

Interests vary for Cleveland senior

Lori Reynolds, an honor student at Cleveland High School, is the youngest daughter of Dr. and Mrs. Walter Reynolds. Lori was presented by her parents at the Links, Inc. Springtime "Starlight" Cotillion held this year at the Sheraton Hotel.

As mentioned above, Lori stands high in her graduating class; she is a member of the National Honor Society and was the recipient of an award as the "Most Outstanding Spanish Student" at Cleveland. She was a member, also, of the French Club; and, because she likes journalism, Lori enjoyed a year on the staff of Cleveland's yearbook, "The Legend."

As a member of Girls' League, Lori became a publicity representative for them, and was a delegate-at-large for the Senior Class Cabinet. With an interest in things medical, Lori became a member of the Medical Explorers Group which

meets each week at Providence Hospital, and she also had a turn at being a Candy Striper at Holladay Park Hospital where she earned two Certificates of Recognition.

Lori believes in a goodly amount of physical exercise, too, and kept up her energies through gymnastics, the Bowling Club and as a member of Cleveland's Dance team.

Outside of school Lori was an active member of Jack and Jill of America in the Portland Chapter. She also found time to develop her skills at playing the piano, the violin and the guitar.

As might be expected when there are so many talents to develop, Lori will have to choose, for a while, which one she will pursue. She has good reason to expect to be successful in medicine, in child psychology or aerospace engineering. She must choose her college soon and we wish her well wherever she decides to go.

Princesses wait Festival events

(Pictures on Page 1)
by Kathryn H. Bogle

Excitement is running high and gaining momentum daily for young people everywhere who are expecting to be graduated in June.

For these three girls, Princess Lynn Talton of Adams High School, Princess Lori Smith of Wilson and Princess Devi Porter of Jefferson, and for all the Princesses who are among the 13 young women of the 1979 Rose Festival Court, the pace is shifting into high gear. Their long awaited graduation is nigh, and the night for queen selection and coronation is nearly here.

All 13 Princesses have been fitted for attractive new wardrobes. They have been curled and manicured, they have been hurried to appointments here and there, they have been dined at the hotels, they have been coached where to stand, how to sit,

and they have been photographed countless times. Each is a star representing her own school and she must feel some responsibility to represent her school well, and she bears herself proudly.

Friday evening the die will be cast; the judges will take note, and the Queen of Rosaria will receive her scepter and her crown and all her royal robes and trappings. She will smile her greetings to her new subjects in Rosaria.

Then there will be the whirlwind of Rose Festival week with the drums, the bands, the bagpipes scurling, the roses, the crowds, while the Queen and all her Princesses smile and smile through it all.

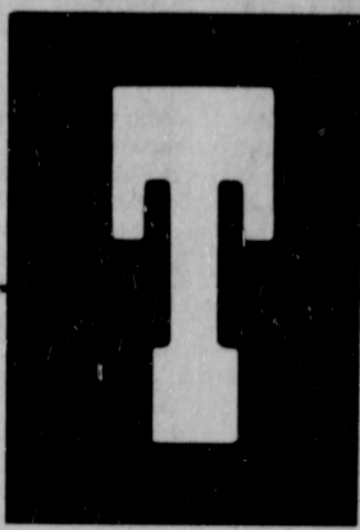
Long live the Queen of Rosaria!
Only one can be Queen, while 12 can be Princesses. What terrific scrapbooks they may all have to leaf through later on!
Long live 12 Princesses, too!



LORI REYNOLDS

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TRADEWELL

Kennedy: Insuring the insurance companies

(Continued from Page 1 Column 4) passage.

Kennedy's Health Care for All Americans Plan is designed to be eminently possible. Organized labor is likely to stick with it, whatever its deficiencies. It not only guarantees the future of union health plans by federalizing them (a major gain in light of cutbacks in a number of union health plans following bitter contract disputes), it also provides a financial advantage to unionized workers. Non-union workers would be required to pay 35 per cent of the payroll tax that would fund it. Unions, however, would have the option of trying to force the entire burden of that tax on employers through collective bargaining.

The provision of what one Kennedy spokesman called "a meaningful role for private insurance companies," could go a long way toward neutralizing the opposition of the powerful Blue Cross and Blue Shield health insurance organizations, as well as that of the American Hospital Association (AHA) and the American Medical Association (AMA), which maintain close ties to the "Blues."

