

Chapel Hill-Carrboro: the name is important

When you think of twin cities, Minneapolis-St. Paul or Buda-Pest come most readily to mind. But Chapel Hill-Carrboro also qualifies. No river separates the two, but Carrboro is on the other side of the tracks. And that is part of the problem.

Carrboro has been refused equal status for too long. It is usually either derided or ignored, even by the students who live there. The lack of general community interest is obvious when one looks at the hodgepodge of storefronts, service stations, and apartments in "the bedroom of Chapel Hill."

If more student and university pride were taken in Carrboro, it might vote to share Chapel Hill's unique bus system, become a fashionable address, or, who knows, maybe even get a few good restaurants downtown. Much of Roberts Associates' wanton construction could have been stopped and the present wasteland between the two communities could have been eliminated. But the university is, almost by definition, Chapel Hill, not Carrboro, even though many students may spend most of their time there.

Native Chapel Hillians have done

little better in curing the residential schizophrenia, however. Notice how both the Chapel Hill Newspaper and the Chapel Hill Tire Company cling to their names even though both are in the no man's land between the two towns. The few "I'd rather be in Carrboro" stickers one sees are displayed more in jest than in defiance.

Chapel Hill is an anomaly in its own right as a sophisticated village in the middle of the pine barrens. But Carrboro is an anomaly of an anomaly as the real working community behind the Chapel Hill facade. Carrboro isn't quaint and its laws aren't well-manicured, but real people live there, not visiting professors, the people who do the work of the world.

We should work to improve both communities, not just the showcase of Franklin Street and McCorkle Place. Where shopkeepers and students live is just as important as where they work. All this Town Crier, Ben Franklin Week business is just another attempt to focus our attention away from the division in our lives.

Of course all the money flows between Chapel Hill and Duke so that most of the new development,

the malls and the super malls, the antique shops and the car dealerships, are located out in the country to attract the passersby. But this is no reason to desert Carrboro and Durham for the gilt and glitter of suburbia. At opposite ends of the golden road, two established communities are now suffering from neglect.

Look at the stores in the area. There are two kinds: one for rich interlopers and gullible students, and the other for the people who really live here. And the double standard in our shops carries over into our communities.

The story goes that God created Chapel Hill and then created its companion, Carrboro, not from its rib but its armpit. Yet we should treat this fable just as we do the real story of creation. It is either sexist or elitist, depending on whether gender or geography is being discussed.

In the future, Carrboro should be mentioned in the same breath with Chapel Hill, just as "she" or "her" should be as much a part of our speech as their masculine equivalents. Calling our community by its rightful name will benefit us psychologically and remind us to appreciate both how and where we live.

Gerry Cohen

Charter needs amending

Whether the structure of government is more important than the people who have been involved in it and the policies they pursue is an open question. Most would agree, however, that structure does affect decisions.

The Chapel Hill Board of Aldermen is currently discussing several proposed amendments to the town charter.

These amendments would expand the size of the Board of Aldermen from six to eight (while retaining four-year terms), increase the mayor's term from two years to four years and allow the mayor to vote on all issues, not just ties. The amendments would also make a whole host of small changes.

A bit of history is in order. From 1851 thru the 1870s, the Board of Aldermen was elected every year, and in turn elected the mayor (then called the magistrate of police). In the late 1970s, the charter was changed to allow direct election of the mayor, and in 1898, the current system was adopted, with four-year overlapping board terms and two years for the mayor.

The Charter Commission has used strange rationale in recommending against two-year terms on the board. It takes two years to learn the job, so the terms should be four years. At least, so goes the argument.

It does take quite a lot of time to learn what is going on. At the end of two years, however, if a person still doesn't know anything, why keep him or her? If the person is doing a decent job, the chance for re-election is quite high.

Lastly, a community like Chapel Hill is politically volatile. If a person's views are out of kilter with the community, it is rather undemocratic to keep him or her on account of stability.

That, of course, is the second argument—overlapping four-year terms are necessary for stability. This argument must be based on an assumption that the people cannot be trusted to elect their own officials all at once. The argument continues that without overlapping terms, there would not be enough continuity.

This assumes, of course, that the voters will not re-elect officials who are doing a good job.

A proposal that the board have some two-year and some four-year terms was fought by some charter commission members, who said it would "create two classes of members" (which is rather self-justifying).

While a person may resign after two years, such a decision carries with it a certain stigma—that of the quitter.

The four-year term for mayor is perhaps the worst suggestion of the lot. While expanding the number of aldermen from six to eight at least permits broader representation, the four-year term for mayor has no redeeming social value.

