

SCOPE

“One trick pony?” was the spoken (never- written) criticism of BizMeetsGuru®, Richard Cavalier. Irrelevant criticism, but better than no criticism at all?

The 'trick' was this writer's co-creation of the world's first business stage production service company and world's first how-to meetings-production book. All previous such books said “be sure to,” without model and/or private-business stage service available only as an adjunct to their dog-and-pony show.

By contrast, Cavalier's four meetings' books include the world's first how-to-control production forms (with a PERT Diagram) for any size program . . . growing by additional books, with growing competence of users.

Cavalier has wide interests, with some examples given below: Degree; travels for business, pleasure, and military in about forty countries; plus, community service.

Structure of this site:

'Orientation' section on this flash drive outlines and details the ethical failures of the current meetings field-cum-industry: Purveyors now have voting control of all supposedly 'user-company' Meeting Planning associations! Curiously, most advice concerns 'buy something' for an interesting meeting. Meetings should be about fulfilling needs for education or varied employee performance, not applause for entertaining items.

Given the industry bias toward purchases in ad-funded 'freebie' magazines, the refuge for small and mid-size companies with limited budget lies in Do-It-Yourself know-how. That's delivered in Cavalier's how-to books. Despite the attention paid to the industry's high-end shelf programs and consultants, the greatest overall need is with the greatest numbers of employees: at the small- and mid-size companies. Usually low meetings-budget firms.

Size of the D-I-Y companies aided: When each is too large for all sales--and/or given topic's--managers to gather around one meetings table and/or when managers cannot meet personally with all sales (or other) staff people regularly or ever. 'Sales' is usually the largest group meeting—but any discipline has the same learning and practice needs and limits.

In short: D-I-Y was the opening format of business-stage programming that morphed into all purveyor-driven Meeting Planning associations.

D-I-Y is learnable at all levels, and RC's how-to books grow with the user, by delivering working control to the managers and other executives, not to the sales merchants. Even the world's best programming technique (“Instructional Systems Development [ISD] developed by the US Navy and taught by some colleges), can be learned via recommended tutoring, by retired military specialists, via gig work assignments—as advised in RC's “CS-ISD” book.

RC's varied interests and perspectives:

--Community involvement: Via an original how-to script for volunteer-tutor textbook. It permitted native-speakers of English to be volunteer tutors of up to ten limited-English speakers, who (in a several lessons of less than twenty hours' total) learn to use dictionary phonetic codes. Published more than a decade before the Dewey System 'recognized' the phonetics approach in a now-standard certificated teacher-led program—for the language-needy who can attend a school class regularly.

The
Chicago Urban Skills Institute
one of the City Colleges of Chicago
Presents This Award
To

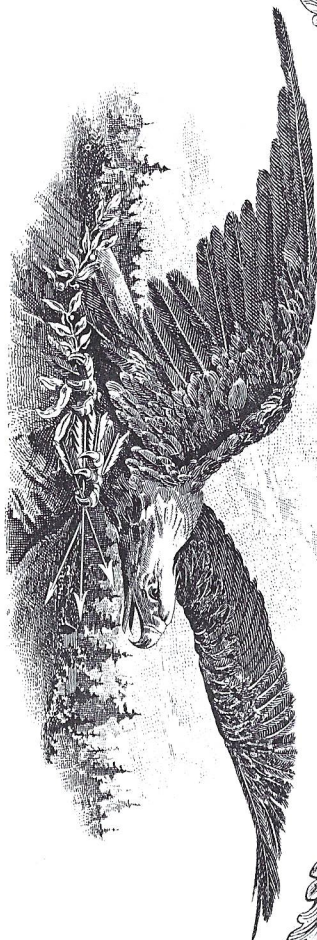
Richard Cavalier

In Recognition of Outstanding Volunteer
Service to Students in Adult Learning
Skills Program Classes and in
Appreciation for Praiseworthy Services
and Tireless Effort.

Presented
June 27, 1981



Raymond S. Hutchinson
President
Chicago Urban Skills Institute



Service Award

This Award is presented to

..... Richard Cavalier

by..... City Colleges of Chicago

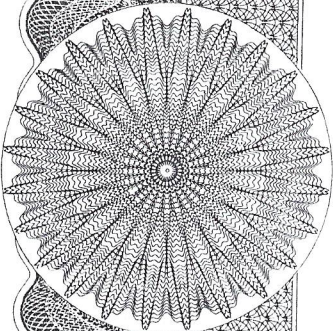
in recognition of Superior Service rendered

IN WITNESS WHEREOF, we have caused this Certificate to be awarded

this ^{24th} day of June..... in the year..... 1987

.....
Signature

.....
Signature





Open Category Prospectus Form

Please submit 10 copies of the completed form.

Check appropriate category

☐ 86-IIA-2.5 Sex Bias ☐ 86-IIB-2.4 Parents Homemakers
☐ 86-IIA-5.11 Corrections ☒ 86-IIB-3.2 Improve Voc Ed

Name of Agency: Harry S. Truman College

Superintendent, President or Responsible Official: Wallace B. Appelton, President

Address of Agency: 1145 West Wilson Avenue, Chicago, IL 60640

Title of Prospectus (ten word limit): A Transportable Model for Instruction in VESL Phonetization

Starting Date: October 15, 1985 Ending Date: June 30, 1986

Total Funds Requested from the State Board of Education: \$25,000 (negotiable) ✓

Name of Project Director: ~~Thomas H. Ryba~~ ~~contact Aurora de la Torre~~

Agency Phone Number: 1-312-989-6137 x 6093

Signature of Superintendent, President or Responsible Official: _____

Needs Statement:

This statement should include a rationale for the proposed activity and discussion of its general design.

Approximately 20% of Truman College's student body are enrolled in one of the various levels of English as a Second Language. Though this program equips students, eventually, to read and write with college level competencies, other equally important linguistic competencies cannot always be addressed. Specifically, employers are reticent to hire vocational education graduates whose pronunciation skills are not up to par with those of native speakers of English. Though the vocational education graduate may possess exceptional technical ability, the inability to communicate clearly according to standard forms of English phonetization is a barrier to employment upon graduation. The college placement office, business assistance center and cooperative education program have all experienced difficulties in interesting prospective employers in non-native speakers of English because of their substandard phonetization.

To remedy this local problem, and to create a transportable model of phonetic remediation for all VESL programs in the state, we propose that Truman College become a state center for training tutors and pupils in the Cavalier method of phonetization.* This activity has four objectives: (1) publication of the tutors' workbook "Practical Word Power" (300 copies for pilot run); (2) matriculation of three cycles of students, including foreign-born and native-born, handicapped by non-standard pronunciation and low-level skills; (3) the identification and training of 100 tutors, curriculum specialists, etc., from the City Colleges of Chicago and other state institutions; (4) creation of awareness within Truman College, the City Colleges of Chicago and among State AVTE professionals of this highly reproducible approach for the minimization of misphonetization; and (5) production of an interim and final report as to the effectiveness of the program after a year of operation.

* C Richard Cavalier

Impact Statement:

This statement should indicate the contribution the proposed activity will have on vocational education.

Federal statistics indicate that as many as one out of five adults is linguistically handicapped. In Chicago, a resettlement community for immigrants, the percentage is higher. It is estimated that 600,000 Chicagoans may be linguistically handicapped. The linguistically handicapped in Chicago belong to one of three groups; (a) recent immigrants illiterate in English and/or their language; (b) native-born Americans speaking non-standard English; and (c) marginal/middle competency immigrants (ESL levels II, III, IV & V). The proposed activity could have a direct impact on all these groups. Specifically, the Cavalier method would produce the following results: (1) students will become proficient in pronunciation via the Cavalier method of phonetization, no matter what their proficiency level is; (2) students will achieve phonetic self-sufficiency in 7 sessions (10-12 hours); (3) highly reproducible, this program, once taught, permits any tutor to orient other tutors and teach students.

Rapid multiplication of the method throughout the city and state is the prime asset of this methodology. If funded at \$25,000.00, each of the 100 trained tutors can each teach 50 students per year with a minimum commitment of only one class per week (5 cycles annually). In the course of a year, 5,000 students might be trained at a cost of \$5.00 per student. If, however, the trained tutors were used to train additional tutors, the cost would decrease geometrically as the qualified tutors increased geometrically.

If Truman College is permitted to charge \$15.00 per workbook distributed (actual replacement cost), this program will become self-sustaining and will be continued so long as demand for it continues.

The program is fully transportable depending upon the text Practical Word Power: Dictionary-Based Vocabulary/Conversational Skills and upon a series of tutor training sessions.

*This competitive grant went to a basic-level project.
Proposal indicates how various educational and volunteer
channels can be coordinated into a major effort.*

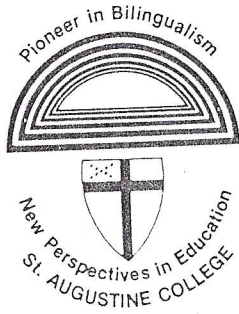
Evaluation Criteria:

For ISBE use ONLY

- Does the proposed activity either:
apply a novel idea, practice and/or product to fulfill a genuine need in vocational education program improvement; and/or apply a conventional idea, practice and/or product in a novel manner to fulfill a genuine need in vocational education program improvement?
- Is the activity cost effective and feasible to develop or manage?
- Will the activity result in materials or services which are applicable and transportable to other educational agencies?

Rate the activity on its own merits (ten is the top score). _____

Rank this activity relative to the other prospectuses. _____



St. Augustine College

1333 West Argyle / Chicago, Illinois, 60640

Phone : 312 / 878 - 8756

May 27, 1993

Mr. Richard Cavalier
4900 N. Marin Drive
Apartment 811
Chicago, IL 60640

Dear Mr. Cavalier:

The workshop "Practical Word Power" was offered to 15 members of the staff during the summer of 1992. The seminar was given according to the instructions in your materials by Ms. Carolina de Leon.

Not all students attended all sessions. Ms. De Leon, however, indicated to me that all participants had expressed great satisfaction at the end of the program, and that those who had attended every session had indeed mastered the skills programmed for the workshop.

We appreciate your kind assistance.

Sincerely,

Rafael Tapia, Ph.D., Chair
Communications Department

COMMONWEALTH OF PUERTO RICO
Department of Puerto Rican Community Affairs
IN THE UNITED STATES



For Immediate Release:
March 24, 1992

For More Information:
Richard Cavalier
(312) 784-3636
Hector Luis Diaz
(312) 664-9377

CORPORATE GRANT UNDERWRITES LITERACY PROJECT

With a grant of \$1,000.00 for the purchase of books, Budget Rent A Car Corporation has assured the wide implementation in the Hispanic community of the "Practical Word Power" (PWP) literacy project under the sponsorship of the Commonwealth of Puerto Rico, Department of Puerto Rican Community Affairs, according to Héctor Luis Díaz, Director of the Department in Chicago.

The Department's PWP program was announced in September as a community-based effort to bridge gaps in the current national literacy program, Diaz explains. Only 10% of all language handicapped are being helped by all government and foundation funded programs together, and virtually all monies target basic levels through fifth grade. Individuals who can get by in English but are stalled at unsatisfactory skill levels can otherwise be assisted only in formal programs at community colleges; and not everyone can attend, he stresses, even if they wish to do so.

Unique among volunteer literacy programs because it is addressed to the intermediate adult learners, for whom little assistance is available, "Practical Word Power" teaches students to pronounce new vocabulary correctly using dictionary codes. That skill makes course "graduates" permanently independent in vocabulary development and enhances their ability to communicate in spoken English. Accent-reduction is a welcome side-benefit in existing vocabulary.

The course is free to adult students, who must buy their own paperback dictionary. Dictionaries will be provided free to teen students studying with youth groups, Diaz said.

The complete course requires only 8 sessions of two hours each and can be

La Raza

CHICAGO'S LEADING HISPANIC PUBLICATION

AÑO XXII N° 1177

CHICAGO, ILLINOIS

DEL 3 AL 9 DE ABRIL DE 1992

Zona Norte

Piden maestros voluntarios

Budget Rent-a-car, con una donación de \$1,000 dólares para la compra de libros, ha asegurado la implementación en la comunidad hispana del programa "El poder práctico de la palabra" (Practical Word Power) bajo el patrocinio del Commonwealth de Puerto Rico, Departamento de Asuntos de la Comunidad Puertorriqueña, de acuerdo a lo expresado por Héctor Díaz, director del Departamento en Chicago.

"El programa del Departamento "PWP" fue anunciado en septiembre como un esfuerzo de la comunidad para llenar los vacíos en el programa nacional de alfabetización", explica Díaz.

"Solamente el 10% de todas las personas con problemas de lenguaje están siendo ayudadas tanto por los programas del gobierno como de fundaciones, y virtualmente todos los programas hacen énfasis en niveles hasta el quinto grado. Individuos que pueden hacerse entender en inglés pero que se encuentran atorados en niveles insatisfactorios de aprendizaje pueden ser asistidos solamente en programas formales en los Colegios Comunitarios; y no todo el mundo puede asistir a uno de ellos", comenta Díaz.

Único entre los programas voluntarios de alfabetización, porque está encaminado a los adultos en un nivel intermedio de aprendizaje, para quienes ayuda disponible existe muy poca, "Practical Word Power" enseña

a los estudiantes a pronunciar correctamente nuevo vocabulario usando un código de diccionario. Esta habilidad hace a los "graduados" del curso permanentemente independientes en el desarrollo de vocabulario y los ayuda a mejorar sus habilidades para comunicarse en inglés.

"El curso es gratis a estudiantes adultos, quienes deben comprar su propio diccionario. Los diccionarios se darán gratis a estudiantes adolescentes quienes estudien en grupos de jóvenes", dijo Díaz.

El curso completo requiere de solamente 8 sesiones de dos horas cada una y puede ser dictada por cualquiera que tenga un nivel de inglés estándar, dice el autor Richard Cavalier, "porque el manual del profesor del PWP está estructurado de una manera en la cual ayuda a entrenar a los voluntarios en su enseñanza: todas las explicaciones, ejemplos de tablero, y tablas de ejercicios son proveídas". Consecuentemente, él siente, que PWP ayuda inmensamente a estudiantes de un nivel intermedio porque hace énfasis en habilidades activas, no en listas de términos genéricos. "PWP está diseñado para ayudar a resolver verdaderos problemas de comunicación".

"El curso fue desarrollado en el Truman College por Cavalier, quien ha publicado dos libros y numerosos artículos en el campo de la comunicación en grupos, relata Díaz, y

fue estudiado por el Departamento antes de adoptarlo; entonces la comunidad hispana puede estar segura que los resultados son exitosos".

Como una prueba, él cita un programa piloto desarrollado en una agencia hispana de servicios sociales, en donde la respuesta de los participantes fue muy positiva después de la primera clase de ocho sesiones para miembros del personal. Discusiones se encuentran en camino en esa agencia para hacer extensivo este programa a la clientela.

Hasta diez alumnos adultos se pueden inscribir en el programa, y una clase de dos horas por semana es lo recomendable. Las organizaciones patrocinadoras necesitan proveer sillas para esos diez estudiantes y su tutor además de un tablero.

Con los materiales para el tutor proveídos por Budget rent-a-car, no hay casi ningún costo para las organizaciones patrocinadoras del curso. "Cualquier agencia reconocida -clubes sociales, iglesias, y empleadores- pueden formar y operar su propias clases", explica Díaz.

Cualquier organización hispana que desee operar este programa debe contactar a su coordinador voluntario, Rich Cavalier, (312) 784-3636.

Personas interesadas en participar en el programa pueden obtener más información en las siguientes agencias comunitarias: Comité Latino, 878-8886; Centro Cultural Ruiz Belvis, 235-3988; Universidad Popular, 722-0836.

A LERNER NEWSPAPER

ROGERS PARK • EDGEWATER • UPTOWN

NEWS • STAR

90th Year - No. 2

Wednesday, January 15, 1992

Free class mends broken English

By **PHIL BORCHMANN**
Staff Writer

Eric Cheng has built his Sun Wah Bar-B-Q, at 1134 W. Argyle St., into a thriving, popular restaurant. Now he's ready to go back to school.

"For me and my business, it's good to pronounce better," said the Canton, China, native.

Cheng is among the millions of foreign-born adults from all economic and occupational levels who are often stifled by their faulty English skills.

So Cheng has decided to make some changes and — along with a group of other merchants from the predominately Asian shopping district — has enrolled in a unique English course, beginning this week, at Truman College.

Designed by an Uptown communications expert, the program helps students build on their basic language skills, develop better vocabulary and pronunciation, and increase confidence and self-reliance — instruction that, until now, has been available on a very limited basis.

"Practical Word Power" is a

course created by Richard Cavalier, who designs corporate training programs and has written books and articles on group communications.

Cavalier's method, which he touts as inexpensive and easily accessible, teaches the English phonetic system of dictionary codes to individuals who speak basic English.

"They can learn the entire dictionary rather than a generic word list," he said.

Many times, Cavalier's course is the natural progression beyond English as a Second Language classes.

Cavalier says that only a small percentage of "language handicapped" people are able to get instruction beyond ESL. Most of the advanced courses are offered at colleges during inconvenient or prohibitive times.

The class uses the "Practical Word Power" textbook and a dictionary and can be taught by volunteers at any time and location.

Because of a teaching gap between the ESL top level — fifth grade — and the GED level — eighth grade — millions of language handicapped people stop their Eng-

lish education and never work up to their potential, he said.

"I've had doctors, lawyers, nurses and teachers in my classes working below their professional level because of the language handicap," he said. "They will speak broken English for the rest of their lives because of this gap. At the sixth- and seventh-grade levels, there is virtually nothing (no instruction) out there."

The free class is being sponsored by the Uptown Chicago Commission and the Asian American Small Business Association. Some funding for the free course has come from Budget Car & Truck Rental, according to UCC Executive Director Charles Daas, who is looking for more money.

Daas said there is still room for more students in the classes in the library of Truman College, 1145 W. Wilson Ave. The free program is targeted mainly at merchants around the Argyle Street area, but it's not likely that anyone will be turned away, he added.

For more information, call Daas at 561-3978, or Charlie Soo at 728-1030.

Discharge Planning Update

An Interdisciplinary
Perspective of Health
Professionals

Vol. 12, No. 3
May-June 1992

Language Barriers

The Flip Side of the Coin

Barbara Morton
Volunteer Tutor
Healthcare Alternative Systems, Inc.
Chicago

With increasing interest being given to the problem of non-English-speaking persons receiving health care, methods of coping, including professional translators, are being developed and implemented.

Often overlooked is the problem occurring with the English-speaking patient because of halting or broken English spoken not only by some hospital staff and employees, but also by nursing home staffs and employees.

For the discharge planner making a long-term placement, the psychological insecurity or emotional discomfort of such an English-speaking patient can be a critical factor in patient comfort, progress, and satisfaction.

The problem is not limited to housekeeping staffs--long the job for unskilled foreign-born workers--but now includes technicians, nurses, and some physicians. Some health maintenance organizations (HMOs) have encountered resistance of U.S.-born members to assigned physicians who speak limited English. The public is increasingly aware and irritated: 18 states have passed official-English laws (inaccurately termed English-only laws).

Until the problem of the English-speaking patient is recognized, coping mechanisms and/or solutions are not likely to be developed. But, there is the possibility--however remote--that miscommunication among hospital employees or medical staff could result in

technicians are tested here in written English, and most have become proficient with written English as students. Their U.S. accreditation, therefore, implies but does not guarantee, an ability to communicate in spoken English. Second, some individuals who are fluent in English are handicapped by a heavy accent that interferes with communication.

Because most government and foundation funding and most literacy network efforts are directed at basic levels, or fifth-grade completed, little help is available outside community colleges for those at marginal or otherwise unsatisfactory levels. Nationally, about 70 million persons are language handicapped, with 10 percent being served by mainstream literacy programs.

Although discharge planners lack the authority to impose standards of English-speaking competency, they must be alert to this potentially debilitating problem for patients they refer, especially if choices are few.

Over the past several years I have tutored non-English-speaking persons using an English-as-a-second-language program. A number of them are available. The one I have used is *Practical Word Power (PWP)*, developed especially for volunteer tutors. Using this program, I can teach up to 10 students of any language mix at one time.

In eight sessions of two hours each, I have taught adult learners to master the dictionary pronunciation codes, becoming

"Although discharge planners lack the authority to impose standards of English-speaking competency, they must be alert to this potentially debilitating problem for patients they refer, especially if choices are few.."

damage to the patient. The same risk can occur in the long-term care facility to which the patient is being referred.

There appear to be two main causes of this problem, whether it occurs in the hospital or the long-term care facility. First, foreign-born professionals and

independent in vocabulary development. All future vocabulary is correctly pronounced, and accent-reduction in preexisting vocabulary is a welcome side benefit. Related skills are also taught in the course.

