opinion

ours

Students merit basic wage

Reality lesson No. 356B: How easily the facade of scholarly enlightment crumbles beneath the weight of economic reality.

Small wonder; then; that we find the state's higher-education establishment — in its endemic financial crunch, as we are ever and piously assured — consistently inert on the matter of work -study pay, which in many cases remains below minimum-wage levels.

Chancellor Roy Lieuallen says improving this condition has a low priority — somewhere after negotiations with unionized employees.

In successfully applying for minimum-wage exemptions in the past, educational officials have argued that work-study employees are students first and workers second.

While work-study does not always translate into work-steady, management's (the higher education system's) treatment of student-employees as an unrepresented or vulnerable minority appears inescapably callous. Work habits should remain a matter of personnel management, not wage manipulation.

So, the Oregon Student Lobby's efforts to convince the state legislators of the need for an ameliorating law strike us as entirely appropriate.

In the meantime, students should know that more work-study positions apparently exist than work-study-qualified students to fill them. They might well take the time to seek out only jobs where the pay offered reaches legal minimums and let the other openings go begging.

yours

University loses some of the best

History professor William Toll has received from the National Endowment for the Humanities — one of the most esteemed grantors of academic research awards — a grant that will allow him to complete his history of Portland Jewry.

The publication of this history should represent an important contribution to the history of the Jews in the Pacific Northwest and in America, and will add another monograph to his already impressive publishing record.

I have only second-hand knowledge of his qualities as a teacher, but at least one student has remarked that Toll is one of the few professors at the University whose courses and lectures inspire students to think.

When Prof. Toll served on the Ethnic Studies Search Committee several years ago, he thoughtfully weighed the strengths and weaknesses of each candidate for director of the Ethnic Studies Program and his mature judgments were important factors in the committee's deliberations.

In the taut atmosphere created by the University's unalterable insistence on "national visibility" and "publish or perish" as well as on quality teaching, it would seem that Prof. Toll has earned the right to breathe easier. Yet, the Emerald (Jan. 24), concludes its article on his research grant by informing us that in "June 1979 Toll will leave the University permanently."

It is curious that the University is either unable or unwilling to hold onto some of its dedicated teachers and promising young scholars.

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theirs

Hospitals fail social responsibility in cost inflation

From the Washington Post

To hold down the inflation in hospital costs, you have to begin by asking precisely what's pushing them up. One tremendously important cause — and, fortunately, a remediable one — is under-occupancy. For some years the country has been building more hospital rooms than it needs. The financial burden of empty rooms and idle equipment is sending hospital bills soaring.

The current debate between the hospitals and Secretary of Health, Education and Welfare Joseph A. Califano is enlightening and helpful. Mr. Califano has called on the hospitals to hold their costs to an increase of 9.7 percent this year. He argues that in 1977, the last year for which there are figures, nearly one-third of the country's 6,000 hospitals were able to keep the rise in their costs within that limit. These low-inflation hospitals included all types, from small community hospitals to the great teaching and research institutions, in all parts of the country. This suggests that the reasons for high inflation must lie beyond the general inflationary trend, and the requirements of good medical care.

We recently argued in this space that the 9.7 percent guideline is a reasonable one. Not all of our readers agree, and we publish today another letter from a spokesman for the hospital industry. It is quite true that the general rate of rise in costs fell last year, compared with 1977. But it is also true that the rate turned around and accelerated sharply in the final months of last year, justifying renewed public concern.

Let's pursue the question of over-built hospitals for a moment. There are about 1.5 million hospital beds throughout the country, and at any one time only about 74 percent of them are filled. Most people who study the subject conclude that a healthy occupancy rate would be about 85 percent. Secretary Califano asserts that there are about 130,000 excess hospital beds in this country, and that they alone led to unnecessary hospital costs of about $4 billion in 1977.

How did these unnecessary facilities come to be built? There's a tendency among communities to compete with each other as a matter of civic pride. More important, the need for hospitalization in many kinds of cases has diminished. But above all there's the great central fact that the American population isn't growing as fast as a decade ago.

You can see the pattern clearly in the Washington area. A decade ago, all the forecasts called for continued high growth here. Then, without warning, the trend flattened. Not everybody agrees on definitions of excess capacity. But there are 10,466 hospital beds today in Washington and its suburbs — and there are persuasive arguments that some 2,000 of them are not needed.

If too many hotels are built in a town, some go broke. But if the hospitals are overbuilt, the costs of the empty beds are automatically laid on the patients who fill the others. There's very little resistance from the customers because most of them pass the bills on to the insurance companies, who in turn pass them on to their policyholders — usually employers who provide the insurance as a fringe benefit and consider it to be part of the employee's wage package. Total hospital costs work out to an average of about $15 per week for every employed person. Most of it is paid invisibly, through a variety of contributions and taxes. But, although invisible, the burden on the paycheck is real.

Hospitals are essential community institutions. They are not subject to the normal economic checks and limits that constrain other kinds of businesses. That's why they have a special responsibility to practice great self-discipline. Some do. Most don't. They are now being asked to try harder, voluntarily. Hospital inflation at the present rate, over 12 percent a year, is intolerable.