, and later for their newborns. Three of the seven major reform bills specifically cover pre- and neo-natal (after birth) care, and two others vaguely promise some funding. It's a big plus for teens, who are only half as likely as adults to see a doctor when they're pregnant. And inadequate pre-natal care makes it much more likely that mother or child—or both—will experience health problems. In fact, one of the most common complications of poor pre-natal care is low birth weight, which is the leading factor in infant deaths.

While any programs to deal with teen pregnancy are likely to be costly, the results may offer big savings in both human and economic terms. Low-birth-weight babies who do survive, for example, do so at great cost—an average of $30,000 in the first two months alone, according to the Alan Guttmacher Institute. Advocates for Youth calculates that a family begun by a first birth to a teen mother in 1990 will cost the taxpayer an average of $18,133 by the time the child reaches twenty. If each of those births had been delayed until the woman was in her twenties, the federal government would save $10 billion—40 percent of the expense.



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For Jessica Rivera, of course, all the cost-benefit analyses and political deal-cutting will come too late: Her childhood is over. She lives in a group house in Albany with four other unwed mothers. Home is a tiny bedroom that she shares with her son, Alex. The head of his crib and the head of her narrow bed meet in one corner; Sesame Street posters share wall space with Alex's birth certificate. There are few signs that a teenager lives in the room—just a signed photograph of an actor from her favorite soap opera and an oversized goblet from a long-ago night out. Living here has allowed Jessica to go back to high school, where she is a junior. She has chores, and counseling, and a strict curfew, but she also has people to care for Alex while she's in school. Come September she'll have to move into her own place, and it's there her worrying really begins.

"I just think about what I'm going to do for money and whether or not I'm going to be able to do everything," she says. "Going to school, taking care of Alex...I just don't know if I'm going to make it."

©PETER KUPER

hiv/aids

by David France

Sandy was twenty-six when she got the news, when she went from naive to frighteningly enlightened, from pacifist to activist, from healthy to harboring the AIDS virus.

She had requested an HIV test two weeks earlier during a cholesterol exam, figuring "Ah, the hell with it—why not?" It was that much of a whim. Most young people, and almost all women, only learn of their HIV infection once it progresses to full-blown AIDS. Besides, Sandy had a modest history: five men, no women, and no intravenous drugs. Even the clinic found her request befuddling. "When I went for the counseling before the testing," she recalls, "they said 'What are you doing here? Do you have some kind of psychological hang-up about your last boyfriend or something?'"

Until she noticed the doctor's anguished face as he asked for her confidential ID number—nobody at the clinic or the blood lab would know her identity—she wasn't nervous in the least. "I remember saying 'Okay, God, whatever it is just let me face it.'"

Sandy apparently had contracted HIV five years earlier, at twenty-one, from boyfriend number four. An estimated 60,000 other Americans also were stricken that year. One in four of them was under twenty-two. The day Sandy was infected—as every day since—forty more young people got the virus. If she had been a prevention activist then, she might not be a drafted treatment activist today.

Now her vocabulary includes things like nucleoside analogues, CD4-cell spikes, and glycoprotein envelopes. If she's lucky, it will be several years before her infection turns into AIDS. Until then—maybe not until she's thirty or thirty-five—the Centers for Disease Control and Prevention won't add her to the AIDS list.

That's why despite there being only 15,080 thirteen- to twenty-four-year-olds officially counted with AIDS, the picture is actually much grimmer. HIV is quickly becoming a disease of the young. The age at infection has dropped dramatically from the early days of the epidemic, when it was well over thirty, according to new research. Today the average age is twenty-five, and falling. Scientists now believe that HIV-positive people under twenty go longer before developing any of the symptoms that define full-blown AIDS—twelve years versus about ten for thirty-year-olds. There's reason to believe, then, that the vast majority of those under thirty with AIDS—fully 22 percent of all cases—were infected as teenagers. "To be able to sustain this level of infection every year really indicates there's some very, very risky activity going on," says Fred Hellinger, who tracks HIV data for Congress.

David France has reported on AIDS since the beginning of the epidemic. His work has appeared in Esquire, Rolling Stone, and Vibe.

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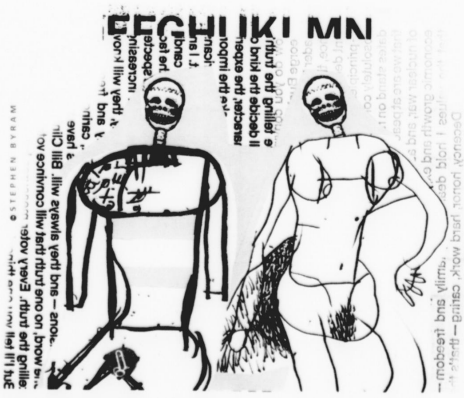

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Something about AIDS prevention is not working—and many experts think they know what. Young people are hearing warnings against high-risk *people* instead of high-risk *behavior*. Sandy believed she fell outside the risk groups. "Politically, I'm incredibly pissed off that the message is primarily towards the gay community," she says. "Why didn't somebody warn *me*—a white, educated heterosexual from the suburbs?"

Though Sandy was warned, AIDS experts say, she wasn't warned effectively. The message needs to be clearer that unsafe sex is unsafe sex, no matter who's enjoying it. "We give out all this information about HIV and safer sex, and how to clean your needles," says Sean Sasser of Youth Empowerment Services in San Francisco. "But we never give actual information about being in that situation—bringing up safer sex, getting out the condoms. We just assume that by providing them with information, they'll do the right thing. They can quote AIDS 101 in thirty seconds or less, but they're just not using it." At least, that's what Sasser believes happened to him. Seven years ago, as a high school senior in Detroit, he contracted HIV.

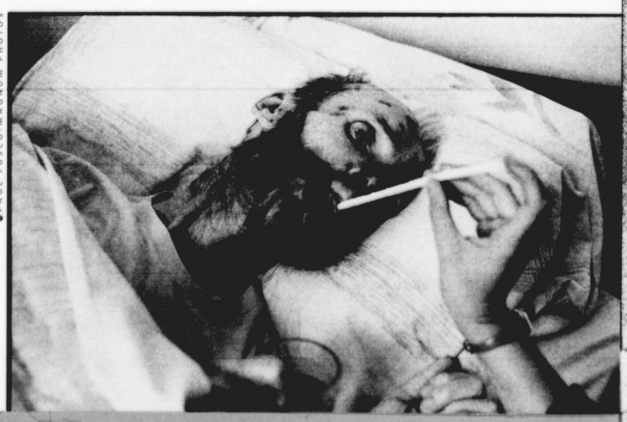
One in four adolescents with AIDS is female, versus one in ten adults.

"This is true across the board, but especially for young adults," says Colin Robinson, a policy analyst at the Gay Men's Health Crisis. "A lot of us have information we don't use. And that's not because we're morally bad or lazy. What we need to do is help people, encourage people, support people in their decisions to be safe. But in a world that blames sexuality, it's hard to get young people talking about it. If we don't want them to be sexually active, how can we ask them to be sexually responsible?"

AIDS prevention—the only known way to save a life from the certain ravages of the disease—is the most politically charged corner of the crisis. In many areas religious-right groups have gained seats on school boards and stoked parental opposition to the explicit sex talk that's part of AIDS education. Perhaps that's why it remains unaddressed in any of the reform packages being edited in Washington, many of which include other types of preventive care.

Besides the half-billion dollars the CDC spends on HIV counseling and testing, prevention isn't even handled as a national issue. Underfunded nonprofit groups and local and state governments have been left to deal with the problem, resulting in wild disparities from place to place. New York State, for example, spends $2.35 per person on AIDS prevention while Colorado—notorious for its recent anti-gay legislation—allots just a penny.