Although time and commitment are required on the part of the tutor and the students, I have found that we all have benefitted from and enjoyed the experience. DPU

Editor's Note: Author Morton, who is a retired business and economics librarian, has been teaching English as a second language to Asian and Hispanic students.

CITY OF
INGLEWOOD
— CALIFORNIA —

CERTIFICATE
OF RECOGNITION

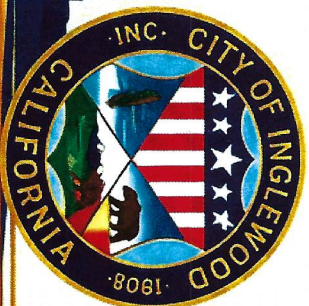
PRESENTED TO

RICHARD CAVALIER

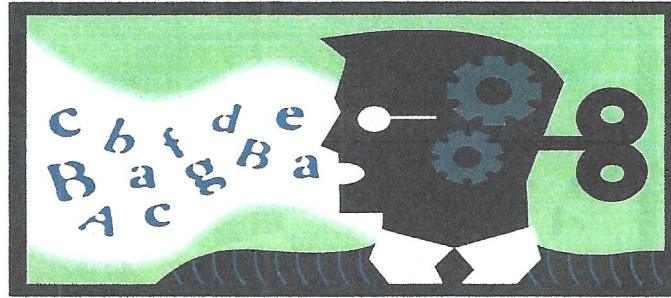
In recognition of your dedicated service as a
LIBRARY COMMISSIONER

★ MARCH 2011 TO 2015 ★

*With sincere appreciation for your commitment
and contributions to the community.*



INGLEWOOD CITY CLERK
AISHA L. THOMPSON



LEARN ENGLISH PRONUNCIATION FAST & FREE!

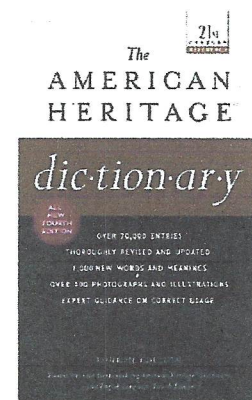
Learn to pronounce English words correctly from the dictionary in 8 simplified 2-hour lessons. Richard Cavalier, author of *Practical Word Power*, will be your instructor. In this quick and proven course you will develop your vocabulary and reduce any accent. This life skill will aid you as students or jobseekers.

There is no magic bullet for ESL. Learning takes effort. During the First Lesson, some people discover that they don't want to be students again. So IPL will welcome 25 library patrons into the actual First Lesson. Non-students can then drop out. The class roster(s) for the ESL course will be formed from those who wish to continue.

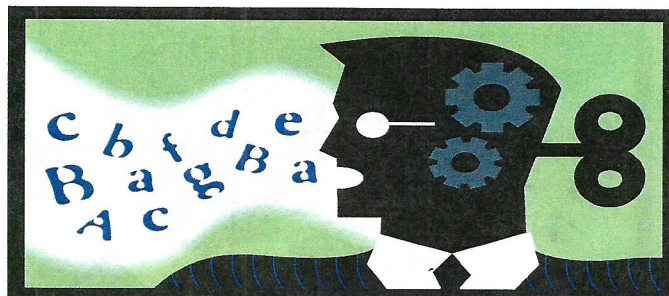
Teens and adult learners must meet the following requirements:

- **Understand simple English instructions**
- Purchase a paperback dictionary we supply at the Library for \$5 at the first meeting
- Attend all 8 sessions

Sundays from 2:00-4:00 p.m.
Children's Story Room,
Inglewood Main Library
February 21 – April 8, 2010



Registration is limited to 12 participants. Register at the Information Desk on the first floor of the Main Library or make a reservation by calling (310) 412-5380.



APRENDA A PRONUNCIAR EN INGLÉS ¡RÁPIDAMENTE Y GRATIS!

Aprenda a pronunciar inglés correctamente del diccionario en solo 8 sesiones de 2 horas cada una. El instructor es Richard Cavalier, autor del libro *Practical Word Power* (El Poder de las Palabras en la Práctica). Usted puede desarrollar su vocabulario y disminuir su acento con esta clase rápida. Su habilidad de comunicarse bien le ayudara en sus estudios y en su trabajo.

No hay bala magica para hablar inglés sin acento. Aprender toma trabajo. Durante la primera leccion, algunas personas descubren que no quieren ser estudiantes de nuevo.

La biblioteca de Inglewood tendra espacio para 25 personas en la primera lección. Las personas que no quieran seguir con el curso pueden dejarlo. La lista de estudiantes sera hecha de los que desean continuar.

Los estudiantes pueden ser jóvenes o adultos y deben cumplir con lo siguiente requisitos:

- **Deben ser capaces de comprender instrucciones sencillas en inglés; esto NO es un curso para aprender inglés gramática**
- Se comprometen a asistir a las 8 clases
- Se comprometen a comprar un diccionario por \$5 en la biblioteca el primer día

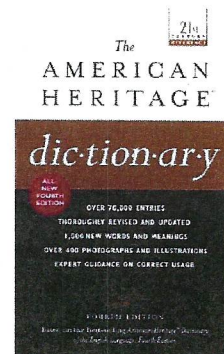
Los domingos 2:00-4:00 p.m.

En la Sala de Niños de la

Biblioteca Pública de Inglewood

21 de febrero hasta el 8 de abril del 2010

Este curso esta limitado a doce personas. Se puede matricular en el puesto de Información a la entrada de la Biblioteca central o puede hacer una reservación llamando el siguiente número de teléfono: (310) 412-5380.



11-12-09

Education Behind Bars

Inmates are being taught the essentials through programs designed to stop recidivism

BY BRIAN W. CARTER
Sentinel Intern

When most people think about inmates, they think about criminals who have committed a crime and deserve to be in jail; some people may even feel "out of sight, out of mind" and good riddance. Although public opinion may be generally low of inmates, there are those that think of them and see second chances.

GOGI (Getting Out by Going In), The Christian Youth Foundation (CYF) and the Coalition Talent & Love Center (CT&LC) are three groups that are dedicated to the betterment and educating of inmates. Prisons are overcrowded and for the most part are filled with men and women who are illiterate and/or don't speak English. Not to mention that some inmates lack the education and skills to make it once they get out of prison and once they're free, a limited life leads them to back to crime. These are some of the factors that have led these three groups to get involved.

The goal of the groups overall is to reduce recidivism. Recidivism is the act of someone repeating negative behavior even after they've faced the consequences for their behavior or received training/counseling. It is also known as the rate or percentage of rearrested criminals. The recidivism rate is high, leaving jails to become almost a revolving door. Some sources state 7 out of 10 prisoners in California alone will return to jail or prison within 3 years.

"Unacceptable recidivism and over incarceration is our responsibility," said coach Mara Leigh Taylor, Founder/Executive Director of GOGI. GOGI is a privately operated program and is working in several facilities. GOGI has implemented GOGI/ESL (English as a Second Language) programs in jails to help inmates make the transition from prison to society. GOGI is about changing the behaviors, attitudes and outlook in the life of inmates. They feel that by helping inmates through education, therapy and positive reinforcement, inmates will have a better chance at life when they get out.

The CYF and the CT&LC (both black-operated groups) are

two other groups who also feel the need to assist inmates behind bars. The CYF is a non-denominational, non-profit organization dedicated to addressing drug and alcohol issues, nutrition, abused and disabled youth. The CT&LC is an organization that is also dedicated to uplifting and helping the community through programs encouraging talent in youth and enrichment through education.

These two organizations have donated "PWP" tutor books and "American Heritage" dictionaries to ethnic inmates. The PWP (Practical Word Power) is a tutor script and workbook that permits volunteers to teach English language and structure to foreign-born inmates. Richard Cavalier, an author, who has worked in advertising and sales, as a consultant to various companies and is known for his innovative ideas, developed the tutor book. The PWP allows non-English speaking groups to abandon their language and adopt English. The PWP along with the American Heritage dictionary simplifies phonetics and expands vocabulary through 45 codes and usage in 16 class hours and 8 sessions.

Arvy Goliday president of the CYF and associate with the CT&LC said, "We hope that the 'PWP', CYF and CT&LC will help to make the inmates' re-entry into community life easier and longer lasting." The two organizations goals are to reduce recidivism and focus on educating and liberating inmates both mentally and physically. "... we believe that anti-recidivism programs are better and longer-lasting alternatives" said Goliday, "Given the rift and occasional wars between incarcerated Blacks and Hispanics, we feel especially good about helping launch this program."

The first inmate-tutored inmates are expected to "graduate" in December according to Goliday. If the test results are impressive, the organizations will be pushing for an expansion of the program into other jails and prisons.

If you would like to get more information on these programs, you can contact the GOGI program at info@gettingoutbygoingin.org or call (310) 306-9964; to contact The Christian Youth Foundation email at info@christianyouthfoundation.org or call (310) 657-2727 or (310) 645-0710; to contact the Coalition Talent & Love Center you can email at talenthealthwealth@yahoo.com or call (310) 786-9927.

Editor's note by Nizar Jwaideh, Sunday editor at the Chicago Daily News. Jwaideh was visited by a pair of Federal agents who told him I was wrong and publication would be damaging. Several weeks later, the Chile/Allende fiasco occurred. The prepared article is quoted below.

Political opinion: Sent to various members of congress—ignored. Published in a later RC political book.

WILL THE REAL AMERICAS

PLEASE STAND UP FOR THEIR RIGHTS?

How the Rockefeller Report
Compounds Foreign Policy Errors

by

RICHARD CAVALIER

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EDITOR'S NOTE: Mr Cavalier has recently returned from a four week tour of the South American continent, a trip which included all ten of the Spanish and Portuguese speaking nations. At other times he has also visited Mexico, Guatemala, and several of the Caribbean Islands.

His perspective on the other Americas is enhanced by his travels in Europe, North and West Africa, and the Orient. Contrary to all other published reports, he tagged the regime of Syngman Rhee a corrupt dictatorship a full year before the 1960 revolution in Korea.

Now a free-lance industrial writer, he specializes in such interpersonal communications as meetings and training programs, and his industrial credits include some of the largest and best known of associations and corporations.

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by

RICHARD CAVALIER

Nearly a year after the first of three diplomatic missions by Nelson A. Rockefeller--and six months after publication of his Report on the Americas--the United States government and press continue to claim alarm at the turmoil in some American nations and profess to be ignorant of our over-active role in the internal affairs of others.

Our alarm and ignorance are based in part on the long-nurtured fiction that the good ole USA has been a benevolent influence in this hemisphere when in truth we have been--and sometimes still are--a brute force. This false theory of benevolence was endorsed and embellished by the Rockefeller Report in bald contradiction to the historical and current events.

A result is that the New York Times book edition of the Report characterized the military of some other American nations as having "won power by overthrowing democratic regimes"--whereas "elected" authoritarians were merely replaced--and commended Nelson Rockefeller, who "speaks out against 'special interest' groups"--when in fact he lobbies for them. These basic interpretive errors lead to gross distortion of news of current events.

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The Report refers to "flaming nationalism," and Time magazine took the cue to write recently that the nationalism is "confused, emotional, and erratic." If we ignore the history of the past century, we might reach that conclusion. If we ignore the history of the past century, the United States will invite and help to create greater crises than have been known there to date.

In 1913, President Woodrow Wilson pledged, "The future. . .is going to be very different for this hemisphere from the past. . . .You hear of "concessions" to foreign capitalists in Latin America. . . .States that are obliged. . .to grant concessions are in this condition: that foreign interests are apt to dominate their domestic affairs, a condition of affairs always dangerous and apt to become intolerable. What these States are going to see, therefore, is an emancipation from the subordination, which has been inevitable, to foreign enterprise and an assertion of the splendid character which, in spite of these difficulties, they have again and again been able to demonstrate."

The American nations to the south have waited more than half a century for us to redeem that pledge; what our investment community refuses to permit, they will now accomplish by whatever means are necessary. Nationalism is understandable and justifiable, given their history.

Nelson Rockefeller could not bring himself to admit that our investment community has often supported

and sometimes originated civil excesses and abuses that have created today's tinderbox. This omission is only one facet of the conflict of interest which reflects itself in the Report's buried truths and calculated misinformation.

There are four distinct but interrelated concepts in question, and we will comment briefly on each:

- I The invalidity of Rockefeller's personal position and viewpoints--conflict of interest
- II The guileful construction of the Report proper
- III The buried facts reported by other observers which relate accurately to current events
- IV Opinions of the latins as they see themselves--the basis for action (some opinions are interspersed in this article for clarification)

*

I: INVALIDITIES AND CONFLICTS

While it is certainly true that some riot groups were organized to embarrass their own governments and/or ours, the latins think much--even most--of the outbursts were directed against Rockefeller as a person and symbol of oppressive wealth. The two judgments cannot be totally separated, and although the latter is somewhat unfair to Rockefeller --if valid in policy--the latins blended them:

Local opinion: "Certainly we objected to Rockefeller. Money is controlling US policy again."

Local opinion: "Why did you permit him to come? Everyone knew in advance that he was not welcome."

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Chicagoland

JUNE, 1969 - 60¢

MAGAZINE

The Bad Trip

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anti-poverty : the bad trip

BY RICHARD CAVALIER

Photos by H. Nichols

It's the fast shuffle and the one-way ride for anti-poverty funds in Chicago-Land. It's also a good way to create a revolution.

MY SISTER MARRIED a W.A.S.P. (White Anglo-Saxon Protestant), not one of my best friends is black, and I can't remember the last time I Done Good. That's for perspective.

When the "commemorative riot" hit Chicago's West Side on the first anniversary of the assassination of Dr. Martin Luther King, Jr., I was at lunch with a (black, colored, Negro—as you choose) acquaintance of nearly a dozen years. As we went into the restaurant, he mentioned that there would be an "incident" that day, possibly one building to be burned before it ended. By the time we left, the rocks were flying.

He didn't know why—no one did. But advance notice had spread, and with the notice died the illusion of spontaneity, unrest, hatred, and all the other catchwords describing race relations. A riot was planned but didn't take.

Maybe the reason can't be explained in catchwords. Maybe it has depth and substance. Maybe it's the way people *are* and not just the first quotable words over an angry tongue. Maybe a lot of things. Like time, maybe, for a few rational answers.

If the War on Poverty is accomplishing anything in terms of lives, then it's a big secret—especially to the people who supposedly are benefiting. That lack of awareness is one of the causes of dissatisfaction.

Part of the problem is that the total federal effort is fragmented among several departments and many agencies. Local efforts are often overblown for political value. Another part of the problem is that the highly visible Office of Economic Opportunity (OEO) is one of the smaller fragments. When the OEO budget is criticized as being too small, often the other programs are entirely overlooked.

Federal manpower programs all provide for one or more of these elements: employment orientation, pre-vocational training, vocational skill training, on-the-job training, and/or work experience.

Here's what's authorized in conjunction with the OEO program:

Under the Manpower Development and Training Act, Title II: On-the-job Training (OJT) through the Bureau of Work Training Programs; Work Incentive Program (WIP) through the Illinois State Employment Service; Job Opportunities in the Business Sector (JOBS) through the Chicago Alliance of Businessmen (NAB/CAB); Concentrated Employment Program (CEP) through the Office of Economic Opportunity; Neighborhood Youth Corps (NYC) through the Bureau of Work Training Programs and community action agencies; and Institutional Training through Illinois State Employment Service.

Under the Economic Opportunity Act, Title I-B, through Community Action Programs (CAP): Operation Mainstream, adult training in rural areas; New Careers, professional-aide jobs for urban residents. The local CSP agency is the Chicago Committee on Urban Opportunity (CCUO). Under the same Act, Title II-B, CCUO is the CAP agency coordinating programs named above. Under Title II-A of the same act is the Job Corps, training disadvantaged youth; Assistance to Migrants and Seasonal Farm Workers, pre-vocational training, and basic literacy courses.

Independently funded, although sometimes working in conjunction with OEO/CCUO programs are these federal and state agencies:

Department of Health, Education, and Welfare (HEW), under its Social Rehabilitation Service offers programs ranging from Public Assistance (old age, blind, disabled, and Aid to Families with Dependent Children), Medical Services, Rehabilitation Services, Maternal and Infant Care, Maternal and Child Health, Child Welfare Service, and Age-Planning, Training and Services.

Department of Labor administers — directly or through CCUO—projects or programs such as JOBS; MDTA/JOBS Reserve; NYC-in-school; NYC-drop-outs; Operation Mainstream, training older people on conservation and beautification of small and rural towns; New Careers participation; on-the-job training under MDTA, and institutional training under MDTA.

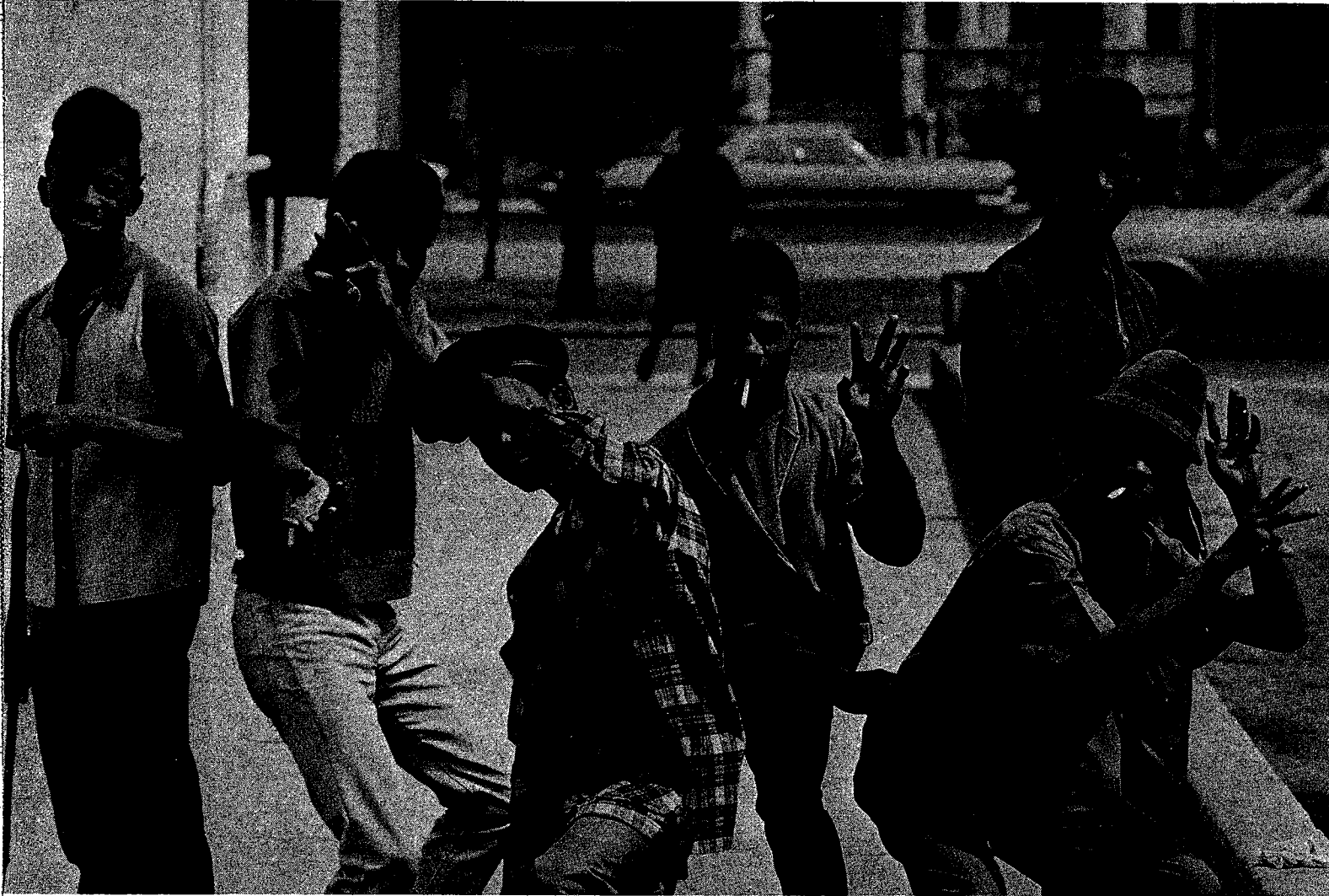
Department of Housing and Urban Development (HUD) has funded Neighborhood Development and Community Planning programs. It has appropriated funds for planning under the new Model Cities pro-

gram, with one major proposal for \$38,000,000 pending. A Public Housing program providing 10,000 low-income units is under review for funding.