In a community like Chapel Hill, four years is a generation. With a large student population, and a transient faculty, almost two-thirds of the town's current voters have been registered less than four years.

The four-year term for mayor means that with the overlapping board terms, the voters could not change a majority of the board and carry out new policies except every four years.

With a four-year term, it is easy to get out of touch. Proponents of the four-year term say that being mayor and running every two years is too much of a burden. The argument insists that with a two-year-term, the mayor must constantly think about the next election in making decisions. Is this somehow dangerous? I was under the impression that the purpose of electing government officials was to make them pay attention to the voters. To say that electoral pressure is dangerous is practically an argument for a monarchy.

Government has gotten in trouble in the Watergate era for not being responsive to the wishes of the people. Lengthening the terms of municipal officials is exactly the wrong answer for restoring public confidence.

Chapel Hill has survived 50 years with annual elections, and 75 with elections every other year.

Now, it may be more convenient for aldermen and mayors to have four year terms. But in terms of trying to get as much democracy out of the system, does it make any sense to the voters?

The Board will hold a public hearing on Monday, Jan. 20, at which time citizens may speak out. Next, the aldermen must submit the proposals to a referendum for adoption. Some of the changes ought to be defeated. Those interested should attend the hearing.

Gerry Cohen is a UNC law student and a member of the Chapel Hill Board of Aldermen.

John Godwin

Socialism not the answer

Good to hear that Harrington and Gerry Cohen are getting together on our problems these days. Harrington gives us a straightforward outline: Our problem is "capitalism in general, and the welfare-capitalistic, military-industrial state in particular...commonly referred to as the United States of America." That's straightforward, all right. Just the sort of straightforward talk we need to hear. That's one better than Rockefeller's geeking agents, out to exploit us all for malicious amusement.

Ah, a new system, Elysian fields and the workers state! The rich will no longer be rich and the poor no longer poor. No longer will "concentrations of power be given to small groups of private citizens to make major decisions in key economic sectors while the rest of us get ripped off." No more. Instead we will allow the Gerald Fords of our country to make these decisions.

No more will "the average consumer be screwed in the energy market." When we call our system socialism, the Gerald Fords of the nation will stop this nonsense. Prices will be acceptable, payable, despite dwindling supplies. Moreover, graft, corruption and selfishness in general will come to an end. Politicians will be intelligent and people will

be good. The economy, which now "begins to spiral downward, pushed by economic mismanagement," will no doubt spiral upward and ever upward into the higher spheres of economic bliss, and we shall dwell in social security forever.