Some facts are managing to seep through, but there's still a lot of dangerous misinformation. "The majority of teenagers can tell you that you can get it from blood and semen and breast milk and vaginal fluids," says Jennifer Hincks Reynolds, director of the adolescent HIV program at Advocates for Youth in D.C. "They certainly know that. But they have a few myths mixed in." One national survey found that 86 percent of eighth and tenth graders understand the importance of condoms—but another study showed that 12 percent of all high school students believe birth control pills provide some protection against HIV, and 23 percent



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think they can eyeball their sexual partner and pronounce him or her risk-free.

Things aren't any better on the treatment front. Among all age groups there are an estimated 122,500 Americans living with AIDS on any given day, and another million living with HIV (though most don't know it). The way they get their treatment—or don't get their treatment—is one of the starkest indicators of the country's crisis in health care delivery.

Just 40 percent of AIDS patients are covered in any way by private insurance—as opposed to 70 percent of the general population. Typically the policies don't cover the experimental drugs many people find essential for their treatment. Some states allow insurers to identify HIV infection as a pre-existing condition and then deny reimbursement for AIDS care. And of course, if a person with AIDS grows too weary to continue working, the whole policy can vanish—and the chances of a sick person getting a new policy are nearly zip.

Another 45 percent of people with AIDS or HIV are poor enough, or become poor enough, to qualify for Medicaid. That leaves 15 percent completely uninsured. In other words, the care people with AIDS are getting is limited. And taxpayers are already footing most of the bill—over $5 billion a year. By contrast, insurance companies paid out just $645 million in claims to AIDS patients in 1992, the latest year for which numbers are available.

Naturally, demand-one among AIDS activists is universal coverage, which just four reform proposals—the Clinton, single-payer, Stark, and Chafee-Thomas plans—guarantee.

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"Universal coverage will improve things radically for people with AIDS," says Karin Timour, education director at Body Positive, a New York agency for people with HIV. "Getting health care for everybody with HIV illness is urgently needed."

But the open question, she says, "is what kind of care." After reform, will people with AIDS have access to physicians hip to the fast-developing field? Will people with any sort of chronic illness be held to yearly spending limits? Will "managed care" mean additional bureaucracy between sick people and specialists? Will health care be rationed? Will adolescents have open and confidential access to care? Will young people, who are currently left out of most drug trials, be included in the future—finally leading to a body of data about how to treat the infection in teenagers? "So much of this is so much up in the air that we can't answer any AIDS-specific questions," says Mark Hannay of ACT UP, the activist AIDS organization. "This is a daunting, confusing, and complex topic."

Gay or bisexual boys ages fifteen to nineteen report having seven male sexual partners a year—with half of them also having more than five female partners.

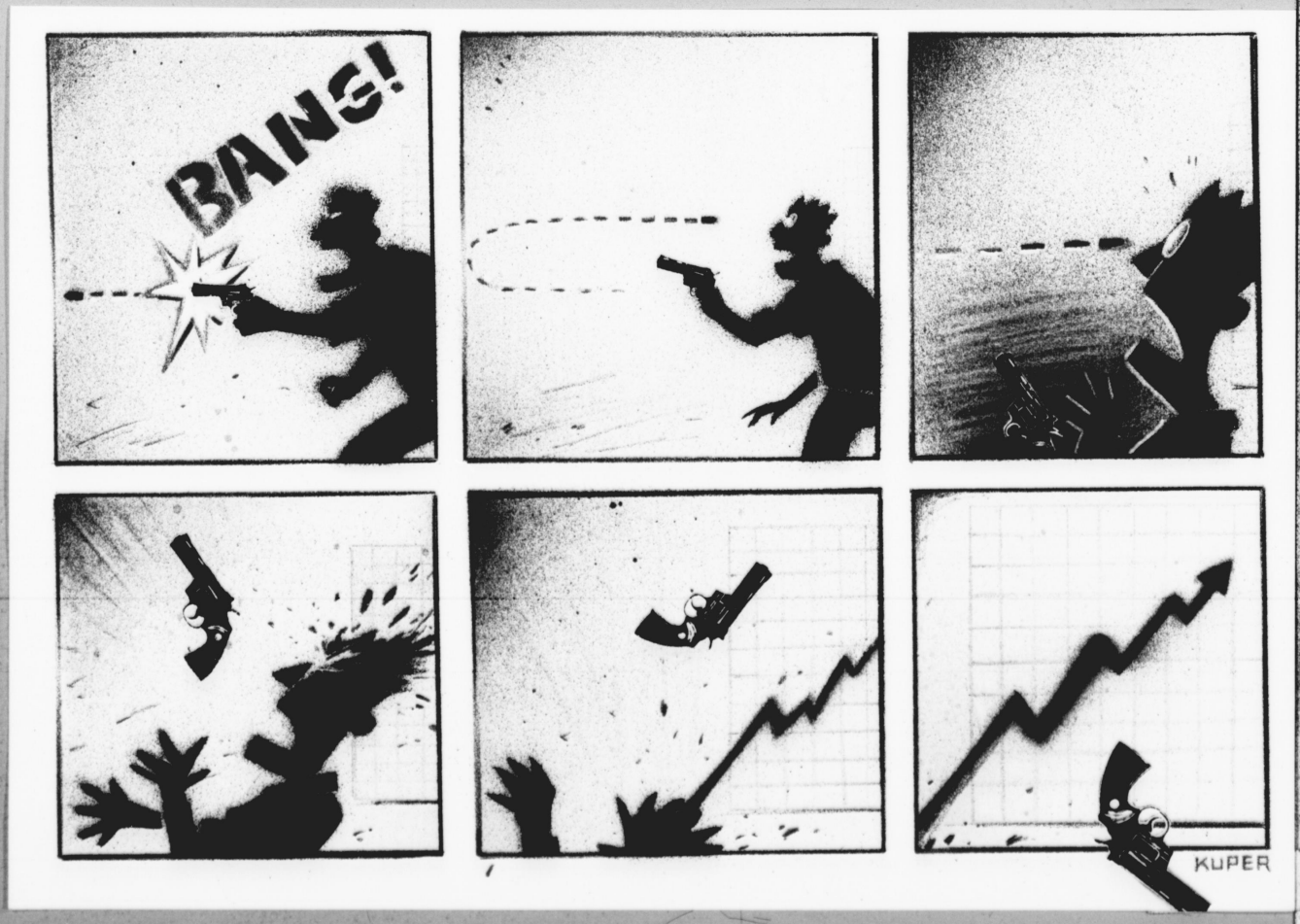
Many experts in the AIDS service community believe single-payer is the only reform proposal that gives AIDS patients the kind of self-determination and autonomy that they alone have forged for themselves. In fighting their rare and often unpredictable infections, people with AIDS have successfully pushed for unconventional care from their doctors: experimental medicines, alternative treatments, and even no care whatsoever. Body Positive's Timour worries that clients who refuse common anti-viral medications like AZT (as more and more patients are doing, given the developing research) could be refused all reimbursement as a result.

But the single-payer plan has few supporters on Capitol Hill, where some argue it may create an even more stubborn barrier for sick people. When you have "government bureaucrats and members of Congress making decisions about how much money you're going to spend on what kinds of care," says one Senate Republican policy analyst, "people with very serious illnesses and the gravest need for health care are going to be the ones who are the most disadvantaged."

In the end, despite the dozens of AIDS and youth organizations laboring away on health care reform, nobody's able or willing to predict what the future holds. Offers Mark Hannay: "Once you get into the legislative process, which is where the action is now, it's like making sausage. It's certainly not something you want to look at."