Department of Agriculture operates the Food Stamp program (\$10 food stamps for \$6.50 cash), a variety of school milk, breakfast, and lunch programs funded with both cash and commodity contributions to provide low-cost food to participating schools; a special pro-

privileged groups include Adult Basic Education through HEW; Vocational and Technical Education through the Board of Vocational Education; and Vocational Rehabilitation Program through the Division of Vocational Rehabilitation.

The Illinois State Employment Service, in operation for seventy years, offers service to all residents but cooperates with OEO in providing neighborhood service through the CCUO Neighborhood Centers.



Just foolin' aroun' near South King Drive. Summer camp?

gram provides nearly \$1,500,000 to buy food for children who cannot afford even the reduced-rate meals.

Department of the Interior's, Bureau of Indian Affairs, conducts, largely through CCUO, its Employment Assistance program of training, placement, and relocation, if necessary.

Department of Commerce provides loans and grants under its Public Works and Economic Development Administration (EDA) programs. The stockyards industrial park project was funded for \$10,000,000 last year.

State agencies operating among and for under-

No wonder nobody knows what's happening!

Here's what the War on Poverty is contributing to local programs: Of the \$2 billion national OEO budget, \$25,000,000 had been funded to Illinois by March 20, with more to come in the last quarter; the Labor Dept. funded \$24,344,530 to Illinois and \$34,000,000 more to metropolitan Chicago. Agriculture Dept. had funded \$5,481,107 in premiums on nearly \$20,000,000 worth of Food Stamps for Cook County alone by the end of the third quarter, with more to come; adding \$24,894,500 for state-wide programs. HUD has contributed \$39,150,000 in actual funds for programs in progress and for Community Planning; a like amount is now pending approval.

HEW spent \$105,728,755 in Cook County during the first half of this fiscal year, and the second half will be at least equal. Based on population, greater Chicago should qualify for about 60% of Illinois funds, although the formula for each agency is different.

In its strictest sense, the "War on Poverty" is the title given the Johnson administration's programs under OEO and related activities. That still totals only \$25,-000,000 for Illinois and is still subject to criticisms. Yet the total expenditure, which could be expressed under a "War on Poverty" umbrella, totals nearly \$400,000,000 for Chicagoland alone!

That should buy a lot of results, because the money and the intentions are there.

Yet results are minimized or unseen for a number of reasons, including these: over-administration, inefficiency, delay, waste, and empire-building—the kinds of reasons that apply to most government spending; some "old line" agencies don't want to be identified with the highly partisan "War on Poverty," which they see as johnny-come-lately; long-term planning is difficult with federal budgets drawn annually. That's a general look at federal problems.

There are more important problems closer to home. The OEO-funded projects suffer four major handicaps: 1) feuds and power struggles between various spending and receiving groups; 2) program failures from other causes; 3) lack of favorable publicity for positive achievement; and 4) political porkbarreling.

During the summer job scramble, jointly-funded agencies have to pull together to survive, but during the balance of the year, raw wounds are opened.

ISES: "We developed the idea of putting our office in every Neighborhood Center and sold the idea to OEO to avoid duplication."

CCUO: "We got ISES put under us because they weren't doing their job."

Vicious attacks occur when South Side and West Side groups launch invectives on ISES or CCUO personnel, using one agency against the other. It works. Personnel take a day's time to write unproductive defenses... everyone is angry... and established programs look bad.

CCUO: "The official stance of the gangs is to quarrel with the Establishment so they can get the money direct. We're Establishment to them."

WSO: "The Establishment won't give us money to fight them. We have to sell out—lose control of our programs and newspapers. We got a new President; we can wait till July (federal budgets)."

What is significant is that both CCUO and the groups struggling with them are predominantly black. So the CCUO programs seem to be dividing the black community more than uniting it. What are the criteria applied? Political favoritism has been mentioned frequently. No one really knows how a neighborhood group can get money if it doesn't play ball with CCUO. If large groups complain that CCUO is accomplishing nothing for them, is CCUO succeeding?

CCUO served as the funnel for more than \$12,000,-000 in funds last year committed to major projects

outside its direct control. That included \$8,213,000 for Neighborhood Youth Corps (OEO & USD Labor); and \$4,668,000 for Head Start, cultural enrichment for pre-schoolers, operated by such agencies as the Board of Education, the Catholic Archdiocese, various churches, Montessori schools, Hull House, and the YMCA and YWCA.

In addition, CCUO spent \$3,500,000 for its own summer program. Camps, recreation, and neighborhood improvement accounted for \$1,442,000; academic work and new cultural exposure accounted for \$802,000 funded to delegate agencies such as Alvernia High School, De Paul University, Concordia Teachers College, St. Ignatius High School, Ecumenical Institute, Archdiocesan Committee on Poverty (adults) and Providence High School; another \$154,000 was spent on music, theater, art, and talent projects, through churches and other organizations; and \$1,092,000 was spent on recreation and summer activities, operated by everyone from the Chicago Fire and Police departments to the Park District; and YMCA, Boy Scout, and Girl Scout camps.

Yes, 5,500 teenagers had summer jobs as recreation supervisors, and more than 40,000 spectators saw cultural programs. But all were one-time events. Not one program was self-sustaining; only self-sustaining programs can escape the sink-hole label and pyramid the effect of new funds.

Why can't some of the OEO millions serve as an investment fund? Long-term development is a prime goal of West Side groups; the West Side Development Corporation is the instrument they refuse to "sell out."

WSDC: "Black capitalism is to set a few niggers up in business and then drain the black community. Our Corporation is going to be the broker for business coming into the West Side. We're not racist—whites are welcome. But we want more black entrepreneurs. We want to see blacks benefit from the business they support."

Q: "How does the broker idea differ from the protection racket of Chicago's past?"

WSDC: "The racket was extortion from fear—nothing in return. Here the investor gets money back with nothing to fear because he's got group membership. We control the area from Lake Street to Twenty-second Street South; from State Street straight west."

The solid front of the Corporation is maintained by the cooperative effort of five major groups: The Conservative Vice Lords, the Student Afro-American Group, the Egyptian Cobras, the Garfield Organization, and the West Side Organization for Full Employment. They prefer not to be called gangs.

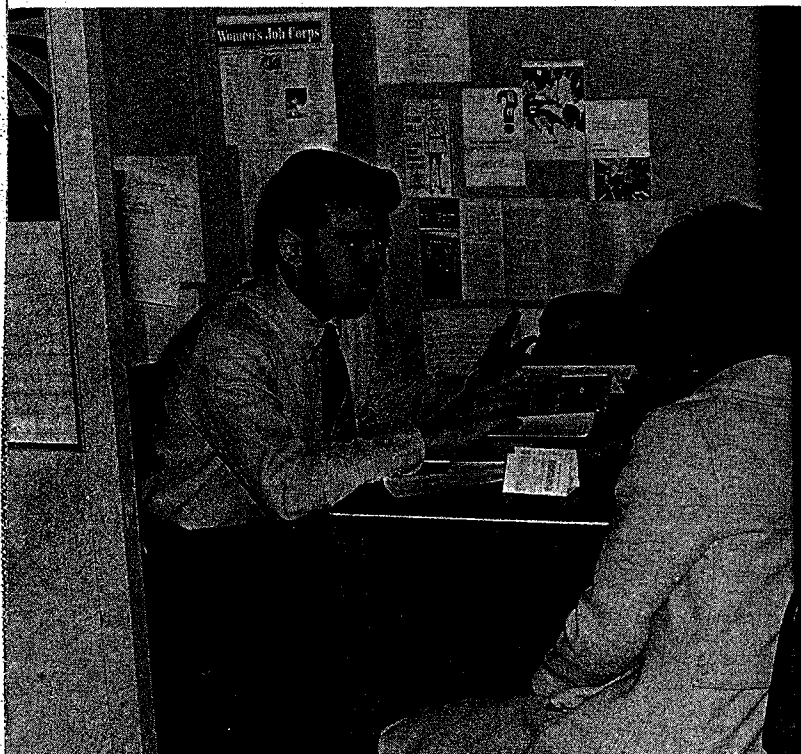
CCUO must have their cooperation to achieve significant goals. So far the vote is "no confidence."

Longer funding periods—the touted panacea for the problems—will not be meaningful. What's needed is a reappraisal of direction... the application of standards of success by which to measure the various programs. So far there are no national standards for local programs—what the CCUO Neighborhood Center rep-

representative likes (ditto OEO), is what tends to be approved. Local business sometimes attaches strings to donations so that the 20% matching obligation of CCUO is met along with the objective of the donor.

But the key to success—however measured—is support of the black community and other smaller but equally important groups who depend on the federal funds.

Failure to win that support is showing up on the national scene, too. Until April, 1969, there were 89 Job Corps camps for men and 19 for women; 57 are now being phased out, including one of two in Illinois. A cutback in funds is the published reason; the real



Counseling at a South Halsted Street office.

reason is that the camps can't be filled—nobody wants to go.

The word is out. First, there's little real choice of job—military style. Second, the camps have been nightmares for the minority group by camp count, black or white. Incidents (termed "isolated" if acknowledged) ranged from beatings to homosexual gang rape. Of course, changes have been made in supervision for this year, but the damage is done. The bitter boys out-talk the boys who gained.

One rumor tags the Job Corps camps as detention centers, ready for extermination duties. Good subversive talk.

Unfortunately, that's the pattern for the entire effort: everyone criticizes, only a few offer suggestions, and the good results rarely make a public debut.

Agency: "The success of the Neighborhood Centers is the story of one person, over and over. But that's not dramatic, and the newspapers don't print it when we send it out." (NBC-TV gave 14 half-hour programs in 1968.)

Agency: "The only time they (print and broadcast) want to talk with us is when a scandal occurs. Otherwise they don't know we exist."

Agency: "Sure, the press publicizes JOBS/NAB, but that's because the prominent businessmen involved have advertising clout. Nothing for nothing from the press."

The press (print and broadcast) calls itself a *business* when its duty is pointed out and a *public service* when it's locked out of courtrooms like any other business. Let's not say hypocrisy; let's just say the Constitution doesn't provide sanctuary for any one business. Cheap headlines are expensive. It's time for the responsible view that the public interest requires. Public apathy has created the underlying platitude "People won't pay for good news." We're paying—one way or another.

The public needs to hear about "undramatic" lives, like that of a high school drop-out who went the Job Corps route to a job at Ford in Harvey. He works nights so he can complete high school during the days. Can't use words like hate, prejudice, and reactionary ... must use white words like determination, self-sufficiency, and ambition.

Why must the public scratch to know that jobs paying from \$2 to \$3.50 per hour benefit the underprivileged through government reimbursement of training costs to such corporations as Austin-Western, Chicago & North Western Railway, Commonwealth Edison, Chrysler-Belvidere, Ford Motors, Illinois Bell Telephone, Interlake Steel, Republic Steel, and Zenith Corporation?

Employers are reporting 60% job retention—almost identical to retention figures for the general population in the same type of jobs. ISES is on top of the situation, but it lacks funds for true publicity functions. Last year ISES placed 179,482 persons in non-agricultural jobs, plus 27,294 in agriculture. It needs 40,000 openings this summer and might get half.

Employers can help by not insisting on a high school diploma when substantial language skills are not required on the job. The drop-out needs that boost—he'll perform.

Volunteers can help this summer by counseling job applicants for ISES. The pay is low, but the satisfaction is high. Phone the ISES Supervisor, Walter Parker, at 782-5800.

Public interest and awareness will rattle cages, because it's becoming increasingly evident that the one major cause of continuing dissatisfaction is politics—partisan games played with the nation's future.

The Community Action Program (CAP) under which the War on Poverty programs are funded subjects all the OEO appropriations to the control of local politicians. Before leaving office, Lyndon Johnson (whose \$14,000,000 personal fortune attests to his understanding of political economics) tied the present administration to his grab-bag.

In Chicago the grab-bag is entitled "City Department of Human Resources." Its official function is to coordinate the spending of federal, state, and local funds through master approval of independent agency plans.

On paper it looks impressive. In fact, local offices are so disorganized that we could not obtain meaningful figures for either state or city expenditures.

In actuality, the DHR neatly counters the recent transfer of some OEO supervisory activities to federal HEW and Labor departments.

Heading the Chicago Department on Human Resources is Dr. Deton Brooks, Jr., who has guided CCUO since its inception five years ago. His new planning duties will be roughly identical to his old, but his new salary will be nearly 50% higher—now \$30,000. His successor at CCUO, Mrs. Murrell Syler, will be paid \$22,000, and two deputy commissioners, Ray Ryan and Hugh Osborne, will be paid \$26,500 and \$23,076, respectively. Seven directors of various services of the DHR will earn about \$20,000 each.

In aggregate, the executive salaries will total about \$228,000 in patronage jobs—not civil service. That's nearly 1% of the OEO budget in Illinois—or roughly equal to the sum spent by CCUO on neighborhood beautification projects last year, however you want to look at it. Plus secretarial and operating costs. Possibly the city has run out of intelligent ways to spend the money.

More directly, when the Mayor's man in charge of all spending has not created a single self-sustaining program and does not command the support of the underprivileged themselves—where does that leave the public?

At Riot Central—on the outside, looking in! Riot Central no longer is a command post in the slums. It is City Hall, personified by Mayor Dick Daley. Mayor Daley has the means to make the programs function—to make all the *paid-for* good things happen. His office and his hand-picked “coordinators” can make or break the entire public effort through friendships or enmities created with the OEO funds. So far, there's more anger than applause.

The Nixon administration is upgrading the problems of the minority by creating a new Cabinet post. At press time the Congressman from the thirteenth district, Donald Rumsfeld, of Wilmette, is awaiting Senate confirmation for the post. Rumsfeld supported all civil rights bills of the 88th Congress, his first. He opposed administration bills for HUD and Appalachia, after having supported or introduced “substitute approaches which I supported as more reasonable.” He also introduced an alternative bill to the war on poverty to “eliminate waste and political favoritism in the present program and reduce the cost of the poverty program.” In the 90th Congress, last fall, he co-sponsored the Human Investment Act and National Manpower Act to provide tax credits and funds to employers for training and upgrading the skills of labor, including hardcore unemployed . . . “because I believe the private sector can predict current and future needs better than the Government.”

It sounds like Donald Rumsfeld understands political economics, too. If so, he'll probably discover that his campaign in the War on Poverty will be a War on Politics. Maybe demagoguery has to go—for the public good.

SAAG: “Race conflict is not our bag. We're working for health, education, and employment. With help we can make friends and stop excitement and incitement.”

At face value or heavily discounted, it makes sense.

The West Side Organization—headed by an ex-convict—just won an award from the national (white) Better Boys Foundation. Maybe they're not all wrong.

WSDC: “We stopped the April (1969) riot—to prove we can do it. To prove we got support and deserve funds. But we can blow it to the sky, too!”

More riots? Hope not, because they'll have to be



The Big Wait on the south side.

handled like riots.

Riot costs totaled nearly one million dollars in 1966 and over four million in 1968 for property damage alone as measured by claims paid by major insurance companies (claims under \$10,000 are not included). Add to this figure the potential for personal injury suits now pending, plus the costs for police and National Guard protection, multiply the figure by ill will, and the total price is madness.

But demands for results on programs long-promised and already funded—why not? I'd like to see results, too.

This is the start of Desperation Summer in Chicago—one last chance for all the private interests to get their piece of the action before the public comes to its senses.

Or maybe the public already has—Spanish-speaking and Indian and black and white. There's a rich quiet on all fronts. A waiting. A watching. Big Brother, we're watching you.

Riot Central, do you read me? ■

Watching Big Jim and Young Adlai go for it, by Henry Hanson
High tech—why we have to make the move now, by Ralph Whitehead, Jr.
Dining: Will Lake Forest take to Chicago chic? by the Kelsons
Italy, France, Britain send us their fashions

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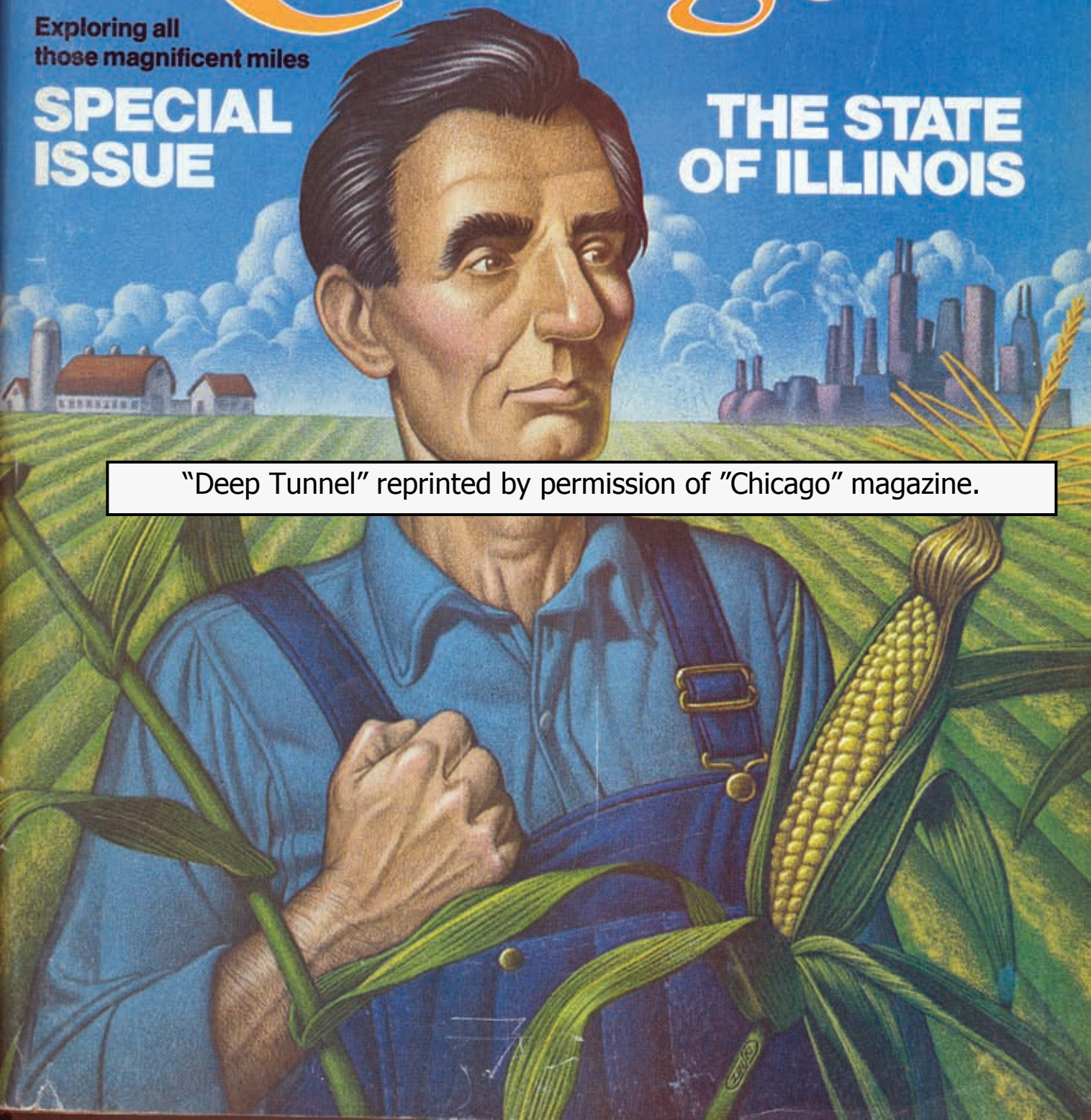
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**SPECIAL
ISSUE**

**THE STATE
OF ILLINOIS**

"Deep Tunnel" reprinted by permission of "Chicago" magazine.



Is there light at the end of Deep Tunnel?

Unless the flood of controversy recedes, we may never know.

Deep Tunnel. A plan for 131 miles of pipeline and reservoirs 150 feet below the surface of Cook County. It has been called a boondoggle by Senator Charles Percy and a boon by its builders, the Metropolitan Sanitary District. The MSD claims that the Tunnel is the only solution to the area's flood troubles; Percy charges that it is a multi-billion dollar mistake and has effectively cut off funds for its completion. The war of words has even made it onto *60 Minutes*. But what lies behind the controversy? What would the Tunnel do? And are there any alternatives to its construction?

Deep Tunnel, or the Tunnel and Reservoir Plan (TARP), would create an underground cavern for storing sewage and storm water until it can be pumped to the surface in drier weather for treatment. It is a joint project of Chicago and 53 contiguous municipalities encompassing 375 square miles in Cook County, about half the area for which the MSD is responsible.

