

Aletheia

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Montreat, NC 287578

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HOWERTON CAFETERIA: *Food for Thought*

by Jack Cox

Can you believe what is happening in Montreat? There is something remarkably different in everyone's attitude and actions. Pleasant surprises have been and will be bestowed upon us this year, but the biggest surprise is the upgraded cafeteria food. Most sophomores will admit that the quality of the food and the food service has literally skyrocketed from last year's meager rations.

There seems to be a higher morale in the cafeteria among the workers and the consumers (us), evident in many small but significant changes such as the cute little green aprons with a Monogrammed "E" on the front and the matching "Epicure" sun visors (better than last year's plastic aprons). Another small sign is the increased willingness to eat the food instead of creating playful, totally sickening mixtures intended to gross out the dishwashers (gag me with a spoon). The most recent additions are the little signs that tell what today's "mystery meat" is; definitely a helpful innovation.

The most noticeable improvement, however, is the food itself. The food has experienced a metamorphosis from barely edible to pleasant. For one, the salad bar has items to make salads with, not just stuff no one knows what to do with. The meat actually tastes real, with some seasonings added! The hot

vegetables taste like vegetables, not the can they came out of. I have yet to have a hard piece of cake like last year's normal. I hear more and more good comments about the food and fewer degrading comments about the meals. Nevertheless, it still does not compare to Mom's cooking.

Another new addition this year will be the food specials. The food specials, such as banana splits, buffet breakfasts, and massive birthday parties, add a much-welcomed change of pace from the old

routine. Many more food specials are planned for the coming months including special dinners at Hallowe'en, Thanksgiving, Christmas, Valentine's Day, St. Patrick's Day (no green grits), and Easter.

All these have been planned by the new Food Service Director, Diane McClean (maybe a woman's place really is in the kitchen). This improvement seems to typify a new attitude in Montreat, an excitement about the future. This excitement is most evident in a new desire to do things the best way possible.

Abolish Study Hours

by Hollywood

Here are a few ideas on the adverse effects of study hours with which I believe most people can identify.

Most people do not study from seven until nine. They study after classes or in the afternoon so that they can have the night free for socializing. This is very important to mental, physical and spiritual growth.

To many, study hours is like a prison; it is forced, and it does not give the student the choice of self-discipline. Many students ignore the word "study" in study hours; they play instead. Listening to music, talking to

others, and watching television are some of the activities that occur during study hours.

To escape from the required study hours, many students head for the library and make enough noise to disturb those that really want to study.

Study hours should be optional, not required. Why should we have study hours and contain those that do not want to study? It does not matter how much required time is given; if people do not want to study, they won't. I believe most people can relate to these topics that I have written during study hours, out of boredom.

Editor's note: In the past, most articles published as editorials in the *Aletheia* have dealt with subjects entirely within the realm of Montreat campus life. However, we do openly welcome articles of international or national importance like the one that follows.

"Oh no! Oh my goodness!! Oh! Billeeeeeeee! Help! Where is that ambulance!?! My baby...my baby! Billeeeee!"

These incoherent, panic-spoken cries shrieked at the scene of a car accident or a backyard barbeque or the beach can be heard quite often. Accidental injury is the number one killer for all persons between the ages of 1 and 38; it is the fourth highest cause of death for all Americans. Evidence from the *American Medical Avarice* shows that 175,000 people die needlessly each year because they are unable to get adequate medical care in an emergency. Furthermore, it is estimated that 15% to 20% of deaths due to traumatic injury could be prevented every year if only there were adequate emergency medical services.

What specifically is wrong with the emergency medical care system (EMS) as it exists today? Why can't victims get sufficient medical care in an emergency? Presently, not only are there too few EMS personnel, but the few that do exist are poorly trained.

There are in the country only 15,000 physicians who are practicing emergency medicine, the overwhelming majority of whom do so without any formalized medical training. In fact, in a survey conducted by the American Medical Association, 80% of the doctors themselves confess that their medical school education has not given them adequate training in vital emergency procedures. Fewer than a third have been required to take practical courses dealing with emergency procedures. In *Medical Care* magazine, Dr. R. Peter Mogninicki states that there are only 200,000 emergency personnel in the country. According to the National Academy of Sciences, only 35% of these emergency medical technicians (EMT's) are qualified for what it considers the minimum acceptable level reached by medical corpsmen in the field.

Not only are the personnel too few and poorly trained, but EMS facilities are inadequate. *U.S. News and World Report* declares that only 17% of emergency rooms have a physician on hand 24 hours a day. Even if a physician is available, he may not be competent to handle a particular situation.

The inadequacy of ambulatory care is yet another cause of death. Public Safety Director John Waters says 30,000 Americans die per year because the rescue vehicle is slow in reaching the accident site, too often the ambulances don't carry the basic lifesaving equipment, and/or the ambulance attendants are poorly trained.

The American public can note, too, that the poor facilities are unevenly distributed. While some parts of the country have an EMS, others have no emergency medical services whatsoever. So, if the chances of survival are few ordinarily, the possible survivals of victims in parts of the country where there are no EMS's are even fewer.

Just as EMS personnel and facilities are poor, so is the system's ability to communicate to the public sector. People are not informed as to what to do in case of emergencies. The Emergency Medical Service says improved health education of the public sector is badly needed. The general public should be trained in first aid measures. This is especially needed in rural and economically depressed areas where the nearest center may be a substantial distance and staffed with only one emergency nurse.

In the present system, the Department of Health's effort in EMS is severely handicapped. There exists no punitive power for noncompliance to individual hospital regulations. Without this power, Department of Health agencies can only provide guidelines and advocate improvement in the states and communities.

The EMS is funded improperly now. The American College of Surgeons tells now that at the state level, EMS must compete for funds with other highway safety programs and the money EMS is allotted depends upon priorities set by the governor.

The inherent EMS problems are more than a sufficient cause for change. The alleviation of the presented problems would save lives. Under the present system, a new highway truck may take precedence over a human life. What about your Billy? Will he get help when he needs it?

— Holly Manry

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