HIV — The virus that causes AIDS. Once someone is diagnosed HIV-positive, it can take up to twelve years for the infection to turn into AIDS.

AIDS — A fatal condition that destroys a body's immune system. Unlike cancer or tuberculosis, AIDS isn't technically a disease. It is instead defined by the presence of other, specific diseases—like a rare type of pneumonia or cancer.


BANG!
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violence

by Malcolm Gladwell

On the night of April 8, 1994, at 9:46 p.m., eighteen-year-old Raymond Tain got into an argument in a Manhattan pool hall. Maybe everyone was high, or drunk, or maybe they were just all macho teenagers unwilling to back down, but at the height of the dispute somebody pulled a gun and shot Raymond Tain dead.

In retrospect, there are a thousand different questions that could have been asked in the days and hours leading up to that fatal moment. Had Raymond been taught how to handle explosive situations? Did he know how much drugs and alcohol increase the likelihood of violence? Was the pool hall properly supervised? How did the killer get hold of a gun? What was his background? Were steps ever taken to steer him from a life of crime?

In the end, however, everything done for Raymond Tain happened after he was shot. A suspect was arrested and charged. With luck, Raymond's murderer will be convicted and put behind bars. This is all that happened because this is the way we think about violence in America: as a sequence that begins with the crime and ends with the punishment.

Increasingly, researchers and legal experts are arguing that we need to do more than leave the issue to the police and the courts. At the root of their concern is the dramatic growth of violence among America's young. During the 1980s teenagers killed 11,000 people. Homicide is now the second-leading cause of death for fifteen- to nineteen-year-olds, behind car accidents, and the leading cause of death for African-American males between fifteen and twenty-four. Today violence is so prevalent among the young, and growing so fast, that many believe the traditional method of addressing it—which focuses on deterring future crimes by punishing offenders—just isn't working.

"We absolutely need the criminal justice system, but it's not enough," says Mark Rosenberg, a violence expert at the Centers for Disease Control and Prevention in Atlanta. "There are more people in jails right now than ever before, yet we have the highest homicide rate among young people we've ever had. Violence requires an integrated approach. It's a problem for public health, for housing, for criminal justice, for labor. And to resolve it we're going to have to work together."

The problem of violence in America is best understood not just in lives but in dollars. Health economists, for example, have calculated that the cost of AIDS—the money spent on medical care, the cost to business in lost productivity, the quality of life lost by those infected—comes to $64 billion a year. Violent crime costs society three times that amount.

And even that figure may understate the final tally. In inner cities, where violent crime is centered, gunshot and stabbing victims have become

BARTHUS TRESS/MAGNUM PHOTOS

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a terrible drain on already overburdened hospital emergency rooms, taking away scarce resources from other kinds of illnesses. What's more, victims of violence are young—and getting younger. Cigarettes may kill more people than handguns in the United States, but they mostly kill people who are at least middle-aged. Raymond Tain was eighteen with a lifetime ahead of him, which represents—according to the calculations of health economists—a far greater economic loss to society than someone dying of lung cancer at seventy-five.

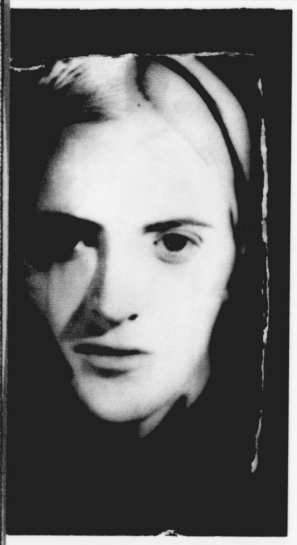
This trend has accelerated dramatically in recent years. During the 1980s the firearms homicide rate for fifteen- to nineteen-year-olds rose by 61 percent. Worst hit were inner cities—which have homicide rates for young people about ten times higher than rural areas—and black males, who are seven times more likely to be murdered than white males. All told, teenagers are now victimized by violent crime—rape, robbery, and assault—at twice the rate of the general population.

Why the increase? The reason is simple: Scared for their own safety, or lured by the culture of gang violence, more and more teens and young adults carry a weapon. And with the great availability of handguns, chances are that the weapon is a gun. An incredible 50 percent of tenth-grade boys in a recent nationwide survey claimed they could get a handgun if they wanted. Twenty percent of all high school students say they regularly carry a gun, knife, or club. In New York City the figure is 26 percent.

Because teens fight—four out of ten high school students have been involved in at least one physical fight during the past year; one-third of all students report that someone threatened to hurt them—the chances that arguments can turn lethal is now greatly enhanced. The problem with this new violence is that it doesn't fit with traditional theories about how to discourage crime. Deterrence, the guiding theory behind the criminal-justice approach, holds that the would-be criminal will make a rational judgment about whether the crime being considered is worth the penalty.

But how much rational thought was going on in the final, frenzied moments before Raymond Tain's death?

"The threat posed just isn't worth avoiding," says Jeffrey Fagan, a criminal justice expert at Rutgers University. "Deterrence assumes that someone would see the benefits of going straight as outweighing the costs of committing a crime. But these are people with difficult, dim futures. There aren't a lot of rewards associated with obeying the law.



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Deterrence only works when it is complemented by strong communities and strong schools."

About a decade ago a group of scientists at the Centers for Disease Control and Prevention began to argue that the same tactics used to fight diseases could be used to fight violence. Violence, they agreed, should be considered a public health problem.

This isn't to say that violence prevention will fall under the umbrella of health care reform, which is principally concerned with extending medical coverage to those who don't have it. But it does mean that, for the first time, the people who have successfully fought to make cars safer and stop the spread of AIDS and put safety caps on bottles of Drano are being asked to **bring their unique skills to the fight against violence. The federal government, for example, has set up a task force that includes experts from seven different cabinet agencies, from** housing to health.

"This is a real change in thinking," says the CDC's Rosenberg. "No matter what kinds of violence you look at, most of the attention is in helping victims or **punishing perpetrators. For example, in violence against women, most of the efforts to date have gone into helping battered women and punishing their assailants. But that's not enough. What** we say is that you also have to look at primary prevention, intervening with families before women get battered. It turns out that young boys who are abused have a higher chance of growing **up to be batterers as men. We have to break the cycle."**

This may seem like a daunting task. After all, whenever scientists have tried to trace the root causes of violence they have ended up with the same depressing list: poverty, broken homes, child abuse, **joblessness, drugs, and alcohol. Does the public health approach, in other words, require the overwhelming task of solving all the problems of the inner cities?**

Experts say no, and point as an example to traffic fatalities, which have fallen steadily over the last twenty years. This isn't because society has magically solved the **central issue in car accidents, that people often drive recklessly. Instead, over the past two decades a hundred small** changes have been made by automobile companies and legislators and highway engineers at the margins—**from requiring seat belts to stiffening car doors to putting dividers down the middle of highways—that** have added up to a big difference.

The same can be true, they say, of violent crime. This fall the CDC **funded thirteen different projects in cities around the country to teach middle and high school students how to** handle potentially **volatile situations. So many gun fights occur at the spur of the moment, over petty disagreements, that educators feel that simply teaching students how to better handle arguments—and how to** recognize and avoid situations where

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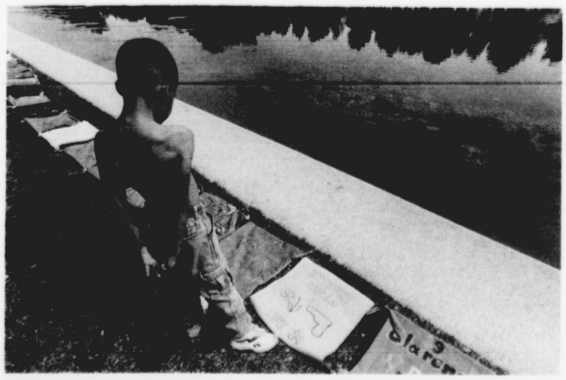
emotions are getting out of control—could cut down on the number of tragedies.