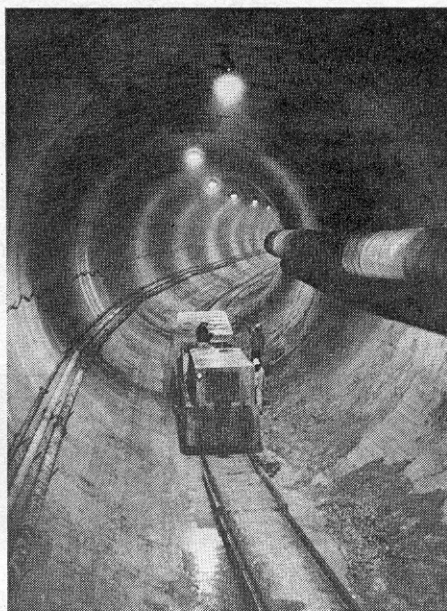
All 54 municipalities are linked by old sewers, most of which carry human and industrial waste as well as storm water and are limited by the total water-flow capacity of the Des Plaines River and the Chicago Sanitary and Ship Canal, as measured at their merger point below Lockport.

Because our topography is flat, drainage is sluggish at best; three-tenths of an inch of rainfall at moderate intensity (figuring one-third of this as runoff) can overload the existing system. Phase I, the antipollution segment of TARP, will accommodate 6,288 acre-feet of water.

That capacity is more than 80 percent of the total volume of excess (or flood-level) runoff that occurs about every fourth day. To minimize basement flooding during moderate storms, MSD now releases untreated sewage into the Sanitary and Ship Canal. To minimize flooding during intense storms, the Wilmette, Loop, and/or Calumet locks are also opened, and untreated sewage and storm water backflow into Lake Michigan, usually resulting in beach closings.

That violates both Federal and state clean-water laws; but the offending municipalities are temporarily allowed to pollute while problems are being corrected.

Phase II, the antiflooding segment, provides the excess storage capacity to permit the entire system to contain the waters of a "ten-year storm" (a rainfall of such intensity



Patricia Evans

that it is expected to occur only once every ten years). That's an ultimate storage capacity of about six inches of water across the 375-square-mile region.

Critics of TARP claim that designing for a ten-year storm is wasteful, that five-year storms are the models for planning elsewhere. But this area had three "five-year" storms and two other intense storms in 1981 alone, and we were awash with the most severe flooding in decades. The flooding was worst in the northern suburbs of Skokie, Wilmette, Evanston, and Kenilworth, where from 26 to 35 percent of all basements are susceptible to sewage backups; and south, along the Calumet. Across the TARP map, about 350,000 basements, mostly in single-family dwellings, are vulnerable. That takes in about 1.6 million residents, according to Army Corps of Engineers estimates, not all of whom are affected by any given storm or in any given year.

More than half of the Phase I segment of tunneling is nearing completion. Percy has criticized the MSD because exact figures on each segment's effect are not available. The MSD responds that both storm intensity and storm center are determining factors, and that predicting the effects of a future storm is like pinpointing the location of tomorrow's worst traffic jam.

More to the point, according to the MSD, is that TARP was conceived as a whole. It

was never intended to be justified in segments, relating to contracts let, or even in Phases I and II. In fact, the phases were actually restructurings of the original plan to accommodate the Federal government: Because the Environmental Protection Agency (EPA) had been directed to fund antipollution efforts only—not flood control—the plan was broken down into segments to conform to that directive.

Of the total of 131 miles of tunnels projected, the segments now under contract are the only ones that can be built with EPA funds allocated to date. Yet Percy suggests that funding problems go beyond finding additional sources of money. He has claimed that "... problems have plagued TARP from the start. Although construction began in 1975, only 37 percent of the contracts have been awarded. The project's estimated cost rose from an original \$1.2 billion figure to \$7.8 billion in 1977, and current projections indicate that the project may cost well over \$11 billion by the time it is completed."

But the first figure Percy cites was for only the first half of Phase I, and in 1974 dollars; the \$11 billion figure is from the General Accounting Office (GAO) and includes projected inflation, plus interest on "sunk" costs (contracts already awarded), plus maintenance expenses on the whole project—for the next 50 years. The MSD's own all-inclusive figure at the time (including inflation) was \$4.5 billion.

Percy also has mentioned a GAO report that, he says, "concludes that massive projects such as TARP are simply not worth the cost. In the absence of large-scale solutions, the study describes small-scale technologies which are available as alternatives..."

But in the professional opinions of all parties to the design of TARP and of visiting technicians, TARP is a large-scale solution, and a good one. The motives for its proposed cancellation seem to lie in politics.

The Deep Tunnel plan, forerunner of the now-segmented TARP, began to take shape after the flooding of the Chicago Loop in 1954. When environmental protection became an issue in the early seventies, only Chicago had a plan to deal with it. The Chicago plan was seen as a prototype for the nation, and every aspect was reviewed and studied by all participants: MSD, the Army Corps of Engineers, Harza Engineering Company of Chicago (design and, later, supervising

engineers), the EPA, and the Illinois EPA. Studies have also been done by engineers for Rochester, New York, and San Francisco, both of which cities are engaged in TARP-like projects.

Percy's call for additional analysis is puzzling because of these other studies and because an operating model exists today in the MSD-built O'Hare/Des Plaines sanitation and flood-control facility. Percy claims the O'Hare facility is not part of TARP and is substantially different. True, O'Hare doesn't share the TARP title: It was committed ahead of the main TARP project without Federal funds. But the concept, tunnels, and pumps are similar in everything but scale. And it's working.

Because of recently changed funding rules, after 1984 the Federal government will fund projects at 55 percent instead of the current 75 percent. Consequently, the delays created by Percy could cost the residents of the area an additional 20 percent if the impounded monies are not released by October first of this year. No funds for TARP are in the Reagan budget for fiscal 1983. Worse, says the MSD, special equipment and skilled workers are leaving the area because of TARP's uncertain future. Percy's delaying tactics are even less understandable because he *does* want to construct the North Branch portion of Phase I to serve the north suburbs, although he would further delay and even cancel the large sections underlying the Des Plaines River and the Calumet network. Percy does not support Phase II at all.

According to the MSD, the contracted segments are actually *ahead* of schedule and *under* budget. The apparent discrepancies arose when original contract bids rose faster than the basic inflation rate; but these costs were offset when tunneling "moles" worked far faster and more efficiently than anticipated.

The Federal government in general, the Reagan administration in particular, and Percy as a politician all have separate needs which have coincided to delay TARP and could kill the project altogether. Federal agencies have been under pressure in the past to limit funding of local sanitation and flood-control projects. Reagan is trying to cut his deficit and TARP is an easy mark, "saving" \$900 million. By calling for investigations and making allegations of waste and mismanagement, Percy can come off as a crusader against fraud, a Washington senator who cares about his home turf.

Since the 1981 floods, Percy has sent letters to flood victims who have petitioned about the flooding. His letter of March 11, 1982 says in part: "The Metcalf & Eddy [Engineers] studies confirm what the GAO concluded in its 1979 reports on TARP: Innovative, decentralized flood control techniques can be just as effective, and far less expensive,

than the massive, costly TARP approach."

That's not what the studies say.

The overall TARP plan requires upgrading of local sewers in most of the 54 municipalities. Many must upgrade whether or not TARP goes through, and most of those are waiting because they see little sense in acting until there's some place to dump the water (the reservoir function of TARP). Needed upgrading was always part of the overall Deep Tunnel plan. It was not expressed in segmented TARP prices, but it was always understood, and the Federal government originally expected to pay much of the cost.

Percy claims that upgrading will replace TARP. The small-scale technologies he mentions include under-street storm-water detention tanks and inlet restrictors (collars that slow the entry of water into street drains). These are merely options examined by M&E when consulting on "supplemental facilities" for Niles and Morton Grove, though, not recommendations.

The M&E reports to which Percy refers state that new sewers, in combination with other types of relief, will "alleviate inadequate sewer capacity within the combined sewer system . . . (and) *in conjunction with TARP* would assure compliance with Illinois Pollution Control Board Regulations for water pollution. . . . However the entire plan must be implemented within each area to assure maximum benefits. . . . *The problems within the combined sewer areas are widespread and cannot be solved by one or two simple relief measures.*" (Emphases added.)

In an April 27, 1982 letter to all 54 MSD-area mayors, Percy states: "... the Hydro-Brake system described on *60 Minutes* will effectively *eliminate* [sic] basement flooding and reduce waterway pollution."

Not true, according to Hydro International Engineering and Planning, Inc. (HIE), sister firm to Hydro-Brake's manufacturer. In a February 22, 1982 letter to MSD, William C. Pisano, HIE's director, uses only the word "mitigate"—never "eliminate."

Pisano continues: "It's improbable that those reductions in overflows/pollutant loadings attributable to implementation of 'inlet control' methods will in fact be sufficient to cause those (state pollution) standards to be met. It is assumed that TARP will substantially meet this requirement. . . . HIE has felt (and should have stated so in the past) that 'inlet control' (including local sewer positive relief enhancement) . . . can be an alternative to the TARP concept in only those communities for whom the present TARP scheme offers no potential benefit of outlet hydraulic improvement. It may turn out that the number of communities falling into this category could be surprisingly few."

Pisano adds: "... 'inlet control' . . . as a total, separable alternative to TARP could be for a given community more expensive than a

solution entailing . . . (and) taking advantage of outlet hydraulic improvement provided by TARP. It may turn out that 'inlet control' . . . would not be cost-effective by itself for many communities. . . . (This) can only be resolved on a case-by-case basis."

To be fair, the Hydro-Brake system is operating in Portland, Maine; it's the manufacturer's headquarters, a town of 60,000 with an unlimited storm outlet—the Atlantic Ocean. Only if Lake Michigan is considered permanently dumpable is there the remotest similarity. The net result of Percy's policy could be permanent backflow into the lake. That possibility is played down by Percy's staff, who say that backflow is only a small part of the lake's problems, which include pollution from other cities, acid rain, and agricultural pollution.

Meanwhile, charges of waste and mismanagement in TARP's development have become part of a media cycle with little substantiation of facts. The *Tribune* and the Better Government Association have quoted Percy, and Percy has quoted the BGA and the *Tribune*, while misquoting engineering reports. The *Tribune* has even quoted itself. It seems as if once the project was labeled a boondoggle, the label stuck without anyone's offering proof of the charge.

A *Tribune* editorial of February 21, 1978 states: "One of the fears is their [the tunnels'] leaking human waste into the area's supplies of drinking water." That "fear," which the EPA itself doesn't share, according to the GAO Report, became the *Tribune's* basis for its April 4 editorial comment that "[TARP] threatens to do irreparable damage to the environment and pollute. . . ." And in a July 23, 1981 editorial: "A solution must be found."

References to those unsubstantiated and unqualified opinions are a mainstay of the Percy bibliography. Percy's staff and materials refer regularly to the *Tribune's* "exposé" of TARP of February 20, 1978: Campaign contributions in cash and dinner tickets to Richard J. Daley, Michael Bilandic, and others, including \$1,400 to MSD president Nicholas Melas's campaign, totaled about \$50,000 over several years from half a dozen or so TARP contractors. Hardly news in Chicago.

Similarly, Percy quotes or refers to the *Reader's Digest* of October 1981, and to the *Washington (DC) Monthly* of November 1979. Both state erroneously that sewage discharges are triggered by a quarter of an inch of rain and that TARP tunnels under construction would provide no relief. The *Digest* piece ends with a quotation from Percy regarding the project's "wasteful and irresponsible spending" that is entirely unsubstantiated. By coincidence, that's the conclusion of the *Washington Monthly*, too.

Was there ever a factual base for challenges to TARP?

Yes. It was provided by MSD Commissioner Joanne Alter, whose press release dated February 14, 1978 became the springboard for the *Tribune* "exposé" already noted. At that time, she requested a delay in the project.

In a recent phone conversation, Alter reviewed the events and charges made then: Contract bids were alarmingly higher than the MSD estimates. The MSD was ignoring valuable suggestions, such as to drill rather than blast vertical drop shafts. Some said that the project was overdesigned, which added to cost. Federal funding, which was originally available for all facets of the overall concept when Alter helped to sell the project to the suburbs, was being rescinded. And the design engineers (Harza and three others) were appointed to oversee construction at a fee of \$26 million. While high contract bids were never fully explained, the MSD has adopted engineering suggestions on drilling. And while the "level" of the design is a subjective matter, neither Harza nor any other party has been accused of wrongdoing. In fact, Harza's competitors have praised the design as pioneering.

Percy was acting with prudence when he called for a study on the basis of the Alter press release and subsequent news articles. But it is questionable whether a moratorium on funding should have been established before the facts were in. By charging waste and mismanagement in a Democratic administration's funding project, Percy and other Republicans could project an image of fiscal responsibility, even though delaying the project has added significantly to its costs.

Where do we go from here?

First, impounded funds for the current fiscal year could be released. Other worthwhile Illinois communities' needs should be entered in the EPA grants-projects program, which is administered by need, not state total, although it's Percy, not the EPA, that has presented TARP as an either/or situation.

Alter has suggested that the National Academy of Science might assess TARP. They could start by looking at the operating O'Hare facility and, if it is found to be a worthy prototype of the major sections, give their professional blessing to the project.

And the MSD, together with the Federal Office of Management and Budget and/or the GAO, could prepare a current budget for completing Phase II plus all required suburban sewer upgrading. This could be expressed both in current and constant dollars, for easy reference to past quotations, and calculated with and without Federal participation.

The public needs to know exactly what the numbers include. While stating a per capita figure of \$300 or \$500 for completion makes the big numbers more understandable, it does not express actual tax impact. These

per-capita type numbers are reduced by Federal and state grants and industrial participation, becoming a fraction of the original number for the taxpayer.

How "huge" are the numbers?

The GAO's figure is scary: perhaps \$12 billion, all-inclusive. But by analogy, the average \$65,000 house might be said to have a variable-rate mortgage, estimated at 12 percent, plus maintenance at projected inflationary rates for heat, electricity, water, and general repairs, plus upkeep for the next 50 years—let's say at least \$500,000 "GAO cost" for that little place.

Although the GAO claims that its method is standard for figuring costs on public works, the method is not applied to the military. The wildly overbudget F/A-18 carrier-based fighter plane rose in price from \$12.875 billion for 811 planes to \$37.890 billion for 1,877 planes in the same year. That's an increase of about \$4.3 million per plane "explained" as 77 percent inflation, 18 percent design change, and five percent real cost increase.

Curiously, that five percent cost increase on the F/A-18 is itself \$1.325 billion—greater than the cost of completing Phase I—for a plane whose landing gear collapsed during demonstration. Moreover, since this plane is useless without a carrier (\$3.4 billion), which in turn needs escort ships (total, \$17 billion), should the GAO say that the F/A-18 costs the production price of \$10 or \$11 million each, or the in-operation cost of \$17 billion? That's the gist of the cost battle between the MSD and the GAO over TARP.

How "huge" the \$1.2 billion figure (to complete Phase I) is to the Federal government depends on context. It's equivalent to the "negligible" cut in Aid to Families with Dependent Children; the "modest" annual cost of aid to Israel; the "reasonable" price tag of a Trident submarine. Or it's the equivalent of the O'Hare Airport expansion.

Because the multi-million dollar cost of flooding is borne essentially by individuals, it is easily minimized in cost-benefit studies. Percy's own Citizens' Task Force has reported: "The cost-benefit study mandated for most capital expense projects seems to have become an instrument for advocacy rather than an objective assessment of facts . . . because of the lack of an accepted and widely understood method of assessing social and economic benefits and costs that are not readily expressed in monetary terms. . . . The Task Force believes it is important to intelligent public discussion that a uniform method of calculating benefits and costs for all agencies be established. . . ."

It suggests that, in the absence of uniform calculations, there has been no intelligent public discussion. And that's closer to the truth than most of the anti-TARP studies and reports have come to date.

APARTMENT IDEAS

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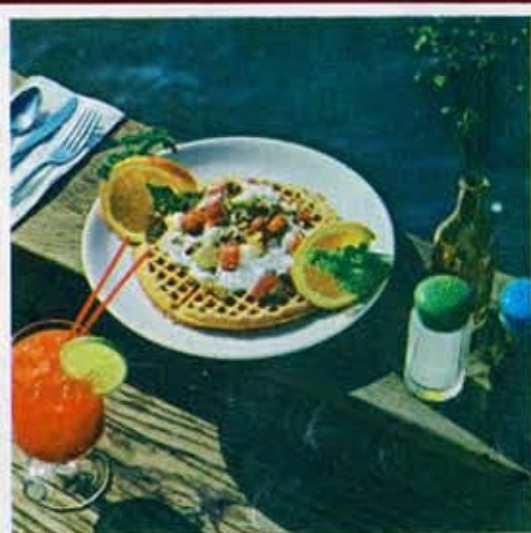
COPING WITH COSTLINESS

Renting vs Homeowning
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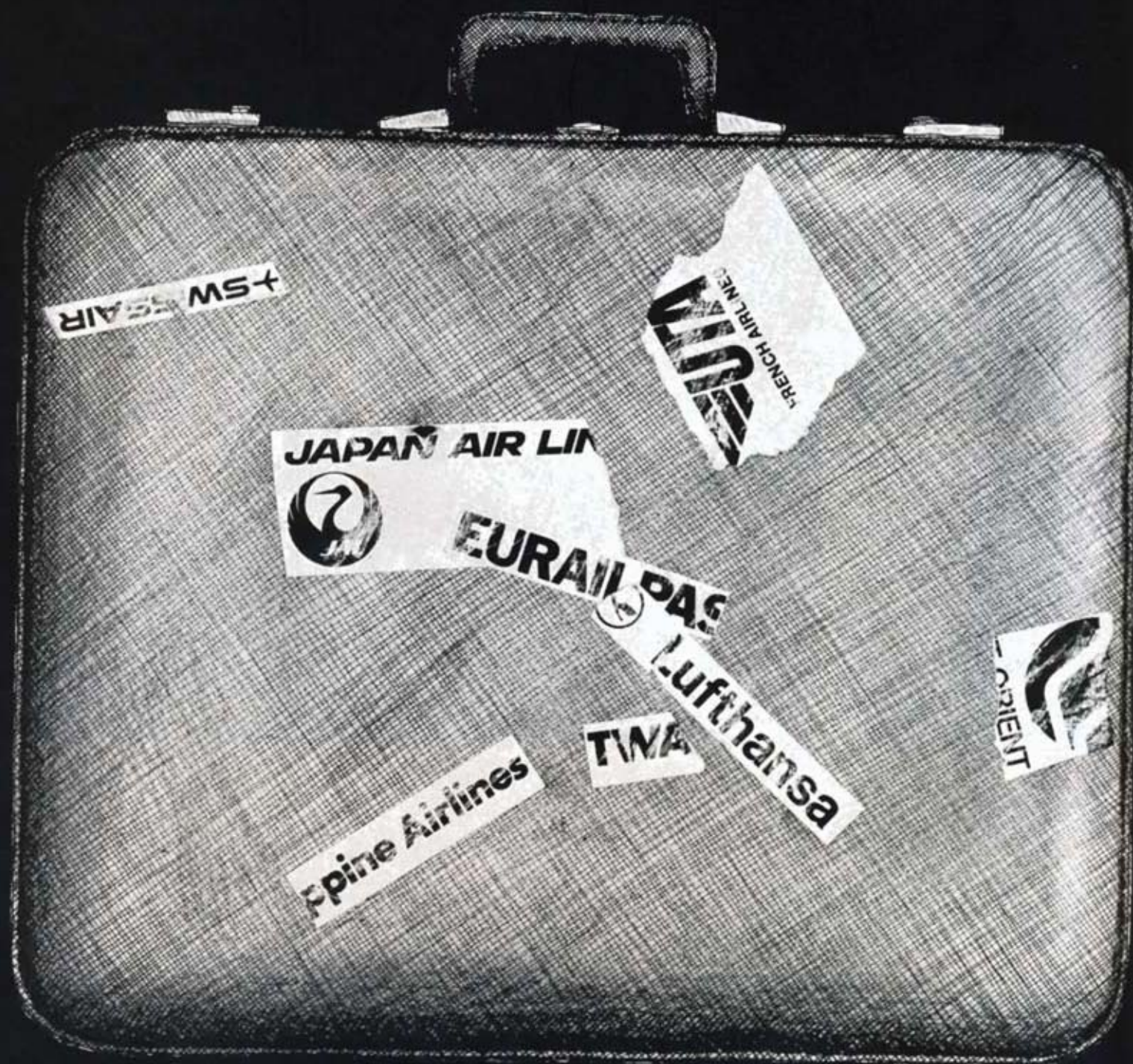
MUNCHING OUT

11 simple recipes from 11 superb restaurants in Los Angeles, Portland, Baltimore, Kansas City, Houston, Minneapolis, New Orleans, Atlanta, Chicago, New York, and Sausalito

The Basics of Wine
How to Shop for Fine Art



A COMPLETE PLANNING GUIDE FOR TRAVEL ABROAD



INCLUDING COPIOUS CHARTS TO HELP YOU COST YOUR COURSE

By RICHARD CAVALIER

It's true what they're saying about the new bargain air fares: If you can afford to vacation in the U.S., you can afford to go abroad. But, there's a rub. Air fares and competitive tour plans have proliferated faster than ads plugging the Jumbo Jets. How can you be really sure you're buying the best deal?