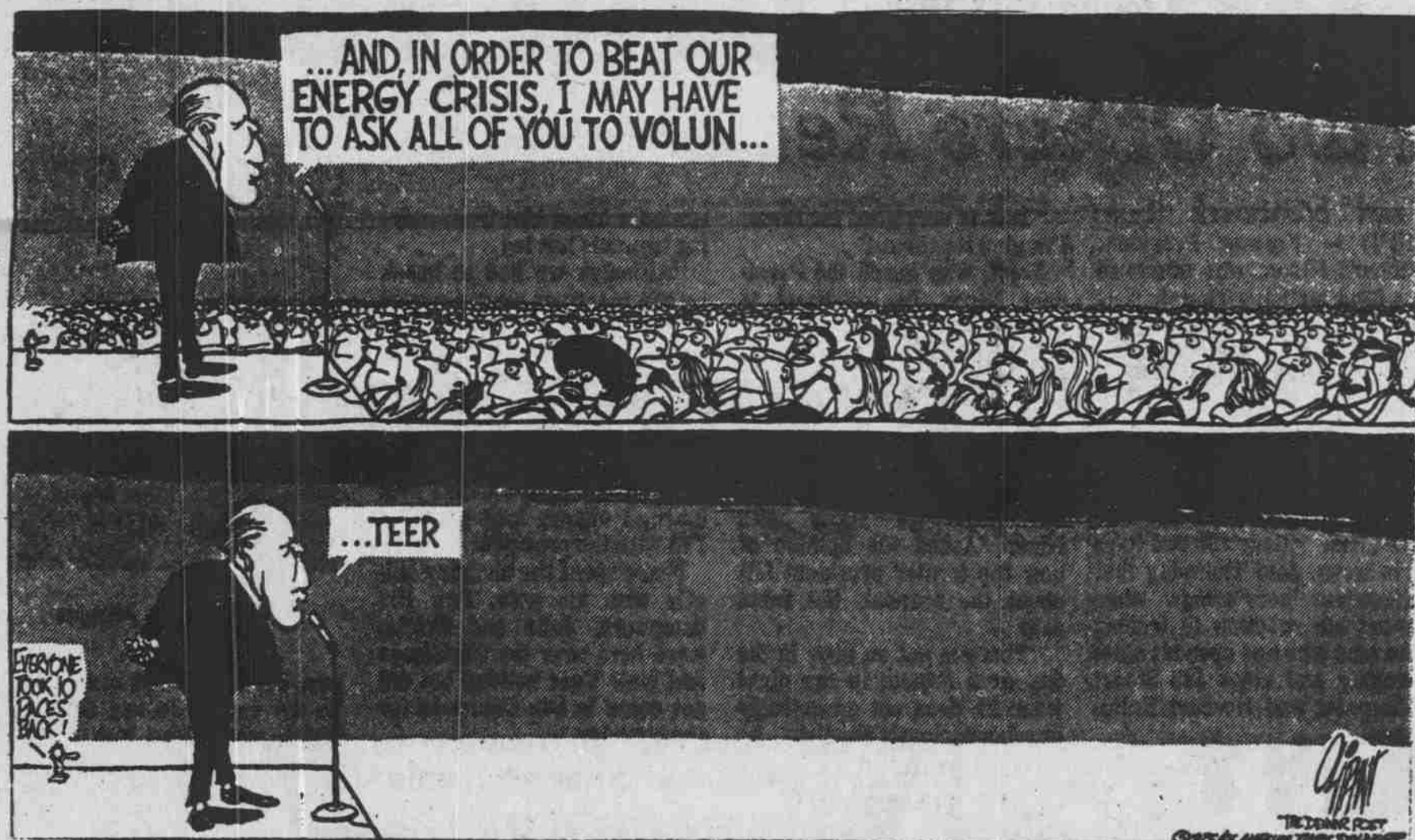
The solution, then, is simple: We must nationalize. The Gerald Fords, Richard Nixons, even the John Kennedys, Robert Kennedys (Gerry Cohens?) of the world have not had enough control over our lives, over "the means of production," to create economic security. So the economy doesn't consist of a paradise of equality and justice? Well, we'd better get together and nationalize that economy. Do it good, do it good. We could try sanitizing it, or hypnotizing it, or maybe sterilizing it. But no, what we need is a little democratic control. A general election, a distinguished senator or two. "This new bill...this new program...this new project..."

Politics. Politics. Indeed new values have replaced the old materialism, if that's what it was. We are a nation of politicians. O ancient money lust, where art thou gone! Where are the times when man, like an innocent chimpanzee, could eke out his existence in token economy? Pleasure and reward, goods and services: O lost! O the new greed, the

new public lust. Gerry Cohen for president! New Frontiers, New Deals, Square Deals, the Great Society, the Silent Majority. Gone is the silence. Unity at last.

The way is clear. First we must stop private profit. Next we must eliminate selfishness and greed. Then, we must control energy and pricing democratically. It will not do to be undemocratic. We'll all starve to death. That's clear enough. Next, eliminate culprits and utility allies: They have shown themselves incompetent to live in our great society anyway. Next, pass some more legislation. Those old bills weren't enough. And hire Gerald Ford another adviser. Also, interstate corporations and multinational representation and consumers. Significant impact and tax loopholes. The whole process is rather painful. The choice is clear. We can choose a conservative bad capitalist selfish profit motive unworkable economy; or we can choose an economy based on socialist principles. Also, we've only two years in which to decide. Which do you choose? (And when I'm nationalized and sprawling on a pin...)

John Godwin is a senior English/philosophy major from Wilmington.



UNC New American Movement

U.S. health care: expensive and impersonal

In these days of scarcity and inflation it is all too easy to take continuous increases in living costs for granted, without pausing to consider where certain problems originate. Take the case of health care, for example. In many countries today, good medical care is considered a personal right and not a commodity to be purchased in the marketplace.

In the United States, nevertheless, it is cheaper to enjoy a round-the-world cruise than it is to fall seriously ill. National medical expenditures have rocketed from \$12 billion in 1950 past \$42 billion in 1966 to \$94 billion in 1973, absorbing an ever-greater percentage of the gross national product. At the same time, the rate of inflation in the cost of medical services has far outstripped that shown by the consumer price index in general. What special pressure, we may ask, is turning health care into a luxury?