And think about the gun used to shoot Raymond Tain. Gun control has proven a difficult target politically because gun manufacturers and enthusiastic owners have spent millions—in campaign contributions, weekend junkets, and other gifts—to persuade lawmakers to oppose stricter firearm regulation. But public health officials are focusing instead on giving the victim a better chance of surviving the attack. Rather than trying to ban guns, they figure, how about more politically feasible laws that make guns less lethal by regulating the caliber of the bullets?

Environmental adjustments are also possible. When public health officials were trying to curb the spread of AIDS in the early 1980s, they shut down the gay bath houses in cities like New York and San Francisco. Why? Because their research told them that the multiple sexual encounters possible in those places were a major reason for the spread of HIV through the gay community. The same techniques, they say, can be used on violence. By analyzing how and when assaults and killings occur, experts can determine if particular bars or parks—by their design or location or the people they attract—are fueling violent situations.

Did the pool room where Raymond was shot serve alcohol? Was it badly lit, making supervision difficult? Was there a bouncer or bartender to break up fights?

"It's all so scripted," says Fagan. "All the stuff about one kid staring down another, and the next thing that happens is someone is on the floor dead. Where do these scripts come from? We've got to figure out how to change the script."



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stds

by Anthony Schmitz

Janeen is taking a few minutes off from her after-school job, explaining why she doesn't worry about coming down with syphilis, chlamydia, gonorrhea, or any other sexually transmitted diseases. "Because of my religion," she says quietly.

Even so, she's spent some time thinking about how she'd handle the complications that come with any STD. At fifteen, she's certain this is a private matter that involves her and her doctor—and definitely not her mother. "Almost nobody I know would tell their parents," she says.

That's why she wouldn't think of getting tested for an STD at the clinic that her family uses for health care. "My mother talks to everybody there," says Janeen, rolling her eyes now. "And somebody would tell her. Somebody would feel that she has to know. I don't trust them."

Even if the clinic staff kept mum, Janeen would have to dream up lies to cover her tracks. The clinic is a long bus ride across town. If she went after school, she'd have to explain why she was three hours late getting home. And if she got an appointment during school hours, she'd be marked absent on her report card—another tip-off for her mother.

For adolescents, getting confidential treatment for a sex-related disease can be a problem almost as large as the illness itself. Young people are at particularly high risk of getting diseases transmitted through sex. People under twenty-five get two-thirds of the 12 million STDs reported each year in this country. Teens who have sex have a one-in-four chance of catching an STD.

Diseases such as gonorrhea, chlamydia, and herpes are spread among teens by a combination of

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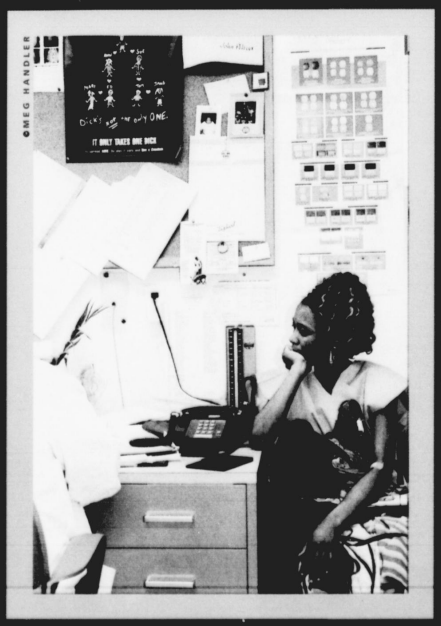

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unprotected sex and faulty information. About two out of three high school students wrongly believe that washing after sex might be a good way to avoid sex-related diseases. More than half think that birth control pills might help reduce their risk. One out of four doesn't know that condoms are an effective way to help protect against STDs.

When it comes to sex-related diseases, ignorance can lead to serious, long-term health problems. In females, untreated STDs can cause pelvic inflammatory disease—a serious infection that decreases their chances of ever being able to have a baby. They're also at greater risk for life-threatening ectopic pregnancies, where a fertilized egg gets stuck and develops inside the fallopian tube. Teenagers are more likely to suffer pelvic inflammatory disease than adult women, for reasons doctors still don't completely understand. And after contracting some types of genital warts, they're more likely to develop cervical cancer later in life. Men and women alike have a greater chance of getting AIDS if they have sores from another STD and have sex with an infected partner.

Even though young people are more likely to get sexually spread infections and suffer more serious health problems as a result, they're also the age group least likely to get treated for STDs. In part that's because one out of seven kids doesn't have insurance for health care. But another major reason is their fear that doctors won't give them confidential service.

Kids' fear of getting ratted out by doctors is so great that many say they'd rather go without treatment than take a chance on their parents finding out. In a recent study of Massachusetts high schools, about 60 percent of the students admitted to worrying about health problems they wouldn't want to share with their parents. Alarmingly, a third of those kids said they wouldn't get treatment in some cases if they thought their parents would find out. Students generally didn't understand that they could get confidential care and didn't trust their doctors to keep their mouths shut.

Of course, kids often have good reason not to trust their doctors. Many doctors don't respect the idea of patient confidentiality when their patients happen to be teens. The good news in a recent Minnesota survey of doctors was that about half thought teens are entitled to unconditional privacy about their health needs and treatment. But about one out of five rejected the idea of ever promising teens confidential care.

This is despite laws in all fifty states and the District of Columbia that guarantee teens confidential treatment for sexually transmitted diseases. "I'm sure in some cases doctors don't abide by those laws," says policy analyst Catherine Teare at the National Center for Youth Law. "And I'm sure they don't get called on it very often. When young people make an appointment they should ask and make certain what the doctor's understanding about confidentiality is."

Privacy guarantees will have to be built into any new system, because right now, experts say, there are plenty of ways that young people's privacy can be betrayed. "There are things people just

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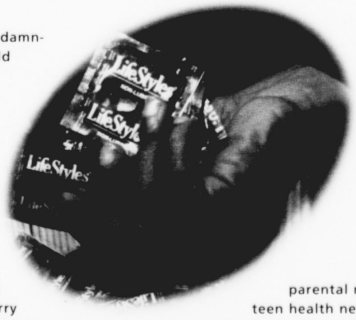
Three out of ten high school students in a 1987 study didn't know most people get STDs by having sex.

don't think about," says Dan Daley of New York's Alan Guttmacher Institute. "Does your provider really keep your records confidential? Is there a way you can be spotted coming and going from the office? What about the billing? It doesn't make any difference if you get confidential care for an STD and then, after the fact, your parents get a bill or a statement showing that services were provided. That's when they're going to start asking, 'When did you go to the doctor? Why did you go? Why didn't I know about it?'"

According to Daley, one current idea for reform—which hasn't yet made it into legislation—is to insist that insurance companies fund special clinics for teen health care. Teens would get free care, so there'd be no bills to alert parents. You could get a full range of treatment in these facilities—anything from a flu shot to an AIDS test. Then if your mother spotted you walking inside, she wouldn't have the same damning evidence as she would with an STD clinic. Another popular option is to increase the number of full-service health clinics inside schools. Currently there are about 510 clinics in or near schools offering free care to students.



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But experts such as Daley worry that in the horse-trading necessary to pass a health care reform package, kids' interests could get sold out. "When you talk about adolescent health," he warns, "you can't help but talk about parental consent and notification. Usually you end up with a huge battle. On one side you have people who feel parental rights are being undermined by confidential health care services. On the other are people who say, 'Hey, look, these kids have a health need that we have to meet. Go work out your family issues on your own.' It's always a heated fight."