Here in one place, all straightened out, and as accurate as we could make it, is comparative information to guide you through the maze of prices and tour offerings that currently complicates trip planning. Our air fares chart on pages 60-61 covers fare construction from first class to charters. And once you've decided how to get there, our breakdown of lodgings on pages 58-59, shows ways to make further savings.

Helpful as they are, though, the charts and other information are not meant to constitute a handy-dandy, do-it-yourself substitute for a competent travel agent. Master it all, set a budget, and establish a tentative itinerary—then consult an expert for specifics and reservations. No magazine article, or even a book, can match a travel agent's facilities for keeping current on this fast-moving world.

Homework

All foreign travel starts from home—ideally, months ahead of departure. Make the basic decisions early enough to give common sense a chance to work for you. Just about everything else will fall into place once you've determined the time and money you care to spend. Here's how to make any amount of money work harder:

□ **Collect ideas.** Talk to travelers; read travel features; pick up tour folders, which airlines and travel agents have by the hundreds; haunt foreign government tourist offices in our key cities. But be selective. You get extra points for finding competitive folders.

□ **Establish a budget.** What do you want to spend? What can you afford to spend? Work for the lower figure as a guide. A good formula: Exact air fare plus \$20 daily,

plus \$10 per airport for exit fees and taxis and tips. That buys one person a first class hotel, fine meals, and maybe even a sight-seeing trip or two—without scrimping. Capitals cost more, but countryside costs less, and it averages. Meals are a normal living expense, not a true trip cost, but you must have cash in hand.

□ **Gauge distances.** A city a day is too fast; a single destination is too narrow a field for first timers—the world is too big for one-country-per-year touring.

□ **Select a travel agent.** Travel agents are independent businessmen and can serve as they choose. It's to your advantage to shop for one carefully. You can tell a lot from your initial contact with an agent: Has he actually been to the places you're heading for, or are his recommendations secondhand? No one has been everywhere, and so agents tend to specialize; but they're permitted to sell the world. Is he trying to understand you, your preferences, your budget, or is he pushing a tour without asking? If he chooses to mail you an itinerary, is it really related to the discussion? If not, bail out while you can, and try another agent. If an agent serves you well, you owe him an honest intent to buy. If you're shopping, say so.

□ **Think groups.** You're doubtless aware that off-season travel offers the basic saving, but the key to real bargains lies with the groups. These are not the herds of ugly Americans you might expect, but an agreement among a minimum of 15 people—possibly all strangers—to fly everywhere en route together. That agreement, plus 30 days' minimum advance booking, earns you a significant discount. Grouping is a small price to pay if it buys you the foreign trip you felt you couldn't afford.

Contact your travel agent for information on GIT ("Group Inclusive") or BIT ("Contract Bulk Inclusive") Tours. Travel agents buy bulk seats from the airlines and then sort them by destination. You may also contact airlines for information on the ITC ("Inclusive Tour Charter") tours which are airline-sponsored.

These special plans are cancelable by the operator if the group does not reach the stipulated number, but you can travel on the same plane to the same destinations on payment of the next higher individual air fare.

□ **Compare package tours.** Within any group structure are countless alternatives. IATA (International Air Transport Association) air fares are identical no matter which airline books you, so price differences reflect these items: quality of hotel, number and type of meals, guides and sight-seeing, and incidentals such as tips, taxes, and group transport—all of which add up. Read the fine print. What's not specifically offered is not included.

Choosing hotels

All foreign hotels have a concierge—a combination fixer and den mother. He books trains, sight-seeing, theater, and restaurants with elan—sometimes with commission, always with tip, which you know he's earned. As for the facilities, will you "live" there or merely sleep and bathe there? Will you entertain there?

Getting organized

Now you have a line on the variables; so sit down to an hour's work with your folders and checkbook.

□ **First:** reselect the two or three most likely destinations or tours; discard the rest for the moment.

□ **Second:** using our Air Fares Chart, plot each of the folders in its proper category according to the alphabet code (FIT, GIT, BIT, ITC). If you don't have a folder in a category which appeals to you, keep working now, fill that gap tomorrow.

□ **Third:** compare the arrangements and activities offered by each tour folder. Think value, not price alone.

□ **Fourth:** estimate the do-it-yourself price by adding the seasonal individual air fare (call an airline, if necessary) to our formula of \$20 daily plus \$10 per airport. That's for one person—are you paired up?

continued on page 59

Note: In 2010, most prices are approximately 10 times the 1970 averages, but the concept for comparison remains valid.

Today, young travelers buy packaged tours in order to (nearly) guarantee total price.

A COMPLETE PLANNING GUIDE FOR TRAVEL ABROAD

continued from page 57

□ *Fifth*: if the package tour is the better value, buy it. If you believe you can beat the tour price by a significant amount, you've just earned the savings.

□ *Sixth*: set a specific itinerary, using a headquartering approach—that is, if tomorrow's target town is less than five hours' round trip by train, bus, or car, treat it as a side trip. Three nights is not too long for a key city, even on an ambitious schedule.

Getting ready

Get smart fast by reading about your destinations; you'll get the most out of every hour. What's the weather? Begin a packing list a week or so in advance, adding and deleting effortlessly; when packing, check-off makes perfect. Wash-and-wear is great for split-second schedules and dry weather, but drip-dry tourists don't always get into the best places. Besides the shave or makeup kit, assemble an anti-disaster kit: medicine and eyeglass prescriptions, aspirin, antacid tablets, laxative, Kaopectate, mild face soap, extra toothbrush, facial tissue. Familiar goods are available all over the world, but not at 3 a.m.

□ *Documents*. Both carriers and travel agents can give you instructions and assistance with passports, visas or tourist cards, inoculations, and international drivers licenses—all based on your chosen destination. Ditto for baggage allowances.

□ *Foreign currency*. It can confuse. Carry a pocket converter guide and use it; convert in sensible amounts, since you pay a percentage on every transaction; when leaving the country, convert leftover currency into the next needed currency, not dollars, and save again. Spare coins buy postcards. Don't overlook probable airport exit taxes when fine-tuning the cash supply. Actual conversion rates vary not only from the official rate but also from day to day. Airport rates are fair enough but can occasionally be beat at the central bank; hotels in Europe sometimes extract a convenience fee, which is not justified.

□ *Travelers checks*. Believe the ads. However these certificates sometimes bring less cash than the same dollar amount in greenbacks—especially in South America.

□ *Customs*. On departure, register all foreign-made cameras, watches, jewelry, or furs with U.S. Customs to avoid arguments on your return—you can't win. Otherwise customs is only a nitpicking formality.

□ *Credit cards*. Almost as common in Europe as at home; but Diners Club is the only one in all Spanish speaking countries. American Express is strong in Europe.

On arrival

No matter what the ads say, if you fly overnight, you arrive tired in the morning. Check in; to satisfy curiosity, spend an hour or so looking around the town; about noon, take a nap. By late afternoon you're refreshed enough to enjoy dinner and the night life, yet relaxed enough to sleep on their schedule.

If you've done your homework, you'll know what to see and do at each stop. If not, take a standard tour, which is fine for inventory but bad for browsers. You can always go back later. All significant sights and events have been cleverly split into two or three separate routes by the commercial operators; so you can save time and money by sharing a hired car with driver/guide—and you can tailor that kind of trip to your own interests!

Foreign languages are nice if you speak them, but not essential. Everyone tries to help. When details are crucial, find someone who speaks English. Police are a help.

Everywhere, expect the unexpected—it's part of the game. Your only regret will be that you waited so long to go abroad.

LODGINGS

CATEGORY	PRICE RANGE (single)* (doubles, plus 25%) European plan	CHARACTERISTICS
Grand hotel	\$80 and up daily, with steady clientele, little fluctuation	The very best: home-away-from-home for those who never ask the price
Deluxe hotel	\$15-30 daily, depending on season and demand; resorts, double to triple	Private bath, abundant hot water, air conditioning if needed; well managed and maintained
Traditional	Usually cheaper than the chains off-season for lack of conventions	Turn-of-the-century elegance despite all the modern conveniences; service staffs who know how to serve discreetly—and enjoy it
American chain	In relatively undeveloped areas, the preferred hotel	Just like being at home—unfortunately. Other people's conventions are terribly jolly at 3 a.m.
National facilities:	Deluxe surroundings and atmosphere, but often cheaper than metropolitan first class hotels. Contact respective Government Tourist Offices.	No two are identical; all have charm to burn. Rarely within city limits
France—"Relais de Campagne"		Converted castles and chateaux furnished with art and antiques
Spain—"Paradores"		Converted castles and monasteries furnished with art and antiques
First class	Fluctuates with seasons	All the comforts, but not the trade name of the "deluxe" category
Type "A"—Tourist class	\$8-12 daily. BEST BUY always	Everything the American chain hotel has, except lavender furniture
Type "B"—Standard class	\$6-10 daily; perfect for cost-conscious, unfancy types	All the essentials; but a plain-Jane in need of a facial, sometimes
Second class (European or thrift class)	\$5-8 daily. Good safety valve in high season	Usually the equal of—sometimes superior to—the First Class hotel in everything but plumbing. Sink in the room; bath down the hall
Guesthouses and pensions	\$5 or less daily; meals available but not always the best. Adventure for the quick of spirit	This is how the natives live. Recommended only in relatively advanced countries which appreciate our creature comforts. A small hotel or large house
Youth hostels (for teens and early 20s)	\$2 or less daily; no reservations	Dormitory style and share everything except your toothbrush; but cheaper you can't get

*Rates for doubles are variable but never exceed 50% more than single rate in non-resort areas. Plus government tax up to 20%.

Tours are always priced for two-in-room; if you don't relish potluck in roommates, pay the single room supplement

Travel agents usually restrict their efforts to First Class "A" or higher, although they do offer package tours with "B" or "thrift" accommodations. Agents are paid by either a) commission on your room, or b) by markup on rooms you buy retail from them.

	FARE CONSTRUCTION	WHO QUALIFIES	RESTRICTIONS and CONDITIONS	
REGULAR FARES	Regular First Class (Open ticket) Valid year around	Anyone; this is the highest fare, with no restrictions.	None; ticket is valid for a full year and is renewable and extendable indefinitely; full stopover privileges within the standard mileage allotment for destination.	Madrid: \$794-NYC Rio: 754-MIAMI Tokyo: 1216-LA
	Regular Economy Class (Open ticket) Valid year around	Anyone who will trade a few amenities for a stack of dollars in savings.	None; however, economy fare is seasonal and each direction is payable at the rate prevailing at the time of travel; dates below.	Madrid: 554/464 Rio: 580 Tokyo: 772/684
	Off-Season Economy Class (Europe only)	Anyone who can complete a round trip within the overall designated calendar period.	Calendar; about October 1 to May 22 each year; few restrictions within those dates. May and September "shoulder" fares (surrounding high season) are variable.	Madrid: 464 Rio: None Tokyo: None
EXCURSION FARES		Any meticulous planner; specific durations.	Calendar; not valid in high season, about June 1 to mid-August yearly; travel dates must conform exactly to the minimum/maximum day count.	"Shoulder" and Off-Season fares quoted below:
	Europe: 14/28 days (min.-max.)		Exactly 13 or 27 nights, min.-max.; or interim dates; two stopovers in each direction; surcharge for weekend travel.	Madrid: 381/331
	Europe: 29/45 days (min.-max.)		Exactly 28 or 44 nights, min.-max.; or interim dates; one stopover only, either direction; no surcharge for weekend travel.	Madrid: 290/275
	South America: 30 days (max.)		Exactly 29 nights, max., or interim dates; unrestricted stopovers within mileage allotment for farthest destination, one stop per city.	Rio: 495
	Pacific: 14/21 days (min.-max.)		Exactly 13 or 20 nights, min.-max., or interim dates; unrestricted stopovers within mileage allotment for farthest destination, one stop per city.	Tokyo: 641/614
PACKAGE TOURS	FIT tours "Foreign Independent Tour"	Anyone; buy from airline or travel agent.	None other than those of the ticket on which it is based; arrange through either airline or travel agent.	No bargains; a la carte order and tab.
	GIT tours "Group Inclusive Tour"	Anyone willing to join a group of 15 or more and also book 30 days or more in advance. Tour operator forms groups. Cancelable by operator on 30th day. But rebookable at next higher airfare for same itinerary.	As ticketed; this is the scheduled airlines' own packaged tour, complete with air transport and a minimum of \$70 ground arrangements. Groups must fly together to all points and use stipulated arrangements or forfeit the \$70.	BEST BUY for singles, pairs, and families on a fixed schedule.
	Contract Bulk Inclusive Tours	Anyone willing to join a group of 20 (Westbound) or 40 (Eastbound). Book 90 days or more in advance. Cancelable by operator on 90th day.	Similar to GIT, with additional fare reduction given because of the larger group size. The travel agent sometimes forgets to mention this category—insist on information.	Not a bad deal if you don't mind a group.
	Group 80 Fares	Qualified Affinity groups; 40 to Spain and Portugal; 80 to other European destinations.	Reduction for bona-fide groups who qualify (see "charter" category below). No land arrangements required.	Best group deal if you have a membership.
	ITC tours "Inclusive Tour Charter"	Anyone willing to join a full plane load to the same point(s), using the same ground arrangements.	No IATA restrictions since this is usually a non-scheduled airline's own packaged tour of air transport and land arrangements. Non-skeds fly only a few times each season to each selected destination, but this is the cheapest vacation fare you can get on worldwide destinations.	BEST BUY for singles, pairs, and families who control their vacation dates.
	Charter (full plane) or Split-Charter (3 groups of 40 minimum each)	Only members of bonafide clubs with a) membership roster under 20,000; b) existence two years prior to trip; c) written bylaws; d) membership restrictions and dues. You must have joined six months prior to trip; family eligible. CANNOT BE FORMED FOR TRAVEL BENEFITS.	Rigid conditions; policed by IATA; if your group qualifies and will work to organize, this can be a bonanza. For real savings, 120-180 passengers are needed; however, sector fares are high at the destination, and unless you cover territory by train or bus, you could pay more than for excursion or GIT packages bought at home.	Horse-trading; drive a cents- per-mile bargain with airline; share contract costs equally.
	Non-IATA* carrier Icelandic Airlines	Anyone who can find a seat open.	World's only non-IATA* airline flying a scheduled route from Europe; stops in Reykjavik, Copenhagen, Amsterdam, and Luxembourg; turboprop, not pure jet; use trains or bus to continue or you might exceed excursion or GIT package costs.	Lowest fare for individuals, so always full; compare all costs before deciding.

Note: In 2010, most prices are approximately 10 times the 1970 averages, but the concept for comparison remains valid.

Although minute details of fares, qualifications, and restrictions are subject to continuing change, the major categories under which each occurs are not often modified. Plan confidently using these outlines; confirm specifics with your airline when you have picked a destination and fare or tour category.

*International Air Transport Association, world clearinghouse for scheduled international airlines; IATA sets service standards and fares, and all member airlines must charge identical fares for identical itineraries. Airfare from your home to New York City, Miami, or Los Angeles gateways, if required, is additional.

SECOND MORTGAGE: Is it a good way to get money?

Quite likely, the equity you have in your home represents a larger nest egg than you realize. Your equity is the difference between what you owe on your real estate and what it is worth on today's market. Even if you bought quite recently, the combination of home improvements you have made, general inflation, and housing or mortgage money shortages may have created quite a jump in your equity's worth.

That equity could represent the largest single item among your family's total assets. Yet in the business sense, your equity is financially nonproductive because it doesn't yield interest or profit. It could be a money-wise move for you to put your equity to work more actively.

What are the possibilities?

The equity in your home could be a funding source for a number of things. How about major home improvements? Financing your youngsters' college educations? Helping newlyweds buy their first home? Investing in vacation properties or other real estate? Consolidating debts?

The fact is, unless you sell your property for cash in hand, you cannot realize or spend the equity. Yet, the unrealized equity in your home could well represent impressive borrowing power—the kind of financial leverage that all business ventures count on to expand beyond the limits of current company capital. How can you take advantage of that leverage?

You have three main alternatives, each with advantages and disadvantages. Consider the pros and cons carefully:

1. Open-end borrowing. Not all mortgages include this right. Read your original mortgage agreement carefully: If you have the right to re-borrow up to the amount of the original loan, it will be clearly stated. Interest rates on an open-end arrangement vary among mortgages and lenders. A few years ago you could increase your loan to the original amount borrowed and pay interest at the original rate. Or you'd pay the current rate only on the new amount you borrowed. Today, you may run into the common practice of having to pay interest on the full loan at current rates, just as if you were negotiating for the first time. However, if you have a guaranteed low rate, and the amount you can borrow is ample, you have a bonanza! Here are the pros and cons:

Pro: Quite easy to arrange, since the lending institution knows you and your property already. Often a statement of current net worth is all that's required.

Con: Rights to reopen usually are limited to the original loan sum as a maximum. If you originally borrowed 70 percent of the purchase price, and if your property has since gone up substantially in value, then your old 70 percent limit now probably represents a much smaller percentage of the current market value, so it just might not cover your cash needs today.

Con: If you are limited to the remaining term of repayment of both original and new



sums, the monthly payment could rise steeply. Now such terms often are open for discussion. Give it a try, anyway.

2. Refinancing your present mortgage. With refinancing, you actually create a new mortgage. During the transaction, you repay the original in full and enter into a separate long-term commitment for the new total at current interest rates. Recently, interest rates have soared. Even if, by rare chance, your mortgage rate is higher than the current rate, you'll probably forfeit a prepayment penalty fee. Such penalties are designed to discourage frequent refinancing by patrons every time the interest rate dips, and the amount you'll have to pay probably will represent a substantial portion of the lender's "lost" revenue as originally projected in the loan agreement. **Caution:** Professional money managers say you should never surrender a low rate for a higher one, unless money is no object. Some more facts to consider:

Pro: Besides getting cash in hand, you often can arrange for lower monthly payments or other changes from the original, such as a longer term—although be aware that such action ultimately costs more.

Con: Today's high interest rates in most cases make it impractical to switch lenders. Chances are, the new lender will quote the highest permissible rate that the transaction can bear.

3. Placing a second mortgage. Also called a "homeowner" or "equity loan," a second mortgage is a pledge of your equity, with the property as collateral. It's called a second mortgage because its claim, in case you default, comes after the first mortgagor's claim. Incidentally, you needn't be embarrassed by a second mortgage; it's not the sign of an "in hock" household. The second mortgage today has become one of the more flexible sources of large loans and is rapidly growing in popularity and availability. It's something to look into, whatever your needs.

Second mortgages are usually limited to a percentage of your equity. Some lenders will loan up to 75 percent of equity; some up to 100 percent; and a few, even more. How

much you can borrow depends on the lender's philosophy, your personal credit standing, and the condition of your real estate.

Pro: You can repay on any mutually acceptable schedule. This can create significant savings on interest, when compared to refinancing the full amount. Also, costs of obtaining the second mortgage loan are minimal or nonexistent. Since the second mortgage does represent a greater risk to the lender he asks a rate higher than for a first mortgage. But the faster you can repay the second mortgage, the greater your savings.

Con: Some "low monthly payment" loans can conceal a *balloon payment* provision—that is, a commitment to pay one or several huge sums near the end of the contract term. It's a practice to be avoided by most people, since a balloon clause could generate future financial problems, or even disaster.

Where can you get a second mortgage?

Second mortgage money is available in many states through regulated agencies. In some states, these agencies include banks; most likely, the agencies are responsible finance and personal loan companies. Recently, mortgage banking firms have developed correspondent arrangements with some finance companies experienced in second mortgage lending. If your mortgage is with a mortgage banker, it's worth inquiring to see if they make such deals. Also, if you are purchasing real estate, sometimes the seller will carry a second mortgage himself. If this arrangement is open to you, it may eliminate the need to borrow on your present real estate.

Sometimes other members of a family may offer to take a second mortgage. Although this could mean a favorable interest rate—say, the going rate they might otherwise be earning in a bank account—borrowing from your family can pose some personal problems. Also, a mortgage with a relative does not insure you that the family will not lose control of the homestead without prior knowledge. As first mortgagor, the bank gets first chance at the property in case of default—assuming no prior claims on the property are filed later.

Which method should you use?