One obvious answer is reflected in the development of the American health industry. In accord with this century's trend toward depersonalization of social activities, the once-familiar figure of the family doctor has yielded to an intricate network of large hospitals, medical specialists, drug companies, and research centers. The cost of health care had to rise in order to support the increasing technical sophistication, the expansion of facilities, and greater profits. It became, in short, a growth industry.

As medical costs surpassed the ability

of consumers to pay them, the health system admitted a new member—the insurance company. It rapidly achieved prominence. In 1950, 35 per cent of hospital bills were paid by insurance companies; in 1968, the figure had risen to 74 per cent. Not surprisingly, however, the cost of insurance was mounting. By 1965, the federal government felt compelled to intervene, since a Great Society in poor health was something of a contradiction. Thus were enacted, over the vehement protests of the medical establishment, the programs known as Medicare and Medicaid, providing aid to the elderly and the poor, respectively.

If the two measures did make modern health care available to those who could not otherwise afford it, they also had an effect unforeseen by their liberal sponsors—a disastrous rise in hospital charges and doctor fees. Since the government was reimbursing the health establishment on a "reasonable cost" basis, and yet refrained from exercising any control over the proceedings, the result was a bonanza for the entire industry. Abuses were common and many went undetected. The cost overrun for the first 25 years of Medicare was grimly projected to reach an incredible \$240 billion.

While prices were rising out of control, debate began on the issue of a national health insurance plan to provide coverage for everyone. A variety of bills are now before Congress,

ranging from government-financed medical care to obligatory private insurance policies. The former is supported by organized labor. The latter has been the proposal of the Nixon and Ford Administrations, a plan that would establish standard policies held in private insurance companies and financed by employer-employee withholdings, as in social security.

It seems fairly safe to predict that some form of national health insurance will be adopted within the next few years. The lesson of Medicare warns us that it may be an expensive venture indeed. The key issue is what sort of controls will be set up to prevent another inflationary spiral. It is on this question that the political forces emerge into open combat.

The passage of Medicare and Medicaid was dependent on concessions by the government to leave implementation of the programs under the control of the health institutions involved. The medical establishment has long militated against the specter of "socialized medicine," and its powerful lobby can be expected to resist any form of direct government control. Considerable economic interests are involved as well. Under a federally-administered health care program, insurance companies stand to lose a \$26 billion-per-year business; under the Ford proposal, they stand to double it. Conservatives fear the

encroachments of government authority and argue that the bureaucratization of medicine would lead to a decline in its standards. Liberals, on the other hand, point out that reliance on private interests has led to a health care that almost no one can afford. If the compromise of Medicare is repeated in the passage of the national health insurance bill, we can expect an increase in both bureaucracy and inflation.

Is there an alternative? One recent development is the Health Maintenance Organization (HMO), where a flat yearly fee entitles the member to all of the health care he or she may require, without additional expense. The HMO usually maintains its own facilities and staff; physicians work for them as salaried employees, and not on the traditional fee-for-service basis. The experience of HMO's has been mixed so far—they do seem to cut down on inflated costs and unnecessary services, but patients have complained of long waits and other inconveniences typical of large scale operations. As could be expected, organized medicine has bitterly opposed such institutions, since within their structure the doctor is subordinated to the HMO administration.

This opposition to the HMO is symptomatic of a crucial problem in the American health system. Medical care is no longer a personal relationship between physician and patient based on

the needs of the latter, but rather is a multi-interest business negotiation under the former's jurisdiction. Humiliating and patronizing experiences are widely reported from hospitals and doctors' offices, especially by women and blacks. Health care in the United States may have developed highly sophisticated treatments and techniques, but that has yet to translate itself into a broadly adequate level of care.

It is not necessary to look very far for examples. In a report released last November, student government intern Martha Diefendorf examined the UNC Student Health Service and found it lacking in many respects. Among her criticisms were that the service is unresponsive to particular student needs, inadequate in its allowance for student input into policy decisions, and unrepresentative of the student body in its staffing. With minor changes, these

accusations could as easily be leveled at the entire United States health system.

In the past few years many communities across the country have witnessed the sudden appearance of ad hoc groups advocating the rights of consumers. The existence of these groups reflects the knowledge that no other means is available to make their voices heard. Among the primary areas of concern is health care, for the present health system has become the object of increasing dissatisfaction on the part of those it theoretically serves. The growth of these local organizations representing the consumers of health care is an important step in the development of a responsive and equitable health system.

—Doug Kincaid

Doug Kincaid is a graduate student in political science from Charlotte. He is a member of the UNC chapter of the New American Movement.

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