The battle between parental rights and teen health needs already undermines care in school clinics. Short of abstinence, regular use of condoms is the most effective way to halt the spread of diseases transmitted through intercourse. But despite the epidemic of STDs among teens—not to mention AIDS—only about seventy school clinics nationwide provide condoms to students. In some school clinics, such as those in New York City, parents can forbid workers from giving their kids condoms.

As it happens, Janeen's high school in St. Paul, Minnesota, has a clinic. It doesn't distribute condoms to help fight STDs, though workers can give students coupons for free condoms at area stores. So if Janeen's religious resolve weakens someday, and she decides to have sex with a boyfriend, there's a chance he'll use a condom that he got through the school program. Then again, he may still have the coupon in his pocket.

legislation

by Julie Kosterlitz

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Almost no one disputes the facts behind the call for change: Health care spending is devouring an increasing share of our paychecks and our national wealth. But there's deep disagreement over what to do about it. The split partly reflects two very different philosophies about what society owes its citizens and whether getting the government involved makes things better or worse.

Just before members of Congress straggled back to Washington from their Christmas break, President Clinton summoned his top health care advisers, including his wife, Hillary, and gave them the political equivalent of a locker-room pep talk.

"We look back now in American history and remember 1935 as the year that the American people adopted Social Security...1965 is the year the American people adopted Medicare," he told his team. "I believe that 1994 will go down in history as the year when, after decades and decades of false starts and lame excuses and being overcome by special interests, the American people finally had health security for all."

But is that how 1994 will be remembered?

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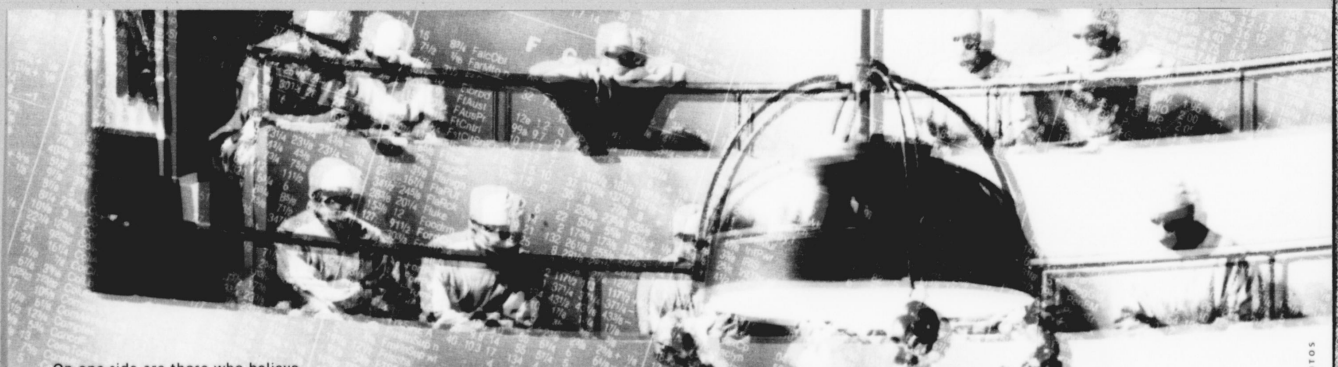
If you're under thirty, you weren't around for the slugfest over the last sweeping entitlement program. But you are clearly living through the latest in a handful of historic debates—one that will have more of an impact on you than you may realize. At issue is the future of a nearly $1 trillion industry, who will have access to what kind of health care, and who will pay for it. On one level, it's a classic Washington squabble over who gets what, and how. On a deeper level, it is a debate over what kind of a society we are.

All this makes it a very high stakes game—even by blasé Washington standards. Every imaginable interest group has gotten into the fray, hiring high-priced lobbyists, flooding the mails and airwaves with propaganda, and making sure their members pack the town-hall meetings members of Congress hold back home. There are the doctors, hospitals, HMOs, and insurance and drug companies for whom health care is a bread-and-butter issue. Those who foot the health care bill now—large employers, unions, even state governments—are also well represented. So are those who don't want to foot the bill—mainly small businesses and large restaurant, hotel, and retail store chains. Even some of those who use health care services are represented—by unions, consumer groups, and, as always, advocates for the elderly.



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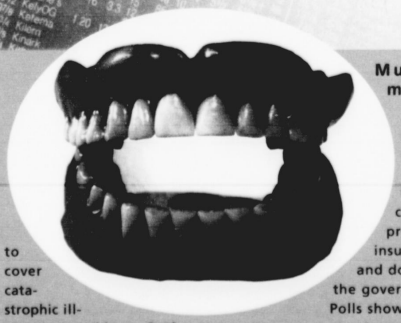
On one side are those who believe that having government finance a generous package of health benefits for everyone is not only a moral imperative but the only way to get costs under control. On the other are those who believe we can't afford to guarantee coverage for everyone, and that it would take too much government intrusion. The cost, they say, will either drive taxes up unacceptably or add to the deficit—taxing future workers.

The first faction includes supporters of a Canadian-style or single-payer system, proposed by two Democrats—Congressman Jim McDermott, a doctor from Washington state, and Senator Paul Wellstone of Minnesota. Their plan would do away with insurance company paperwork—in fact, it would pretty much do away with the insurance industry altogether. Government wouldn't actually hire doctors and run hospitals. But with exclusive control over the purse strings, it would decide how much doctors and hospitals were paid and what health benefits were covered. Patients would retain free choice of doctors and hospitals, and wouldn't have to worry about fishing in their pockets for change, or whether insurance would cover something. They'd just flash their national health security card and the bill would go to the government—to be picked up by taxpayers.

At the conservative extreme are those who think overly generous employer-provided insurance is what drives costs through the roof, by making people oblivious to the bill and encouraging both doctors and patients to overuse the system. Conservatives want individuals to buy their own insurance and become more cost conscious. A government-run system with generous benefits would only compound the problem, they believe.

One plan from this camp, introduced by the House Republican leader, Robert Michel of Illinois, makes buying insurance voluntary. Another, from Republican Senator Don Nickles of Oklahoma, would force individuals to buy at least a minimal insurance policy to cover catastrophic illnesses or accidents. Both plans allow tax-free bank accounts so people can stockpile funds for medical expenses. Both also would keep Medicare for the elderly and offer some additional help for the poor, but they suggest few new funds to implement it. Neither plan aims for universal coverage.



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Muddling towards the middle

The fact is, neither the liberal nor conservative extreme is likely to prevail. Although the Canadian-style system has more than ninety Democratic co-sponsors in Congress, it's predictably unpopular with insurance companies, hospitals, and doctor groups, who don't want the government controlling their prices. Polls show that only about a third of the country supports it over other alternatives, and politicians believe people would balk at giving Washington so much leverage over the health care system.

By the same token, polls also show that most Americans want everyone to have insurance and aren't wild about the idea of stripped-down coverage.

So as of May, most of the debate in Congress has been centered on three major bills between the two extremes: President Clinton's plan; a bill introduced by two Republicans, Senator John Chafee of Rhode Island and Representative Bill Thomas of California (Washington insiders call it Chafee-Thomas); and one from two Democrats, Congressman Jim Cooper of Tennessee and Senator John Breaux of Louisiana (called Cooper-Breaux).

The problem Congress still faces, however, is that while the public wants universal coverage, it's not clear if they're willing to make the sacrifices needed to get there. As politicians know all too well, Americans hate taxes and they mistrust the government. From a politician's standpoint, health care reform is a smorgasbord of unpalatable choices.