Once you've made a psychological commitment to pledge your house—whether through reopening, refinancing, or incurring a second mortgage—you'll still have to shop carefully to get the very best financial deal. This takes careful calculation of a number of variables. Take nothing for granted when you check out these corresponding components of your total financial package:

- How much do you want to borrow? Determine the amount of money you really need. Don't endanger the project by seeking too little, but don't overextend yourself, either.

- How fast must you pay off the loan? Which do you value more: the total savings in shorter term interest costs or the easy monthly payments? Do you need one lump

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Second mortgage

sum, or will you be meeting a series of scattered payout dates? If the latter, you'll save on interest by arranging for a partial draw against the grand total approved for the loan.

- Are there better sources of cash available? Some life insurance policies offer extremely low rates (five or six percent) against your built-up cash value. Also, the government guarantees education and FHA loans, so there's no need to pledge the home. When FHA Title I home improvement loans will meet your needs. (You may not qualify for these loans, however. For example, there is an economic need for the education loans. And for the Title I loans, you must be able to show that the money is used strictly for home improvement or remodeling.)

- What are the best interest rates available? This applies not only among individual lending institutions, but also to categories of lenders. Generally, banks and savings and loan associations of-

fer the lowest rate, with commercial second-mortgage agencies slightly higher, and signature-loan offices highest of all.

- What extra costs will there be? Total up the fees, points, and service charges—all are disguised interest paid in advance. One point refers to one percent of the total loan as a prepaid fee.

- Are there special costs? How about a prepayment penalty? Or balloon payments?

- What are the repayment periods? The faster you can pay back, the less you'll pay in interest overall. Don't forget, though, that persistent inflation means that you'll be repaying long-term debts in cheaper dollars in the years to come. What appears to be a steep rate today actually may work out to a lot less in inflated dollars in the years to come.

When you're setting up the terms, keep a safety margin for unexpected events, and even though it costs a little more, consider longer terms. You can always send more than the scheduled payment, and by doing this you can either retire your loan earlier (and thus save on over-all interest dollars) or build a reserve for an installment you may want to miss later on. ■

TO BORROW \$5,000 Which method suits your needs?

Assume: Your original loan of \$20,000 for 20 years at 6¼ percent interest, compounded monthly, has twelve years remaining. Your monthly payments on that loan are \$152.08, and your equity after eight years is \$5,003.52. You now owe, \$14,899.52.

	Open end*	Refinancing	Second mortgage
Borrowing terms	6¼% on original mortgage, 9¼% on new loan, both for 12 years	combines old and new debt at 9¼% for 12 years	6¼%, 12 years on original mortgage; 18% annual percentage rate, 5 years on second mortgage
Original mortgage at 6¼%	\$20,000.00	\$20,000.00	\$20,000.00
Equity after 8 years	5,003.52	5,003.52	5,003.52
Amount borrowed	5,000.00	5,000.00	5,000.00
Points after new loan (estimated)	NONE	\$500.00	NONE
Monthly payments			
Original mortgage	\$152.08 x 12 yrs = \$21,899.52		\$152.08 x 12 yrs. = \$21,899.52
New loan	\$57.61 x 12 yrs = \$8,295.84	\$230.44 x 12 yrs = \$33,183.36 (combines old & new)	\$126.97 x 5 yrs = \$7,618.20 (second mortgage)
Total pymts. per mo	\$201.69 for 12 yrs	\$230.44 for 12 yrs	\$279.05 for 5 yrs \$152.80 for next 7 yrs
Total payments	\$30,195.36	\$33,683.36	\$29,517.72

Strong medicine: It could prove to be a cure for the nation's ...

Cavalier, Richard

Chicago Tribune (1963-1996); Dec 7, 1986; ProQuest Historical Newspapers: Chicago Tribune
pg. 158

Strong medicine

**It could prove to be a cure for the
nation's malpractice malaise—but some
may find it hard to swallow**

Article by Richard Cavalier
Illustrations by Cathie Bleck

Medical malpractice has always existed. Nobody ever bothered to count the cases early in this century because under the Victorian doctrine of charitable immunity, physicians and institutions of good intent were almost untouchable in the courts.

That doctrine was demolished in the consumer revolution of the 1960s, and medical malpractice lawsuits became common. Yet there is evidence to indicate that the blame for today's malpractice crisis may lie not with a lawsuit-happy public but with the policies of the health-care, legal and insurance establishments, those groups that most decry the current situation.

As Mark Twain might have put it, "Everybody talks about medical malpractice, but nobody does anything about it."

To be sure, there is much activity in various state legislatures and among national professional legal and health-care organizations. But nearly all this activity has been directed at the symptoms, not the disease itself.

Every involved party—the doctors, the lawyers, the insurance companies, the pa-

tients themselves—can with some degree of truth claim it has not caused the malpractice crisis. As a result, the public hears only conflicting opinions: A medical malpractice crisis exists—or it doesn't. The crisis, if it exists, can be resolved by strict laws—or the laws aren't working, and the crisis can't be resolved at all. And it's always caused by "the other guy."

The confusion generated by those conflicting claims has its own fallout. It undermines the trust between patient and physician, aggravates the legal adversary relationship between an injured person and the health-care provider and further delays intelligent solutions to the problem.

Such solutions were outlined near the beginning of the malpractice crisis in a 1973 Report from the U.S. Department of Health, Education and Welfare [HEW], now the U.S. Department of Health and Human Services. Titled "The Report of the Secretary's Commission on Medical Malpractice," the 150-page document offered nearly 100 recommendations for changes at local, state and national levels of government and in America's health-care system to stave off what was already at that time a growing problem.

The commission was composed of 21 respected physicians and allied professionals, lawyers, educators in the medical-legal field and insurance executives.

Among the commission's recommendations was one "to explore new types of compensation systems to help persons who sustain injuries arising out of medical treatment with or without regard to negligence."

Although the commission's findings and
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Malpractice

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recommendations have been largely ignored, one medical organization has taken the HEW recommendations to heart with surprisingly good results. And throughout the country other programs are being tried that could eventually bring the malpractice crisis under control.

Today Los Angeles County operates what is probably the nation's largest health-care complex. The complex includes one convalescent and eight acute-care hospitals, four major comprehensive health-care centers, 49 clinics, paramedic services, plus probationary health services for the jail system, including a 100-bed infirmary.

At the height of the first malpractice crisis, in the mid-1970s, this health-care system found itself unable to buy insurance coverage on traditional terms. Insurance companies were demanding higher rates to insure hospitals against malpractice suits—and narrowing the coverage of their policies.

But what is a "malpractice crisis?" The 1973 HEW Report—which urged statistical quantification of incidents of malpractice—quotes the injury rates from two small studies. One, a study of several hundred patients at two small hospitals, found a rate of treatment-caused injury of nearly 8 percent of patients admitted.

Although that study is subject to challenge, the extent of malpractice is knowable, and has been for many years, within acceptable limits of statistical variation.

An earlier study, based on 1,000 patients, put the rate at 5 percent; this study was published in 1955 by the Journal of the American Medical Association.

In 1976 Don Harper Mills, M.D., J.D., then president of the American College of Legal Medicine, released a study based on a random selection of patient records from throughout the state of California for the year 1974. Based on review of more than 20,000 cases, the Mills team concluded that the rate of treatment-caused injury is 4.65 percent of all hospital admissions.

But only about 0.79 percent of the 20,000 cases suffered injury that was due to negligence. The latter would be considered potentially compensable events in most legal and hospital systems.

The seriousness of the problem is apparent when all the statistics are converted to numbers involving real people. At the Mills report rate, about every 21st or 22d patient experiences some harm from treatment, which is not necessarily anyone's fault. That totals about 465 in every 10,000 hospital admissions.

At the Mills rate, 79 of those 465 patients might deserve compensation.

A community hospital with 100 beds can admit about 10,000 patients per year, based on an average stay of slightly over three days. The average stay seems to be declining somewhat, and not all hospital beds are always full; so the precise numbers can be challenged, but the principle is correct.

Given approximately 36 million hospital admissions in the nation in 1984, negative outcomes from treatment were experienced by about 1,700,000 patients. Among that number at the Mills rate would be 284,000 people injured through someone's fault. Some injuries are not serious or permanent, some are, many are not revealed.

In September, 1985, the Public Citizen Health Research Group, under the direction of Dr. Sidney Wolfe, a Ralph Nader associate, released a report on disciplinary actions against doctors for malpractice. The report estimated that although from 136,000 to 310,000 cases of medical malpractice occurred in the nation in 1983, states took disciplinary action against only 563 of the physicians involved, or just 1 in 250 cases.



While acknowledging that the disciplining of doctors by the states can be improved, an AMA executive challenged statistics in the report.

Dr. James Todd, senior deputy executive vice president of the AMA, said states had disciplined 500 more doctors than the report said. That would about halve the ratio, to 1 disciplinary action in 125 cases.

Asked to estimate the number of incidents of medical malpractice in the nation today, Dr. Todd responded, "It's unknowable. Projections from any study are purely speculative" because "studies are limited" and sometimes "incomplete." "It is inappropriate to quote speculative figures as if for real," Todd concluded.

Dick Layton, former general manager of the AMA's physician-owned American Medical Assurance Co., says: "A doctor is not necessarily aware he has damaged a patient, but if he is aware, I'd advise: 'Don't be defensive; be open. Discuss untoward events with patients. People who lie have to worry about it.'" Considering how many patients get medical care of all sorts, the profession has, Layton insists, "a very good safety record. But in the public's view, someone's always at fault, so they can always find a lawyer to file a case."

A statistical analysis of patient records of the Los Angeles County health-care system for 1974 confirmed the Mills report rate of 4.65 percent injury from treatment but found the culpable incidents to be "about 1 percent of all patient admissions," quite a bit higher than Mills'. Since then the Los Angeles County system has found a way to reduce that 1 percent culpable injury rate by two-thirds, although its achievement goes almost unheralded.

In 1974 the county was able to arrange coverage [beyond a \$5-million-a-year deductible] from Lloyd's of London on condition that Lloyd's be permitted to operate the county's risk-management program. In 1975 Lloyd's American counsel, the San Francisco-area law firm of Goldman & von Bolschwing, took charge.

It formed a new firm, Professional Risk Management Inc. [PRM], that established communications between hospital staff and PRM as privileged under law, permitting medical personnel to report to PRM any injuries to pa-

tients resulting from treatment. In exchange, PRM agreed to shield medical personnel from unfavorable publicity unless and until they were found guilty of negligence in a court of law.

Injured patients, in turn, were informed of their injury and offered voluntary settlements which, if accepted, saved both sides time and cut litigation fees.

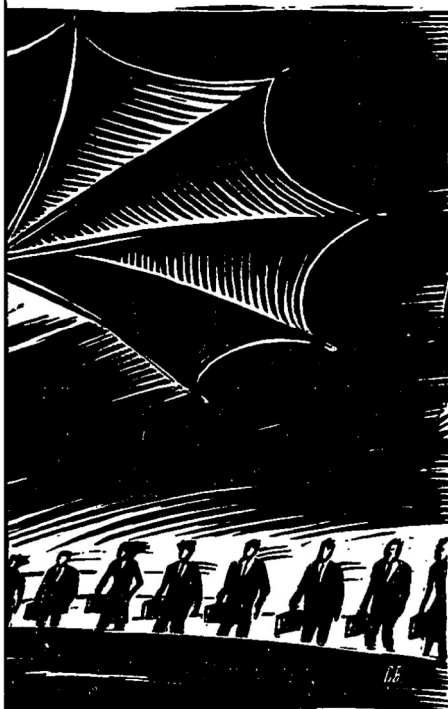
"Los Angeles County directs PRM from the standpoint of policy. PRM has the discretionary authority to make settlements up to a set sum, and the county attorney and I approve any settlements over that figure," says Henry Bachrach, chief of risk management for the County of Los Angeles. "The key element is an efficient incident-reporting system. That requires the willing cooperation of the medical staff, who realize that it is in their best interests, and is not punitive."

"We felt a 1-percent rate [of injuries due to negligence] was far too high," says Gus von Bolschwing, PRM's president and chief counsel. A trial lawyer specializing in malpractice cases, von Bolschwing has represented plaintiffs as well as defendants. "We knew as insurance people that we had to do something about that," since litigation costs are such a large part of the overall cost. Litigation doesn't begin unless someone is damaged or believes he has been.

But there were human considerations, too. "We also felt that to win the cooperation of the injured patient, we would have to be eminently fair," he continues. "That meant both full and prompt disclosure of injury, whether or not culpable, and also free future care for that injury plus just compensation."

The combination of close monitoring of potentially compensable events as they occurred and professional staff education has reduced the 1974 rate of 1 percent culpable injury to just one-third that figure today, according to von Bolschwing.

"We're now at the point," he adds, "where culpable events are the result of accidents that could not have been foreseen. The staff are aware of their responsibility and



cooperate fully. In fact, they over-report incidents—and we like it that way. There are almost no surprises later.”

But early in the experience, despite the full endorsement of county and local hospital administrators, there was some resistance. “Many of the staff felt that as trained professionals they shouldn’t have us looking over their shoulders,” says Frank D. Heckman, senior vice president of PRM. “It’s curious. Even people pledged to saving lives must understand the purposes and values of crisis intervention and monitoring before they become enthusiastic.”

After a decade of seeing the results of this approach, Heckman says, “they’re committed. A doctor who made a mistake in surgery broke scrub to phone us [immediately alerting others to the patient’s special needs], then rescrubbed and finished the operation.”

PRM earns that trust by its policy of shielding accused professionals from the glare of publicity that often surrounds announcement of a major claim. Not until a jury finds a doctor guilty is that doctor’s name made known to the public. Otherwise, all cases are handled in the county’s name.

Because of its extensive computer databank, PRM knows with a high degree of certainty which cases of patient injury could include an element of fault. Administrators of the individual facilities move quickly to deal with all injuries.

Los Angeles County has not achieved its success by “dumping” indigents elsewhere or by discharging Medicare or welfare patients prematurely, the “quicker and sicker” syndrome associated with recent federal reimbursement policies.

“Los Angeles County facilities are treatment areas of last resort,” says Heckman. “We must accept and hold patients for the full duration of their needs, by law. We must accept rich and poor alike—we cannot select. The mix of the county’s population is the mix of the county’s health system.”

So convincing is the record at Los Angeles County that in 1983 the Regents of the University of California assigned the risk-management of the university’s health-care system to a PRM sister firm. The university owns five

major hospitals and operates a sixth [a major affiliate], along with clinics on each campus.

Given its detailed computer databank, PRM has been able to spot patterns in incidents and take remedial action. For example, an upsurge in damage to the collarbone of newborns was traced to an improper technique demonstrated by an instructor. A remedial course was given to his entire class, which was then monitored for six months. In another instance a rash of complaints identical in nature was traced by computer to one individual, who was also given remedial instruction and monitored.

The combination of injury-reduction measures, plus full and prompt disclosure of injury, worked a minor miracle in the late 1970s. Overall costs of malpractice claims fell a full 40 percent against a rising national trend, despite increased settlement amounts paid to injured patients, often in structured, or staggered, settlement programs that provided, in extreme cases, for the education of minor children and other family needs.

“We run the program with a realization of—and concern for—the problems of the injured party,” Bachrach stresses. “So we frequently make interim expenditures on their behalf for needed care [and occasionally provide financial assistance, if the need is great] even before culpability is determined and the case settled. It’s the human factor. We don’t lose sight of the injured patient’s needs.”

That flies in the face of the conventional wisdom of the industry, which tolerates hiding injuries and/or denying fault. After 10 years, Bachrach says, Los Angeles County is “markedly lower in total claim costs but with a significantly greater percentage of the settlement going to the injured party. This is due in no small part to the shortening of the period in which plaintiff attorney fees mount. So far, it’s proving out very well. Based on statistics, I believe we have one of the best programs in the country.”

So fair are the PRM offers of settlement that the Los Angeles courts, which review all settlements involving minors or mental incompetents, routinely approve them. For their own protection, some patients hire attorneys, on a standard-fee basis for time and service, to oversee the settlements.

“The reduction of litigation costs made this possible,” according to PRM’s von Bolschwing. But in the early 1980s, given the lure of multimillion-dollar awards, the percentage of patients who refused offered settlements, in favor of trial by jury, increased. So has the number of non-meritorious cases “brought by inexperienced attorneys. The experienced attorney will not take a case that doesn’t belong in court,” he says. “We will not settle nuisance suits—that invites more.”

Court battles are not uncommon, but PRM fights all claims that it believes have no merit.

So despite PRM’s record of risk reduction, the firm is still confronted with the general problems caused by an increase in malpractice lawsuits nationwide. As a result, PRM’s overall cost of malpractice claims has risen. Instead of being 40 percent lower, as in the 1970s, Bachrach estimates that its cost of settlement is now 24 percent lower than the average.

There exists no simple definition of what constitutes an injury worthy of compensation.

Iatrogenic injury—that is, injury caused by treatment—can be real and serious without being a result of anyone’s negligence. For instance, many people are allergic to penicillin [or other drugs], yet no one knows before the first injection. No one is at fault on the first occasion of a drug reaction, even if it is severe. A physician will administer an antidote [if one exists], and the problem should be resolved. The physician should enter the allergic reaction in the patient’s medical records, and the patient should carry a warning on his or her person in case of accident.

There also are culpable injuries, in which negligence or fault are factors, and for which compensation might be

justified. If the physician, for example, has no antidote on hand, and if complications occur, he could be liable. If the antidote is administered but doesn’t work, the physician is probably not at fault, but the manufacturer could be. Or if the product used was not fresh, several people might be at fault. Finally, if the original physician ever gave the same patient another shot of this drug, he would be liable, as would be any other physician who had access to the complete medical record, unless it was the only appropriate drug and the patient agreed to risk the consequences.

The security many of us feel about hospital care is due in part to the relatively few cases of patient injury that make the evening news. Only when a spectacular dollar award or a public figure is involved do we get details. Most of those details will not be clarified or confirmed if the case is settled out of court, and settlement terms sometimes prohibit publicity.

Three notable local malpractice injuries that have made headlines involve two children and one adult. B-7h of the children’s cases were settled out of court, so there is no legal determination of cause or culpability on record.

● “Baby Ryan’s” parents claimed compensation in his name for alleged delivery-room events that resulted in a lifelong handicap. A settlement in excess of \$14 million will have an eventual value of more than \$100 million if the child lives into old age.

● “Infant Ian” has been in a coma since 1982, when he underwent surgery for a hernia at the age of 9 weeks. His surgeon performed successfully, but a subsequent lawsuit charged that someone in the operating room accidentally shut off the oxygen on the anesthesia equipment, causing permanent brain damage to the baby. A settlement of more than \$6 million hinged on a charge of negligence against both an anesthesiologist and the hospital for failing to monitor the infant’s breathing.

● Survivors of a Skokie man who died of medical complications resulting in part from a misdiagnosis were awarded \$1 million by a Cook County Circuit Court jury. Two doctors, an anesthesiologist and the hospital were named as defendants.

If the injury and fault are clear, then an admission of liability could be made and a settlement offered [under the PRM system]. But under our current legal system, compensation is never automatic or certain, regardless of fault or severity of injury, because the burden of proof is always on the patient.

If a patient is not sure whether damage has occurred [the facility or physician is not obligated to admit either injury or blame for it], the patient needs access both to his medical records and to a professional who can interpret those records. [In Illinois the patient is entitled to a copy of his records, but he often must pay for it.]

Yet not all states permit a patient to see copies of his records, not all states prohibit alteration or destruction of unfavorable entries in those records, and any physician who offers an unfavorable opinion of the physician or facility under review can be sued for slander or libel unless the opinion is given in court testimony.

If damage is suspected or even evident, most injured patients will need to consult an attorney. Under the current system it’s difficult for an injured patient to avoid filing a legal claim unless he accepts a voluntary offer of settlement. Many patients feel even then that they would like an attorney’s advice.

Currently courts are clogged with cases that could be addressed by other, less costly means, including binding arbitration. Because many patients cannot pay the cost of a lawyer’s fee up front, many attorneys take such cases on a contingency-fee basis. That is, the attorney is paid a portion of the dollar award [commonly one-third] if he wins. Health-care providers and their insurance companies say the attorney can be paid too much by that method. The HEW report recommended that a payment scale be adopted, providing lesser percentages of higher awards. That would permit contingency fees to continue because HEW found such payments to be helpful to the patient

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Malpractice

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But the HEW report also noted that the contingency-fee arrangement might not attract an attorney if the amount of the award is likely to be low, and it asked for a guarantee of legal services to patients with meritorious claims regardless of the amount in question. That need has not been addressed.

A meritorious claim is one in which there is a reasonable possibility that a specific injury was caused by negligence. It is the duty of the jury, if the claim goes to trial, to determine whether an injury has occurred, whether the pain, suffering and/or loss of income are great enough to justify compensation, whether negligence caused or contributed to the injury and if so, how great the compensation should be.