But it is precisely this private insurance proviso in the new Kennedy proposal that critics charge is a damaging retreat from an acceptable national health insurance plan. Corman argues that allowing a proliferation of private insurance plans — and structuring separate

programs for the employed, the unemployed, the old, and the poor — will result in a program "that is not really universal health insurance, that creates a great disparity in the ways in which different people are treated. You will end up with a program that is unmanageable."

Corman's Health Security Act, formerly the Corman-Kennedy bill, has 47 co-sponsors in the House. "We are going to try to move national health insurance as far as we can in this direction," a spokesperson for Corman said.

Opponents of the current Kennedy and Carter proposals also contend that the participation of private insurance companies will obstruct cost control. Says Marilyn Elrod, a health specialist for Representative Dellums: "We are totally against the Kennedy and Carter proposals. Once you let the insurance companies in, you will never be able to control costs."

Before Medicare passed, the late Senator Wayne Morse (D-OR) warned against including Blue Cross as financial intermediary. "Blue Cross is essentially a creature of the hospitals," he argued. "It cannot possibly serve as the agent of government."

However, Blue Cross and the AMA had engaged in intense lobbying to assure a role for Blue Cross under Medicare and later Medicaid.

The results seem to confirm the fears of critics like Morse. After the implementation of Medicare in 1967, the rate of inflation in medical care costs, already high, doubled. Numerous investigations have attributed this super-inflation directly to the poor financial supervision provided by Blue Cross, which serves as the financial intermediary for 6,876 out of 7,906 of the hospitals participating in Medicare.

According to Sylvia Law, of the Health Law Project of the University of Pennsylvania, "The picture that emerges (of Blue Cross) is one of total unaccountability. Hospitals are paid in advance for whatever they claim. Books are audited, often years later, by commercial auditors (hired by Blue Cross) with no particular expertise in health services and no capacity to judge whether or not a cost is reasonable . . . when particular items are caught and questioned, the hospital can engage in an extended dispute with the intermediary, confident that the intermediary will not be excessively

'aggressive' in pursuing the matter."

Profit-making insurance companies would have equally strong financial motives for permitting inflated health care costs and the proliferation of unnecessary and expensive services to continue: the larger the total flow of money through private insurance companies as financial intermediaries, the larger is the volume of profits they can realize.

The new Kennedy proposal specifically eliminates some of the most atrocious financial abuses that have occurred under Medicare, such as the ways in which hospitals are allowed to obtain reimbursement for capital depreciation costs. And a Kennedy spokesperson told PNS that by encouraging competition in the health insurance industry and by requiring prospective budgeting (setting costs in advance of payment), the Kennedy plan would provide effective cost control measures. Kennedy claims that the program will actually result in a cut in total national spending on health care by \$38 billion a year by 1983.

But critics are skeptical of cost-control mechanisms that fail to break-up the cozy relationship between health care providers and private health insurance organizations. Says Elrod, "We have had a kind of prospective budgeting under Medicare and that hasn't stopped the accelerating rate of health care inflation."

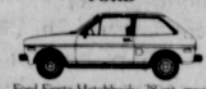
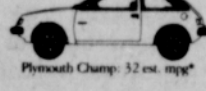
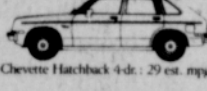
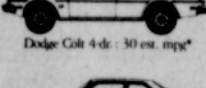
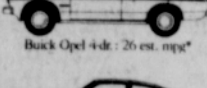
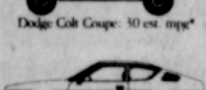
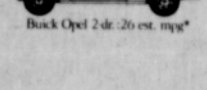
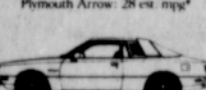
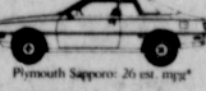
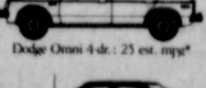
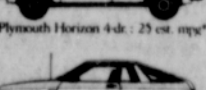
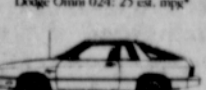
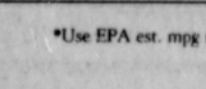
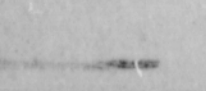
As it stands, the critics charge, the Kennedy and Carter plans would only pour more money into a health care system plagued by professional rigidity and stagnation. The bills would do nothing to correct the current severe maldistribution of health care resources, or to ease the national burden of health care inflation.

(Martin Brown is the former West Coast representative of Science in the Public Interest and author of The Social Responsibility of the Scientist.)

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