Congress is really facing two fundamental debates: whether universal coverage is worth the cost, and, if so, how to deliver it with the least expense and government intrusion. At the same time Congress needs to resolve a mind-numbing array of technical and political matters. Who will oversee the new system? What role will the states play? What happens to the government health plan for veterans and the military? The debates will play themselves out in the subcommittees, committees, and full House and Senate in the upcoming months. Because of the huge scope of health reform, it has been handed over to an unusually large number of committees—three in the House and two in the Senate—with several other committees considering smaller questions. More about the congressional process later.

The first large debate—over universal coverage—pits the Clinton and Chafee-Thomas bills (which require universal coverage) against the Cooper-Breaux bill (which does not).

Cooper-Breaux is instead almost exclusively focused on bringing down the costs of health care, which it assumes would lower insurance costs and make policies affordable. It requires employers to offer insurance policies but doesn't force them to pick up any of the cost, nor does it force anyone to actually buy the insurance. People living in poverty would be fully subsidized, and low-wage workers would get some minimal assistance.

Chafee-Thomas requires everyone to buy insurance, but that would apply to low-income people only if the plan generates the savings to finance their subsidies. The Clinton plan also requires people to buy insurance. Unlike Chafee-Thomas, though, it forces employers to pay for 80 percent of their workers' premiums—which may lead to the loss of some low-wage jobs. To help counter that, small businesses and low-income families would be subsidized.

Clinton, you may recall, promised in his State of the Union address to veto any health care reform bill that does not guarantee everyone health care coverage. But it's also true that politicians can play around with the definition and timeframe for universal coverage, and still claim victory.

There are, as we've said, a slew of other contentious issues on the table. Let's stick to the basics here—they're complicated enough. In fact, they're so complex that most of you have chosen to blow by the debate entirely. A perfectly sane response, to be sure. Unfortunately, it means an issue that affects you will be decided by others who are better organized and more likely to pester their elected representatives: the health care industry, employers, unions, and the elderly. Here's your chance to sort through the mess.

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Getting a guarantee

Short of adopting a Canadian-style system, most analysts agree there are three things government must do to get universal coverage.

1. Stop insurance companies from rejecting bad-risk customers, and limit the rate disparity between them and low risks. If all companies aren't required to play by that rule, none of them will, for fear of becoming a dumping ground for the bad risks—like diabetic, overweight smokers—whom their competitors have turned away. All three bills propose this reform. But to the dismay of insurance companies, the Clinton plan goes even further: It bars *any* difference in the rates for high-risk and low-risk customers. That could raise premium costs for young people, but also make it more

Still more on the major proposals...

Plan	Clinton	Cooper-Breaux	Single-payer	Chafee-Thomas	Stark	Michel	Nickles
Obscure formal name that nobody uses	Health Security Act	Managed Competition Act of 1993	American Health Security Act of 1993	Health Equity and Access Reform Today Act of 1993	None (variation on Clinton plan)	Affordable Health Care Now Act of 1993	Consumer Choice Health Security Act of 1993
Sponsors	Senator George Mitchell (D-Maine) and Congressman Richard Gephardt (D-Missouri)	Congressman Jim Cooper (D-Tennessee) and Senator John Breaux (D-Louisiana)	Senator Paul Wellstone (D-Minnesota) and Congressman Jim McDermott (D-Washington)	Senator John Chafee (R-Rhode Island) and Congressman Bill Thomas (R-California)	Congressman Fortney "Pete" Stark (D-California), health subcommittee of the House Ways and Means Committee	Congressman Robert Michel (R-Illinois) and Senator Trent Lott (R-Mississippi)	Senator Don Nickles (R-Oklahoma) and Congressman Cliff Stearns (R-Florida)

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likely they could afford care when they get older.

2. Give subsidies to people and/or companies that can't afford the insurance themselves. All three bills propose subsidies for the poor, though they vary greatly in generosity. A recent study by George Washington University found that under the Cooper-Breaux plan, a family earning twice the poverty level would have to pay 16 percent of their income to buy an average insurance policy. Under Chafee-Thomas, that family would pay 12 percent of its income. And under the Clinton plan, it would pay only 3.3 percent. Of course, the more generous the subsidy, the higher the public cost.

3. Require everyone to purchase insurance. If everyone isn't made to buy insurance, not everyone will. Those who think they're healthy and don't need coverage—particularly the young—will tend to bag it. Those who are sick, on the other hand, *will* buy policies, driving up rates and starting a vicious cycle that will ultimately cause the insurance market to collapse. Besides, those who can afford insurance but don't buy it are getting a free ride at everyone else's expense, because doctors and hospitals merely pass along the costs of caring for those who don't pay to those who do.

Cost control—the $1 trillion question.

Unless we do something about costs we can't possibly insure everyone without breaking the bank. All three bills aim to make people more cost conscious, enticing them into the least expensive insurance plans on the market. Cooper-Breaux and Chafee-Thomas essentially would tax employers or employees on the difference between their insurance premiums and those for lower-priced plans. And even though the Clinton bill makes employers pay 80 percent of their workers' premiums, that applies only to average-priced policies. Under all three bills people could still choose more expensive policies, but they'd have to pay more out of their own pockets. The theory is that people will shop for cheaper plans, forcing competition and keeping prices down.

Beyond that, the three bills all try to press doctors, hospitals, and insurance companies into one-stop, one-fee HMOs. They argue that the current system, which pays doctors and hospitals a fee for each service, gives them an incentive to order more and more tests and procedures—whether they're needed or not. Paying a single fee to a group that provides all types of treatment allows plans to "manage" your care, they believe, with better coordination between your regular doctor and specialists. Critics, however—including many doctors and supporters of a Canadian-style plan—worry that HMOs give doctors and hospitals a financial incentive to stint on *necessary* care.

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Although we've already been moving toward such "managed care" plans, all three bills hope to speed things up. But there's one major area where the Clinton plan breaks with the other two: While Cooper-Breaux and Chafee-Thomas completely rely on competition to rein in health care costs, the Clinton plan doesn't believe that competition alone will do the trick. So it includes some strict health care spending caps, enforced by limiting insurance rate hikes—to the horror of conservatives and many moderates who loathe price controls.

The battle in Congress

Most members of Congress are looking forward to the health care debate about as much as a trip to the dentist. The polls tell them Americans want guaranteed insurance for everyone—without higher taxes, government intrusion, or any limits on their choice of doctors. Everyone wants lower medical bills, but the politically powerful doctors, hospitals, and insurers will fight to the death against price controls. Members know the old adage "No pain, no gain," but also know that their opponent in the next election will seize on any unpopular vote as a campaign issue.

The Clinton plan has the most co-sponsors of the three, and the liberal Democrats who basically support it control not only the White House, but the Senate and House. Most Republicans, though, are likely to vote against any of the three mainstream proposals—even the Republican Chafee-Thomas—so the Democrats will have to woo conservative Democrats and even some moderate Republicans to get a majority. But conservative Democrats and moderate Republicans generally don't like the Clinton plan. They think it has too much government interference and makes expensive promises that a debt-ridden nation can't afford.

On the other hand, if congressional leaders have to compromise too much with the centrists, liberals who prefer the single-payer plan may bail out of the coalition.