This tort system has led to rising numbers of lawsuits and rising dollar amounts of jury awards. Despite skyrocketing premiums for medical malpractice insurance, it has become hard to find coverage at all in certain high-risk medical specialties—such as obstetrics—and insurance companies have threatened to refuse coverage in geographic areas with high claim rates. In protest, some Massachusetts obstetricians went "on strike" briefly in February, refusing to see newly pregnant women.

Some physicians and facilities opt to pay the higher premiums and pass the costs along to patients directly. Some physicians have even elected to practice without insurance. To help reduce their personal risk, they refuse to take patients previously treated by another physician.

Many—and perhaps most—health-care providers are

practicing defensive medicine, that is, ordering extra tests and second opinions not considered necessary in the past. Their hope is to build a case record that precludes a charge of negligence.

The added cost is passed on to the general public in the form of higher costs for physician care, hospital beds, lab tests and health-insurance premiums, as the health-insurance companies try to cover themselves.

The health-care industry has asked state courts to put a cap on awards, ending multimillion-dollar awards.

On Feb. 7 Gov. James Thompson proposed capping awards, along with attorney fees. To date, such legislation has not passed in Illinois.

[Last year the Illinois legislature passed amendments to the state's medical malpractice code, which establish a review panel, consisting of a judge, an attorney and an appropriate medical specialist, to review all legal claims regarding patient injury alleged to result from negligence.

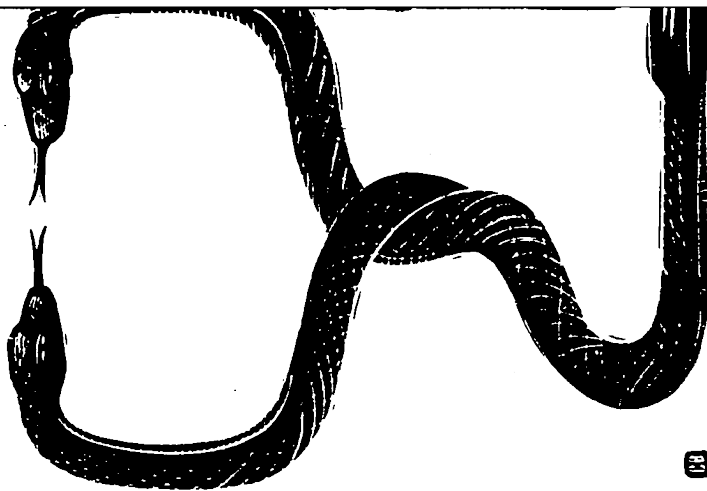
If the panel votes 3 to 0 against the merit of the claim, and if the patient and his attorney subsequently take that case to jury trial and lose, then the patient/plaintiff can be assigned all litigation costs of the defendant, who may be an individual or a hospital.

[The law does not provide for automatic review by the state of the records of the attorney who took to the jury and then lost a case without the panel's Affidavit of Merit.]

The record to date on caps is mixed. Capping reduces any given payout but does not eliminate the original injury and therefore cannot contribute to reducing the number of lawsuits. As a result, some attorney groups charge that the health-care industry is seeking caps to put itself above the law of responsibility for negligence.

Fewer than half of all lawsuits claiming patient injury that reach a jury result in guilty verdicts and awards.

The health-care industry points to this fact as an indication of the frivolous nature of most suits, but that is an oversimplification. Cases of clear negligence are often set-



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ted out of court, leaving both the very tough and the very frivolous cases to be contested before a jury.

Because of the cost of fighting any jury trial, some insurers agree to settle out of court cases involving small amounts, even when the physician or facility can be shown to be innocent, a practice that encourages more frivolous or nonmeritorious suits.

Yet, on the whole, it would seem that the health-care industry has spent more energy trying to stop or reduce a patient's ability to sue, or to collect huge awards, than it has trying to reduce the incidence of injury through negligence.

The net effect has been to put financial considerations ahead of human considerations, to raise costs to the public simultaneously with raising risks to the patients, and to delay the reforms needed to coincide with the viewpoint of the 1973 HEW report: "...society's prime concern must always be the injured patient. His first need is prompt and effective remedial care. He often needs replacement of lost income for his support and that of his dependents, and he may need long-term rehabilitation...."

The report also urged all parties to cooperate to collect and report information relating to medical injuries and medical malpractice. In the nearly 14 years since the HEW report appeared, the health-care industry has failed to gather nationwide data on the actual frequency of injuries to patients. The industry focuses on claims made, a lesser number.

One failing of statistics—even correct statistics—is that they're abstract. Damage is happening to people, but nearly all private statistical databanks [such as those of professional associations or insurance companies] tend to deal with claims filed or with incidents per hundred hospital beds or claims per hundred insured physicians, as the insurance trade counts.

That abstract view permits industry leaders to deal in a rather detached way with the pain, suffering, financial re-

versals and even wrongful deaths of patients.

PRM discovered early in its program at Los Angeles County that the more prompt and full the disclosure of injury and the more generous the settlement offered, the more cooperative the patients were and the less costly the incident became.

The 1973 HEW report urged medical, dental and nursing schools to develop and require participation in programs that integrate training in the psychological and social aspects of patient care with the physical and biological sciences.

Although virtually every health-care provider now has a program called "patient safety" or "quality assurance" that deals with prevention of injury or injured patients, such programs are not standardized.

In the late 1970s PRM also began human-relations training for supervisors to teach them how to deal with patients. So successful was the program in improving attitudes and measurably reducing negative incidents that PRM offered the two-day seminar to the entire health-care field. It found few takers, and the idea was abandoned. That's unfortunate because the PRM seminar included legal presentations by some of California's most respected plaintiffs' attorneys—supposedly the "enemy"—who volunteered their services in discussing legal liability. But is the PRM/Los Angeles County program worthy of national notice?

Carol Golin, publisher of the Medical Liability Monitor, which profiled the PRM program in 1978, terms it a "commendable" risk-management/loss-prevention program. "Loss prevention programs are now proliferating everywhere. [They] range from superb to very good to minimal," Golin says.

C. Duane Dauner, president of the California Hospital Association, says, "PRM is one of the longer-term programs. If it's getting the results claimed, it should be stud-

ied" and adopted into educational programs conducted by "us, schools, insurers and others."

He is less optimistic about full disclosure of patient injury, unless there are further changes in the legal system, because full disclosure at this point, in his view, might only invite further lawsuits.

The Los Angeles County Medical Association [LACMA] sponsors two risk-management programs. One is SCPIE, the Southern California Physician's Insurance Exchange, with about 9,000 policyholder members among physicians in private practice; the other is a commercial carrier with about 500 more policyholders.

"We encourage people as much as possible to participate [in risk management] with one of these two carriers," says Frank Clark, executive vice president of LACMA.

His associate, David Zeitlin, LACMA's director of communications, had direct experience with the Los Angeles County/PRM program through his prior affiliation with the LAC Harbor/UCLA Medical Center during the formative period of the PRM program.

"PRM's incident-reporting system is most unusual. It's a marvelous program. It clears the air by admitting an honest mistake—or even a boo-boo; these things happen. But the patient is properly treated [for that injury] and remunerated—he gets more" at less cost to the county. "So even on a fiscal basis, it makes sense."

If the program is so good, why is it so little known?

"Good question," says Zeitlin.

The Harbor complex is a strong link between the Los Angeles County health-care system and the state university. Zeitlin estimates that about 600 physicians on the UCLA faculty, most with private practices, volunteer 30,000 hours of their time each year to teach interns and resident doctors at Harbor. To teach is a faculty requirement; the amount of time is voluntary.

"Contact [between new interns and residents] with practicing physicians is when learning really happens. That's

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[Tony] Greenberg, director of quality assurance and risk management at the Harbor complex. He was formerly an associate professor of pediatrics at the UCLA School of Medicine.

But education in human relations and other aspects of risk management is " sorely needed," Greenberg says. "Most schools offer no classes on malpractice or law, so most professionals are not too knowledgeable."

"That's why we work closely with PRM. Its staff gives specific examples from law and cases in separate meetings for medical specialty areas. They answer all the questions."

One of the most effective programs last year, according to Greenberg, was a mock trial on a negligence suit. "That registered—we plan to repeat that format this year. Our doctors and nurses are more aware and, hopefully, more careful" as a result.

Why, Greenberg is asked, is such a program not more widely known?

"Possibly [because of] different interests between hospitals and physicians, or insurance companies and policyholders. But many risk managers belong to the California Association of Hospital Risk Managers. We meet monthly and present guest speakers. Several officers in recent years have been PRM people. They have such a spirit for educating their peers that their ideas are going around, even though not necessarily through the professional societies."

Why should the industry approach to risk management be so fragmented more than a decade after the medical malpractice crisis began?

"There's no concerted and conscious effort [on the part



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of the health-care industry] to seek out successes and analyze factors that led to those successes, and then to apply and adapt them to the particular institution's needs," says Bachrach. "When I've talked with other risk managers, they seem to focus on the insurance industry's argument of 'Why look for claims?' rather than on the results we've had from looking."

Layton agrees: "Some places won't discuss that someone is culpable and that something can be done. They don't want seminars that advertise the problem. Some people don't believe in risk-management programs. Some risk managers and private physicians won't work together. Doctors are not employees. They say, 'We'll review it and let you know.'"

Meanwhile, the problem grows, propelled by lawsuits, not human considerations.

Because the extra costs of defensive lab tests, misdiagnosis and hidden injury are picked up by the health-insurance policies held by the public, it would seem that insurance companies should be interested in the PRM approach.

Yet when the program was described to a Chicago-based health-insurance company, a vice president said, "We don't write malpractice coverage."

Similarly, a vice president of one of Chicago's largest underwriters of all types of insurance responded, "We already use structured settlements."

"Insurance companies have for years used legal suits as a means of measuring serious claims," says PRM's Heckman. "They track the suits with the intention of settling on the courthouse steps. It was true in 1975, and not much has changed over the years."

Delaying payment permits funds earmarked for settlements to earn interest for the insurance company while the claimant's case can grow weaker because of the

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loss of witnesses over the years. Heckman sees the insurer's willingness to settle nuisance suits as irrational.

Given the general climate of erosion of the sense of personal responsibility—the "Where's mine?" syndrome—PRM's von Bolschwing reluctantly supported the request of the California health-care industry to put a cap on the amount any jury can award in compensation for pain and suffering. That cap, recently upheld by the California Supreme Court, is \$250,000. The inequity is that a brief period of pain and a lifetime of pain now have identical cash values in California.

"But we must start somewhere," von Bolschwing says. "Otherwise the entire medical system could collapse."

"The system is not perfect," says Robert Elsner, executive vice president of the California Medical Association [CMA], "but awards for pain and suffering should aid the injured. They were not intended to go to the heirs." He sees more incremental, structured settlements going to the injured party "during the lifetime" and then ceasing.

"I'm convinced that claims-prevention activity will significantly reduce the number and cost of suits," argues Dr. Allan K. Briney, a private physician who is chairman of the board of governors of LACMA's risk-management program.

"We've reviewed all our claims for the last 10 years," Briney says. "Patient accidents do not follow a pattern except in OB [obstetrics], where there's an automatic suit if the baby is not perfect."

"The problem is societal," Briney believes. "The public expectation [goes] beyond what medicine can provide. There's aversion among legal professionals, with large numbers of lawyers seeking money and a justice system based in many instances on sympathy [for the injured party], not medical fact."

Briney feels that his program does "a great deal of claims prevention and of educating" policyholder/members regarding incidents of malpractice.

But do they practice voluntary disclosure of injuries?

"It depends. If the physician is obviously at fault, we go to the patient. If there's a question of fault, we do not contact the patient. I don't agree that we can tell everyone who [is injured or] hurts himself that he's entitled to compensation. It's not necessarily malpractice," Briney says.

Asked to explain the conflict between his views and PRM's experience with prompt and full disclosure of all known injuries, Briney says he's not familiar with the PRM program but that there are sure to be differences between any hospital system and a private-practice system of risk management. "It depends in part on definitions, including, 'What is a potentially compensable injury?'"

"I can't see the connection—we don't operate hospitals," says Howard Williams, VP for communications at Physician Insurance Management Corp. in Orange, Calif. PIM has the same relationship to Briney's organization as PRM has to the Los Angeles County health-care system.

Agreeing that the discrepancies could lie in definitions, Williams explains, "Briney and we would be surprised if no-fault saves money... but I'd need to know more about the [PRM] data."

"About 75 percent of claims are dropped or tossed out [by the courts]," he says. "About 8 to 9 percent go to court because of a dispute on liability or because they ask too much; and we win 80 to 90 percent of the cases tried. The balance—about 15 to 16 percent—are valid and settled."

PIM's statistical base might not be reconcilable with PRM's, Williams feels, because of further complications between two main types of policies. An occurrence policy covers anything that might happen to a given physician in a year, whether or not revealed and claimed in that year. A claims-made policy covers actions filed in a year

whether or not the injury occurred in that year.

Is a policy based on claims-received substantially cheaper?

"Not in the long run," says Williams, although it's cheaper initially because "only 15 percent of all claims [ultimately received] are received in the first year, 45 percent in the second year, and 15 percent in the third year. Finalizing could take up to 10 years—the 'long tail.'"

How can that be reconciled with PRM's actual experience that the "long tail" disappears with full and prompt disclosure?

"I'm not sure," Williams says, "but I'll look into it."

Does the insurance industry itself want to know the facts on a comprehensive, nationwide scale?

The National Association of Insurance Commissioners, based in Kansas City, recently completed a 3½-year study of 71,000 medical malpractice cases. The published version of the \$50,000 study did not sell enough copies at \$200 each to offset its cost. The copies are now discounted to \$100, and the study is not likely to be repeated.

One complaint of the insurance companies is that the long judicial process can prevent the closing of any particular year's records for a decade or more. That results in part from some judges' willingness to accept late claims on discovery of injury, regardless of the time elapsed.

Insurance companies would like a definite cutoff date, or statute of limitations, on malpractice suits, but that could encourage the concealment of patient injuries and could saddle the injured patient with a lifetime of bills rather than fair compensation.

On Feb. 6, 1986, the Illinois Supreme Court approved a four-year limit to filing claims on incidents that occurred before the passage of the law.

Yet in the experience of PRM, that long wait between injury and claim evaporates under a policy of full and prompt disclosure because virtually all legitimate cases are identified and acted on early; the rest are opposed in court.

Few legitimate claims escape detection, "and our willingness to fight discourages nonmeritorious claims long after the fact," says von Bolschwing. "There are many benefits to honesty and human consideration."

But the insurance industry is not alone in lacking an appreciation for a people-oriented approach to medical malpractice. In 1978 a group of leading physicians and hospital administrators, conferring on patient safety, recommended expanded human-relations programs, incident-review panels and discipline for defaulting practitioners, among other quality-assurance measures.

The report, "Sharing Responsibility for Patient Safety," was signed by the American College of Surgeons, the American Hospital Association and the American Medical Association—but only after key recommendations on human relations and accountability were removed from it by the AMA.

It is evident that individual professionals were prepared to act on the 1973 HEW report, although their professional societies were not.

The professional societies—both health-care and legal—correctly deny having the power to establish national policy, but they overlook their power to influence that policy with pilot programs, such as the one in Los Angeles.

Aside from these questions, there are currently three kinds of professionals who deal with the human side of malpractice, patients' rights. They are patient representatives, patient advocates and crisis interventionists. The patient rep tries to assist injured patients, the patient advocate fights for restitution after injury, and the crisis interventionist is authorized to interrupt an event or process to prevent injury from happening in the first place.

The National Society of Patient Representatives [NSPR] of the American Hospital Association sees the patient rep as "a generalist, listener and communicator who serves as a liaison between patients and the hospital staff." A business organization might call it customer rela-



tions or customer service. When a problem occurs, the patient rep tries to work things out for the ultimate benefit of the company [the hospital], which wants the customer to be satisfied and not sue. Reps can and do propose policy changes to eliminate problems.

A patient advocate speaks first and foremost on behalf of the patient/customer, even if it means opposing the hospital. This form of service is related to the governmental concept of the ombudsman, who cuts through red tape to win restitution if necessary. It is a difficult position for any hospital employee to be in, since the system he opposes also pays his salary. However, some patient reps occasionally perform this type of function.

The AHA and its NSPR, now 15 years old, still do not have a set of performance or educational standards for patient representatives. Each hospital develops its own sets of policies, duties and authority for its patient rep.

At present NSPR has about 1,000 members, and perhaps 55 percent of the nation's 6,000 hospitals can say they have a functioning patient-rep program.

An innovator, NSPR's first president, Ruth Ravich, linked her hospital social-services wing at New York's Mt. Sinai Hospital in 1967 with the professional medical staff to create the first formal patient-rep program in the nation. It operates independently of, but in concert with, the hospital's quality-assurance departments in charge of loss prevention.

In a 1969 journal article, Ravich wrote: "A patient-rep program requires the freedom to negotiate with heads of medical and administrative departments and the ability to act as catalyst for necessary changes in the system."

That's still true, she says. "Dealing with the patients is the easy part. Dealing with administration and defensive heads of departments is the difficult part and takes special skills. On paper, a patient rep has little power at all, so we must gain the cooperation of staff" and work through the designated authorities. She operates a 24-hour hotline so the staff can report incidents that need attention.

Ravich believes skill levels are rising together with edu-



cation levels. She says most current NSPR members have at least a bachelor's degree in social work, and perhaps 25 percent have earned a master's degree.

Opening lines of communication with the patient is still the first order of business. "If the hospital shows concern after an incident or accident, then [patients] can understand," Ravich says. Yet some hospitals will bill the patient for treatment to correct the injury caused by treatment, even if it was the hospital's fault. "Patients can't go home with an extra bill—that triggers [lawsuits]," she says. Some hospitals choose to have patient reps deal even with those patients who intend to sue; the Mt. Sinai reps do not.

Programs are not standardized. Each is developed to meet the perceived needs of the given facility.

"Our function is to enhance communications, address problems raised and settle them amicably," says Henry Taylor, director of Northwestern Memorial Hospital's patient representative program. "We stay in constant touch with the physicians, but we don't police." Any professional discrepancies would be "left to peer review."

At Evanston Hospital there is no patient-rep staff, although one is being developed, according to Catharine H. Weiland, head of the hospital's complaint program.

She views herself as a "patient advocate and facilitator." Patient and staff "can communicate initially in person, if they like, but ultimately in writing."

"We respond in writing after researching and solving the complaint. I'm an intermediary. I listen to both sides and make a decision." A good portion of her time goes to "questions of courtesy, efficiency or billing. People want to be listened to. If a problem has legal implications, it is not necessarily brought to the hospital's attention through this mechanism but tends to go through our risk-management department."

Might a medical procedure be stopped by crisis intervention?

"Theoretically anyone could stop a procedure," Weiland says. "Also, any employee could fill out an incident report for peer review. We operate on checks and balances."

Yet the filing of incident reports and peer reviews generally happens after the incident or injury. In the opinion of one of the nation's first crisis interventionists, working professionals should be so sensitized to human needs as to avoid common errors.

"Some professionals are compassionate by nature," says the Rev. Robert Holderby, "but others perform by rote in what they perceive to be the stereotypical role: distance, and emotionally unreachable efficiency." Holderby pioneered crisis intervention in hospitals in Chicago and later worked on programs in Los Angeles.

"To the professional in the healing arts, compassion and empathy for the 'whole' patient aids the healing process and is therefore efficient and effective professional practice. Once this is made clear, most of the [reluctant members of the] staff change their viewpoint and their attitudes," he says.

That philosophy was echoed in more practical terms by PRM's Heckman. "Risk managers know," he says, "that emotionally sterile individuals can cause unnecessary or avoidable injuries. Some professionals feel, 'If I goof—well, that's what the insurance is for.' They don't feel a responsibility for the person who might be injured."

Crisis intervention was virtually unknown back in the mid-1960s when Holderby found himself constantly in hospital emergency rooms or at the scene of tragedies and crimes as the Protestant chaplain of the Chicago Police Department.

Tolerated in most inner-city hospital emergency rooms because of his position and familiar with standard procedures because of his Navy experience as an operating-room aide, Holderby repeatedly challenged medical professionals who he felt were psychologically abusing their patients. He admonished staff who shouted at or taunted patients about their fears. At times he stopped incidents of physical abuse of patients already in pain.

He tells of intervening when an emergency-room doctor used an adult-sized speculum [vaginal dilator] to punish an 11-year-old rape victim who was resisting the doctor because of her fear of more pain.

An elderly woman became so distraught with an emergency-room resident's gruff commands to relax that an unusually heavy set of weights failed to pop her dislocated shoulder back into place. The next step would have been general anesthesia, more weights and more residual pain.