Health care reform is very much an endurance test. To dredge up another sports metaphor, it's a bit like a triathlon. In the first leg, each of the three principle House committees and the two Senate committees must approve a bill. Although all of the three leading proposals have been introduced as separate bills, each committee (and even subcommittee) is free to come up

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Plan	Clinton	Cooper-Breaux	Single-payer	Chafee-Thomas	Stark	Michel	Nickles
Highlights	• Universal coverage by 1998 • Relies on competition, government price controls, and limit on total health spending to hold down costs • Paid for by employers (80 percent), workers (20 percent), and tobacco and business taxes • Wide-ranging benefits package • Forces insurance companies to accept everyone, dumps restrictions on pre-existing conditions, eliminates rate differences between low- and high-risk customers (like young and old), and makes coverage "portable," so you don't lose your insurance if you leave your job • Subsidies for small businesses and those with low incomes	• No universal coverage, purchase is optional • Employers must offer a plan to workers, but don't have to help pay • Aims to create increased competition between insurance companies to bring down prices • Subsidies for the poor • Limits, but doesn't eliminate, exclusions for pre-existing conditions • Guarantees you can't be turned down for coverage	• Universal coverage by 1995 • Paid for by taxes • Eliminates insurance industry and job-based coverage • Wide-ranging benefits package, which is the same for everyone • Lowers costs through price controls and by setting limit on total U.S. health spending	• Universal coverage by 2005 • Individuals must buy insurance, and employers don't have to help pay • Subsidies only for very low-income people, but will be expanded as savings goals are met • Guarantees you can't be turned down for coverage, and won't lose coverage if you leave your job • Benefit package undefined • No price controls or limit on total U.S. health spending	• Universal coverage by 1998 • Employers must pay 80 percent of cost for full-time workers • Guarantees you can't be turned down for coverage, eliminates exclusions for pre-existing conditions • No rate differences between low- and high-risk customers • Sliding-scale subsidies for low-income people • Limits total national health spending	• No universal coverage • Employers must offer coverage but don't have to pay for it • Allows tax-free Medical Savings Accounts where people can stockpile money for their own health expenses • Limits exclusions for pre-existing conditions • Subsidies for low-income people	• No universal comprehensive coverage, but everyone must buy catastrophic insurance or face stiff penalties • Employers don't have to offer or pay for coverage • Allows tax-free Medical Savings Accounts to help save for medical bills • Relies on competition and tax incentives to keep health costs down • Guarantees you can't be turned down for coverage, limits exclusions for pre-existing health problems • Allows rate differences for high- and low-risk customers (young people will get lower rates)

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with its own variation. One of the House subcommittees already has—a bill from California Democrat Pete Stark is the latest twist on the Clinton plan. As a practical matter, anything that passes Congress is likely to contain elements of all three leading plans.

Along the way each committee may well pass very different bills. That will probably require the leaders in the House and Senate to figure out how to meld them into a single bill, or devise some other way to keep the debate from becoming too unwieldy when the bills are sent to the floor of both chambers.

Getting bills passed by a majority of the 435 House members and the 100 Senators is leg two of the triathlon—likely to take place in July. Complex rules in each chamber govern how many amendments can be made and how much debate will be allowed. In the Senate, for example, a lone senator can delay a vote on a bill indefinitely with a filibuster—a nonstop debate or speech that holds out as long as the senator's voice (or bladder), or until Senate leaders can muster sixty members to vote to end it. Leaders in both chambers will try—through persuasion or power plays—to keep the process orderly and speedy, and free of any major surprises. But it won't be easy.

Leg three comes after the House and Senate pass separate bills. If the two bills are at all different, representatives of both chambers will have to sit down and work out their differences in what's known as the conference committee. For a bill this big and complicated, the task of the conference committee will be monumental. And since the House and Senate bills are expected to differ greatly, it could be very tough to find a compromise that can then get majority votes in both places.

In this whole contest speed counts as much as endurance. Clinton has pledged to complete work on health care this year, and Democrats are anxious to have this contentious issue behind them by October—when most of the House and Senate face re-election campaigns. Not only do they fear confronting a skeptical public without having delivered on their promises of reform, but because Republicans are expected to gain some

©PETER KUPER

Plan	Clinton	Cooper-Breaux	Single-payer	Chafee-Thomas	Stark	Michel	Nickles
What supporters say	Everyone is guaranteed coverage, makes system fairer by having the healthy pay as much as the sick	Little government involvement, doesn't burden businesses	Everyone is guaranteed equal coverage, retains free choice of doctors	Less costly way to phase in universal coverage, makes insurance market work more fairly	Guarantees coverage, gives people a choice of plans	Doesn't overhaul a good health system, forces people to take responsibility for themselves	Encourages saving for unexpected health crisis, everyone will be covered for the big things
What critics say	Increases bureaucracy, will restrict choice of doctors, burdens small businesses	Still leaves many people uninsured, won't cut costs enough to make insurance affordable	Too much government regulation, will create waiting lists for service, needs a tax increase to fund	Unlikely to achieve enough savings to expand coverage to everyone, weak plan to control growth in health care costs	Burden to businesses, too much government regulation	Problem of the uninsured remains, no plan to hold down future cost hikes	Catastrophic coverage isn't enough, ignores preventive care

new seats in Congress, it will be harder for Democrats to pass a bill to their liking next year. And the more delay, the less urgency and enthusiasm for reform—giving opponents the chance to chip away at support.

Of course, if they're not finished in October, congressional leaders can reconvene Congress after the elections and extend the legislative session as late as January 3, 1995. But these "lame duck" sessions—so called because some of those voting will have already been booted out by voters—are unpopular with Congress and the public. Congress hates working through the holidays, and voters don't like to leave decisions to defeated members who are no longer accountable to them.

With a host of other, smaller legislative matters and several recesses already on the schedule, Congress will have to show uncharacteristic haste if they intend to reach the finish line this year.

survey

WHAT YOU SAID

Results from Rock The Vote's Youth Survey on Health Care

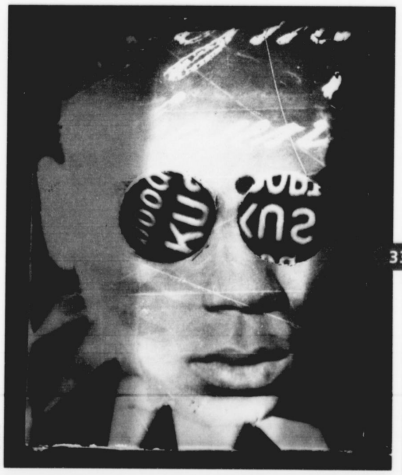
In April, Rock The Vote polled 1,004 young people, ages seventeen to twenty-five, to find out what our generation thinks about health care, health insurance, and health care reform. Here's some of what you told us.

GETTING GOOD HEALTH CARE IS A MAJOR CONCERN

Young people are even more worried about the health care system than about school, jobs, or their own health.

Percentage who called the following "a very serious worry":

Being able to get good medical care	43%
Getting into college or doing well in school	42%
Putting money aside in savings	41%
My health	38%
Finding a job or getting ahead at work	38%
Personal safety in my neighborhood	32%



EKUMO

IN FACT, IT'S IMPORTANT ENOUGH TO MAKE YOU PASS UP A HIGH-PAYING JOB

We asked respondents to choose between a job with higher pay but no health care benefits, and a job with lower pay that includes benefits. In a finding that will surprise many people, two-thirds of our survey group said they'd take the lower-paying job to get the benefits.

YOUNG PEOPLE DON'T THINK THE SYSTEM IS WORKING VERY WELL TODAY
You called the current system:

Excellent or Very Good	23%
Good	28%
Fair or Poor	45%

Why isn't it working? The number-one reason, according to those in our survey: It's too expensive! (Seventeen percent said this.)

AND YOU THINK HEALTH CARE REFORM IS VERY IMPORTANT
When we asked young people to rate the importance of changing and reforming the health care system, 63 percent gave it a seven or higher on a scale of one to ten. And out of six issues we listed, health care reform ranked the number-two priority—after cracking down on violent crime.

WHAT YOU WANT FROM THE SYSTEM
Like most Americans, young people want it all. The top-two things you say are extremely important:
- Letting everyone see a doctor, even if they can't afford to pay (74 percent)
- Holding down prices for patients (63 percent)

After reading this book you should understand that, as a society, we may have to pay more for health care if we want everyone to get it. Whether that's through businesses, taxes, or our own bank accounts depends on what kind of reform gets passed.

But young people want treatment for some of the problems discussed in the previous pages. When we asked whether certain services should definitely or probably be included in a new plan, even if providing them meant higher taxes, a majority said YES to these choices:
- Preventive care (like testing for high blood pressure or cholesterol)
- Family planning and birth control services
- Mental health counseling
- Treatment for drug or alcohol addiction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Sixty-three percent of you say it's extremely important that birth control information and products be fully available. Sixty-one percent feel the same about making treatment for drug or alcohol abuse affordable.

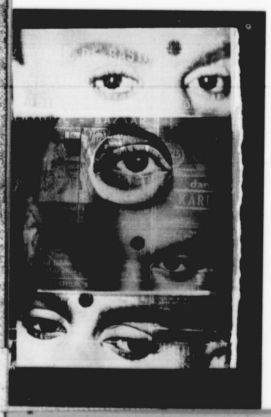
YOU'RE WILLING TO PAY AS MUCH AS EVERYONE ELSE
Many analysts have pointed out that under the plan proposed by President Clinton, young people would pay the same for health insurance as everyone else, even though we tend to need less health care. In return, of course, we'll pay less when we're older ourselves. Is this a good deal?

YES, according to our survey. Fully two-thirds of you agree that young people should be willing to pay as much as older people today, so you won't have to pay more in the future. Only 28 percent feel it's unfair to make young people pay as much as people with more medical expenses.

WHO'S GOT INSURANCE?
One in four of you has no health insurance today.

Who of you are least likely to have coverage?

Men	30% uninsured
Hispanics	34% uninsured
22- and 23-year-olds	34% uninsured



Who of you are most likely to have coverage?

Women	77% insured
Whites	75% insured
17- and 18-year-olds	85% insured

Source of insurance:

Parents	35%
No insurance	26%
Employer	22%
Medicaid/government	6%
School	2%
Spouse's school or job	5%
Individual plan	3%

AT LEAST WE HAVE OUR HEALTH
More than two-thirds of the young people we talked to said their health is excellent or good. Only one in ten reported fair or poor health.

THE BAD NEWS
One out of every five people we surveyed had an injury or illness in the past year that needed a doctor's care—but didn't go to a doctor. Why? In about half the cases, because they couldn't afford it. Another 17 percent just didn't have the time.

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THE GOOD NEWS
Most young people do a number of things to stay healthy or get healthier, practicing their own prevention techniques. The big winners, according to our survey:

- Using condoms to lower the risk of STDs
- Not riding with drivers who drink
- Avoiding drugs
- Wearing a seatbelt
- Exercising at least three times a week
- Not smoking

WHO WE POLLED

Age:

17-18	22%
19-21	34%
22-23	21%
24-25	23%

Ethnic background:

White	70%
African-American	13%
Hispanic	13%
Asian-American	1%
Other	2%

Political orientation:

Democrat	35%
Republican	33%
Independent	25%

Middle of the Road	37%
Conservative	30%
Liberal	27%

POLL CONDUCTED APRIL 9-18, 1994
BY PETER D. HART RESEARCH ASSOCIATES IN
ASSOCIATION WITH VINCENT GUERIN.

resource guide

How to let your government know what kind of health care you want

Call your representatives in Washington for their position on health care reform and young people—or to tell them what you think.

House and Senate switchboard
202-224-3121 or **202-225-3121**
(Give the operator your zip code if you don't know the name of your congressperson.)

The White House Comments Office
202-456-1111

You can also get information from—or sound off to—your governor, state health officials, and state representatives. Your voice matters to politicians. They will listen if you make them.

How to get confidential help or information on problems outlined in this book

Substance Abuse

National Drug Information Treatment and Referral Hotline
800-662-HELP (English)
800-66-AYUDA (Spanish)
800-228-0427 (TDD for hearing impaired)
For any drug or alcohol problem. Information, support, and referrals to local rehab centers. Open 9 a.m. to 3 a.m. Eastern Standard Time, Monday through Friday, and noon to 3 a.m. weekends.

National Cocaine Hotline **800-COCAINE**
For all types of drug dependency. Information and referrals to local rehab centers. Open twenty-four hours, seven days.

Or call your local Alcoholics Anonymous or Narcotics Anonymous with alcohol and other substance abuse problems.

Mental Health

National Youth Crisis Hotline **800-448-4663**
For any crisis—from pregnancy to drugs to depression. Counseling and referrals to more specific help numbers. Open twenty-four hours, seven days.

Boys Town National Crisis Line
800-448-3000
800-448-1833 (TDD for hearing impaired)
Will help with any type of personal crisis. Open twenty-four hours, seven days.

Florida Tech Hotline **800-544-1177**
For food or drug addiction, or depression. Open 8 a.m. to 9 p.m. Eastern Standard Time, Monday through Friday. Weekends 9 a.m. to 6 p.m.

There is no toll-free national hotline for suicide prevention. If you're having suicidal thoughts, check your Yellow Pages under "crisis" or "suicide." And there is always someone available at these two services:

Suicide Prevention and Crisis Hotline (Los Angeles) **213-381-5111**
Open twenty-four hours, seven days.

Suicide Prevention and Crisis Hotline (New York) **212-673-3000**
Open twenty-four hours, seven days.

HIV/AIDS

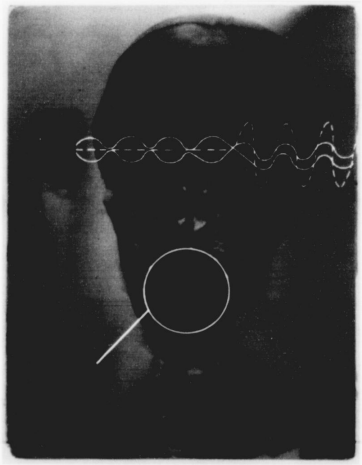
Centers for Disease Control and Prevention National HIV/AIDS Hotline **800-342-AIDS**
Information and referrals to local hotlines, testing centers, and counseling. Open twenty-four hours, seven days.

HIV/AIDS Hotline in Spanish **800-344-SIDA**
Open 8 a.m. to 2 a.m. Eastern Standard Time, seven days.

HIV/AIDS Hotline for the Hearing Impaired **800-243-7889** (TDD)
Open 10 a.m. to 10 p.m. Eastern Standard Time, Monday through Friday.

Sexually Transmitted Diseases

Centers for Disease Control and Prevention National STD Hotline **800-227-8922**
Information and referrals to public clinics. Open 8 a.m. to 11 p.m. Eastern Standard Time, Monday through Friday.



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Pregnancy

Planned Parenthood Locator
800-230-7526
For information and referrals on reproductive health and birth control. Automatically connects you to your local Planned Parenthood. Number operates twenty-four hours, but your clinic will only be open during working hours.

Further reading on health care reform

Health Reform Legislation: A Comparison of Major Proposals, by the Henry J. Kaiser Family Foundation, 1994.
800-FACTS-94
202-347-5270

Promoting Adolescent Health: Policy Recommendations for Health Care Reform, by the Working Seminar on Adolescent Health and Health Care Reform, 1994.
415-476-2184

National Adolescent Health Survey, by the Association for the Advancement of Health Education, 1989.
800-321-0789

How to order more copies of Rock The System

Call 800-ROCK-VOTE (762-5868)

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