When Holderby began to talk with her, the resident physician asked, "What are you going to do—pray it in?" Holderby kept talking; the patient became engrossed in the conversation and relaxed; within a few minutes, the shoulder returned to normal.

Staff attitude governs these situations, Holderby believes. Although he's willing to practice human concern while others practice medicine, Holderby insists, "Ideally, staff would do both—I wouldn't be needed."

In Holderby's view, physical and emotional pain are equally serious. "It's unfair and unwise," he says, "to let an injury progress if the damage can be rectified or contained on the spot."

Despite staff objections to his presence, Holderby was first tolerated and then welcomed by hospitals because the patients were responding favorably to his help. His clerical training in psychology and the related social sciences enabled him to reassure the frightened ("It's normal to be a little scared...") and comfort the aggrieved.

He did simple things, too, explaining routine delays to the weary and reading medication instruction to those patients he felt were too proud to admit they couldn't read.

Holderby's service as a crisis interventionist was an unpaid, self-appointed ministry.

In 1968 the late Dr. T. Howard Clark, then chief of professional staff at Illinois Masonic Medical Center, gave

Holderby a paid consulting/teaching contract.

Soon he was officially accepted at Cook County, Jackson Park, Hennin and Mercy Hospitals. And Michael Reese Hospital and Medical Center, on Chicago's Near South Side, became the volunteer Crisis Ministry's home base long before Holderby was formally hired there.

In 1969, before the July 4th weekend—always a busy time in hospitals—Reese initiated an ombudsman program in its emergency room and ambulatory clinic. Reese appointed two highly regarded community residents as the first staff ombudsmen, and Holderby trained them. They were Christine Leak, R.N., a veteran of field-combat nursing, and Mahon "Gam" Washington, a retired businessman. Both now deceased, theirs proved to be the nation's first such posts with authority to intervene in questionable situations. Both did, on occasion; and both told of being called turncoats and spies by a few indignant staff.

Leak said she wondered whether she indeed helped reduce the number of injuries, since, she felt, "some staff members figured that now it was somebody else's job, so they didn't have to worry about patient safety." The program was abandoned in the early 1980s in an economic cuthack. Reese continues to operate a traditional patient-rep program, begun in the early 1970s.

"We know the patient rep program is not doing what Holderby was doing," says Ivan Dee, Reese's director of community relations. But if attention from a patient rep prevents a lawsuit following a confirmed injury, that's a firm statistic; whereas an incident prevented never enters the records. Therefore, according to Dee, "the statistics on crisis intervention were not easily proved in a time of dollar shortage. Both are needed; and the time might come when we would want to take that approach again."

Reese saved more than one-third in litigation costs during the early years of the crisis-intervention program, according to Max Brown, then a Reese staff attorney. The Los Angeles risk-management program saved 40 percent in litigation fees. Crediting the cost saving to good human relations, PRM also hired Holderby for its staff-education program.

Because of this remarkable parallel in experiences, Holderby is convinced that what's good for the patient is good for the hospital. "Reese began with an altruistic motive," Holderby says, "and found that they were saving money. PRM intended to save money fairly and found that the more humanistic they became, the more they saved."

Still, he doesn't believe that a competent crisis-intervention program would be easy for every hospital. A crisis interventionist needs two capabilities, he believes. First, the formal training to deal with traumatic situations, both physical and emotional. Second, the authority to intervene directly in an untoward event in progress. Few—perhaps none—of the AHA patient reps now have such authority. Any employee can report any incident through channels, of course.

Intervention was and remains the critical distinction between the two approaches. Holderby participated in early patient-rep programs at AHA's invitation, and he believes that AHA will move toward prevention of injury as its goal.

PRM's von Boschwing agrees. "If there were more Holderbys available, there would be fewer problems."

It seems likely that federal law will take the nation's health care in a more responsible direction whether or not the health-care and legal organizations participate. Legislation is pending to encourage or require the health-care industry to gather and act on the best evidence about medical malpractice available [much of which exists today in California] and also to provide a cooling-off period to restrain impetuous legal action by patients.

In Congress a Medical Offer and Recovery Act is being sponsored by Reps. Henson Moore [R., La.] and Richard

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Gephardt [D., Mo.] that would prohibit patients from filing medical malpractice suits for six months if settlements are offered voluntarily. That incentive to the health-care industry should help to encourage early and full disclosure of injuries, although a patient would still have the right to go to court to try to increase the settlement offer.

Another bill, introduced in the Senate by Sen. Ron Wyden [D., Ore.], would require that all malpractice verdicts be tracked by physician's name and kept on file in Washington. Hospitals would be required to investigate a physician's credentials before hiring. Computer tracking of malpractice cases became law in New York in the closing months of last year.

In 1985 the U.S. General Accounting Office began a statistical survey of privately held data related to medical malpractice, endeavoring to reconcile all the different ways incidents are counted and classified.

A key weakness of the GAO survey is that of the health-care industry itself. The sample comes from 25 insurance companies selling malpractice insurance in 1983. It includes 1,700 cases from among all their claims closed in 1984, which still cannot measure *all* the incidents of injury or even negligence.

PRM's database is among those being surveyed, but the GAO's project is not intended to count or estimate total numbers of patient injuries as a proportion of admissions.

There is value in it nevertheless. The first GAO report, published in February, 1986, identifies alternative compensation systems that would reduce the number of lawsuits filed. Among the alternatives are screening panels, binding arbitration and other devices used to determine fault and monetary compensation and no-fault-based procedures including no-fault medical malpractice insurance for doctors, medical adversity insurance for patients and social insurance approaches like those used in Sweden and New Zealand to compensate injured patients, whatever the cause of injury.

The second of five reports, released in late summer, focused on medical malpractice insurance costs and related issues.

Once industry statistics are reconciled, it will be easier for the public to compare those claims-related results to the Mills/PRM patient-related statistics. Then it might be possible for the industry to understand the patient's point of view and provide for just compensation under voluntary disclosure.

But attitudes cannot be legislated. Health-care professionals will need more education—and in some instances, re-education—in human relations, and the public will need to learn it has responsibilities and risks, too.

Although health-care professionals constantly tell the public not to expect TV's miracle-of-the-week, that message isn't sinking in, Holderby believes. "It would be far more productive for the public to understand that medicine is not risk-free and that patients must share risks inherent in the practice of medicine."

A full explanation of the problems, dangers and treatment alternatives facing the patient is known as informed consent, but critics feel that many patients who sign on the dotted line are not fully informed and therefore resent unexpected complications, even if the physician and institution are blameless.

Holderby's latest project is a nondenominational seminar program in crisis intervention and counseling for the clergy. Member of the clergy generally lack the degree of training in trauma counseling given to hospital chaplains, even though they often encounter similar crises.

The ultimate education must be social, Holderby believes: "Only public awareness and the demand for reforms will solve the human problem."

If every 21st patient is hurt under the current system, are we ready to change the system?

We are attempting to pay all costs of medical care through user fees. We do not fund our police and fire departments through user fees—we consider that all of us benefit equally by the security provided. So we tax. Also, our orchestras, opera companies and museums are applauded for running a deficit in order to keep ticket prices low enough to let virtually anyone in. Community fundraising pays the debt.

Hospitals are not immune to budget problems. Somewhere between the utilitarian fire department and the arts complex lies a workable approach to national health. ■

Meeting Planners International: Award and full transcript of RC's convention presentation to NY Tenth Anniversary convention, while only user-companies voted. Pyrrhic victory: Headquarters were moved to Texas, and purveyors were given the vote—becoming the majority. Ethical? New name: Meeting Professionals International. Purveyor salesmen are meetings-professionalized by decree?

Professional groups geared to the USER'S viewpoint (YOURS!) gave immediate acceptance to this authoritative how-to text:

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Achieving Objectives in Meetings—Theory and Practice for Solving Business Meetings Problems/337

Richard Cavalier. *Corporate Movement, Inc.* Because it is a collage of columns, articles and freshly written prose, this work is less than even. But the author manages to get his ideas on corporate meetings off his chest. His main ideas are exactly contrary to McLuhan's; namely Cavalier believes that the content far overshadows the form. Beyond that, he believes meetings should not be an end in themselves—that form and content should combine to achieve some rational goal for the company. Cavalier lances some of the boils that afflict the meetings game—the types, ripoffs, hucksterism, and freebooting. Sometimes the training theory is a little weak, but there is a lot of useful stuff here. \$14.95.

Training in Business & Industry, Oct. '73

ACHIEVING OBJECTIVES IN MEETINGS

by Richard Cavalier

Corporate Movement, Inc., 219-page hardback

\$14.95

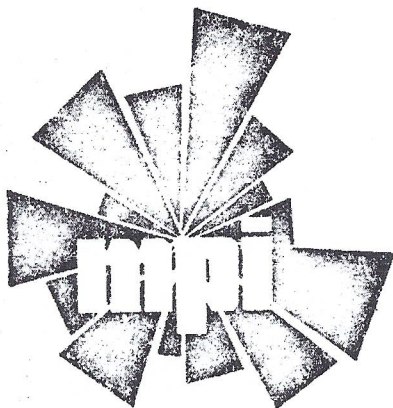
Business meetings and conventions have been complex. Discussion of ideal formulas, the standard "how to" format, is no longer a valid approach to the real problems in structuring and producing a meaningful meeting or convention.

This book is an innovation in "how-to" texts in several ways. It doesn't pretend to be all things to all meeting managers, and so it bypasses the beginner's primer on ashtrays, ice cubes, and seating diagrams. It presents a rationale for every element of the planning, coordination and execution of the meeting. Its information units are self-contained and cross-referenced so you can find needed material quickly. The author recognizes that textbook problems are not the only ones. He builds an understanding of the fundamental stresses and weaknesses of programs both inside and outside the direct control of the meeting manager. As a result, you are better prepared to make the right decisions, even under pressure.

The book is a problem-solving kit for nonpersonal and interpersonal communications, including corporate sales promotion and training; advertising and public relations; employee publications; and syllabus development (with and without lectern scripts) for identifying and correcting people-problems.

The author is also knowledgeable about stage craft and visual media. As a co-originator of convention coordination as a consulting function, he has implemented his methods in the meetings and conventions of many blue chip corporations and major national associations.

Training and Development Journal, January 1974



meeting planners international

THE PROFESSIONAL
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Mr. Richard Cavalier
Consultant/Group Communications
Cavalier Company
4200 Marine Dr.
Chicago, IL 60640

Dear Richard:

Thank you for your significant contribution to the success of MPI's 1982 Fall Conference in New York, NY. In recognition of your achievement in development and presentation of your speech we are awarding you the coveted MPI Tony Award.

We appreciate the time, effort and talent put forth in the best interests of Meeting Planners International. Thank you for playing such an important integral part in shaping our educational goals.

Best wishes for a New Year full of other fine performances.

Sincerely,

Douglas Heath, CAE
Executive Vice President
and
1982 Fall Conference Chairman

DH/lg
Enclosure

MPI Tony Award-Winning address
Fall, 1982; Tape # MPI-918
(Producer: Meetings Internationale, Louisville, KY 40232)

(Transcript)

[ID]: Recorded on location at the 1982 Meeting Planners International Fall Conference.
"MPI Plays Broadway"; held at the Grand Hyatt Hotel, in New York City, New York;
December 5-8, 1982.

[Title]: "Achieving Objectives in Meetings"; Richard Cavalier. To "Achieving Objectives in Meetings, or Promises, Promises." [Brief introductory comments.]

Cavalier:

Thanks, Pat. Good afternoon.

"Achieving Objectives in Meetings". . .as a seminar title? And only three weeks from 1983? Nearly a full decade has passed since my first book by that name converted a logical concept into a generic phrase. And it amazes me that this concept need be discussed here today.

If you're planning to call a meeting, why should you call it if you have no purpose? And if you do have a purpose, why should you not express it as an explicit purpose or goal? And, if you state an objective, why should you not apply qualified or quantified measures to verify the group's achievement? Common sense calls for that much rational effort.

Then why doesn't the industry do it routinely? Because, as a whole, I feel that the industry is essentially incompetent in group communications. It avoids any deep application of established theories and methods of adult education and communications, topics first linked in the 1970s article. That avoidance tends to prove the charge.

Moreover, the incompetence is masked by the unfortunate (but highly visible) program production. . .including media and the surround, contributed by the site itself. And the willy-nilly acceptance of applause, a measure of entertainment value, as a proof of success. These are all false measures of learning and therefore false measures of success.

Meetings are a communications tool. I first presented that concept in a 1964 publication, now out of print. I used that precise line as an opener for my 1973 book, and I use it verbatim for my new 1983 book because it's still necessary. Where are the fresh ideas. . .the original thinking. . .the applied research that should be generated by this organization?

Communication is complex. It is signaled by an appropriate response. If you do not elicit or evaluate that response, you cannot claim success. If you knowingly participate in the industry's game of pretense and artifice, then you are incompetent as a communicator, however skilled as a superintendent of production and site selection.

Your organization is paying for communication. If it valued the meeting hall and media, it could rent those without sending people. And, in too many instances, that would be an improvement in cost effectiveness.

Any failed meeting costs more than dollars. It costs lost opportunity, as well. And that lost opportunity can seriously alter the market position or professional standing of the organization.

Now, what about the people? Surely you remember the people—they're the reason the meeting was called. If your communications attempt is defective, or non-existent, you damage their job performance. That could adversely affect their careers and therefore their own and their families' lives. That's an awesome responsibility. And if you knowingly approach that responsibility with superficiality or incompetence, then you are unethical and unprofessional.

And if your suppliers knowingly mislead you in damaging the best interests of you, your participants, or your organization, then your suppliers are also unethical and unprofessional. And so, under the same circumstances, would be the industry publications.

The issues are clear: they have been for years. And it is to both the detriment and the demerit of the industry that it has avoided setting workable and enforceable standards in protection of its people and its ethics.

Professionalism is based on standards. Where standards don't exist, professionalism cannot be claimed or proved. How can any of you, except in terms of similar labor, establish or defend your claim to professionalism? You can't! Not objectively. . .not today.

So you have a stake in developing *valid* meetings—those which have a right to succeed because they provide for all the needed elements of message, tools, and audience.

How do we account for so great a gap between known-needs and the common practice? Why have we, in effect, been cooperating with inadequacy, dishonesty, and even malpractice?

Part of the problem might be that the group communications and mass persuasion techniques are not easy to master. You have to work at it, to test, to measure, adapt, adjust. That begins to sound like a professional approach to our craft.

Part of the problem might lie in the industry's reliance on the methods and preferences of its suppliers, who, if not challenged or committed to non-conflicting standards, can legally pursue their own best interests. Why permit that? Why jeopardize your own best interests?

Is it possible that a big part of the problem is simply insecurity. . .your own? To what degree are you eager to embrace the industry's shallow and irrelevant measures in order to appear competent at the most facile and visible facets of the overall program? To what degree are you so unsure of your ability to fulfill objectives that you would rather not set them. . .or risk measuring your own achievement? Do you fear the objective goal? Or do you really not comprehend the goal that the organization has in sponsoring any meeting?

Some persons excuse themselves by saying that they are 'only coordinators,' not Meeting Managers, and therefore have no message responsibility. And at the lowest step-and-fetch-it level that might be true. I doubt that it's a valid excuse for any of us in this room.

But even those who are strictly coordinators of production and execution have a responsibility to *protect* the stipulated message, because the communication function crosses all boundaries of job title or committee assignment. You simply can't duck the need or the obligation to set goals and measure results.

How much more secure everyone would feel if the industry and especially this association would adopt a Common Body of Knowledge, establish workable standards for bids and performance, set and enforce a rigid Code of Ethics, commensurate with the gravity of our task, human growth, and potentialities.

How much more effective we would be as professionals planners if we deal from strength. . . from understanding. Only your understanding of every element of your program can guarantee your control of the event all the planning and activities finally become.

You don't gain understanding by flipping a coin or by checking off squares on somebody else's generic check list. You cannot buy in piecemeal fashion on an emotional or subjective basis and still expect to create program synergy or objectified success.

So let's try to correlate in theory some of the many theories which must be correlated in practice if you would create a valid meeting which has a right to succeed.

Briefly: we'll look at success, cost effective spending, the medium-vs-message dichotomy, meeting justification, professional costing, and meeting formats. Remember, we'll be dealing with correlation, not a detailed study.

So let's start with "What constitutes success"? Suppliers say, "Glamor and applause." It's what they're selling. But existing research says that that's the wrong measure of communications or learning. Coordinators say, "It's error free production." But it's what they're selling. All common techniques were developed about twenty years ago. Where's the growth? The trade press says, "Something photogenic bought from advertisers is success." And they're true to the advertiser. But is that no-problem for you and for the ideas that are put forward in the trade as being something to strive for?

All are irrelevant to the true measures: objectives achieved. You must quantify. . . you must qualify, in general. And you must demonstrate with each individual that instructional objectives are keyed to his performance.

So, as outside viewpoints, all of the above often do—and sometimes usually do—conflict with your own interests and needs. Such dictated irrelevancies result in superficial programs.

Now, the innocent participant still deserves the best. So that we have to come back to "Success is

only the achievement of pre-determined goals.” And the value of the goals determines the budget value.

So, we on cost effective spending: What does ‘the best’ cost? Well, it’s different for every aspect of every program, because ‘the best’ depends on the benefits to be derived. . .all of which have value of some kind, either in dollar or in human resources accounting or both. So cost effective analysis is indispensable to early planning. As a capital expenditure, your program expense must show a return on investment. As a tool, it must be productive. And you must eliminate prettiness and entertainment values as considerations in your planning for the message.

Re-evaluate the alternatives: Entertainment, enjoyment, good-will, and morale. Of value, yes; but how do you calculate the worth? How can you measure? Is it only on guesswork? That’s been the problem that has had people saying that “The budget is too high” or “I don’t have enough budget.”

If it’s not calculable in business terms, how can the meeting components be analyzed in a cost/benefit study? And, of course, the secret is that they cannot. So the industry is playing ostrich. And who benefits? Certainly, not the meeting planners, who have become a marketing target, rather than a market force.

Then there are the folks who invoke tradition. “We always have a Fall meeting,” they say; or “The boys expect it,” or “We’ve got to show the buyers a good time.” Well, if that’s the way you’re going to make your decisions, don’t forget “A stitch in time save nine” and “Nice girls don’t do that.” Because it’s management by cliché or management by abdication.

Now, some people like to impress the gawkers. Spectaculars and maxi-media all depend on overwhelming the senses to achieve their effect. However, that’s directly contradictory to educational theory and methodology.

For instance, Broadbent’s ‘filter concept of learning,’ which he put out in 1958, requires that information input can be reflected upon or rehearsed, preferably free from competing inputs and stimuli. . .and it also requires practice to convert the lectern theory into personal methodology. . .and rehearsal of the ideas to preserve and prolong the retention.

So we’re down now to a very, very basic kind of dichotomy: medium and message. Unless you’re very, very lucky, you’ve never heard Marshall McLuhan’s quote, “The medium is the message.” In his book “Understanding Media,” in 1964, he wrote, “The content of writing is speech, just as the written word is the content of print, and print is the content of the telegraph.

That’s not so. The content of speech and the written word is ideas. Their *format* is words. So, this misunderstanding has persisted nearly twenty years, because it coincided with the New York World’s Fair Kodak exhibit, which was truly spectacular. . .for the public. . .and therefore coinciding with supplier interests. . .It has gone ‘round and ‘round and ‘round. But Kodak’s message was, “Ain’t film grand?” And it was. But that’s not *your* message.

Now, media research say contrary things. And that’s even apart that from the training and education that’s out and fairly accessible. You have, for instance, the Army reports from

HUMRRO (the Human Resources and Research Organization) and from Dr Joseph L. Canner, of the US Army Training Command. They have demonstrated, in a number of studies, that color and motion make no significant contribution to learning. To appearance, to packaging, yes. But to learning, *no*! And work with diagrams can be equally or more effective than expensive media versions, depending on the skill of preparation and usage. . . .And that's where you come in--your contribution.

Now, you have to get your audience involved. The audience has to work a little, too. It has to concentrate. But keep in mind, when you're planning the blitzes and the maxi-media spectacles: The brain cannot process simultaneous conflicting inputs; and it either prioritizes and blocks out--or forgets.

That facts say that, if you're not now planning with these key findings in mind, you're perhaps incompetent in the most significant part of your job: communications! If you know what your message is, and what your performance goals are, then you'll know when you've reached them. Then, stop!

So the key factors in meeting planning then are these: your message, audience, and tools--considered all three together. No meeting is valid until all three are explored and fully provided-for.

Media and hotels are support mechanisms. They're part of the surround. You bend them to suit. You leave your choices to last, whenever possible. Your choices should be dictated by the meeting content and the related needs. You should not buy so early that you have to shoe-horn your program into whatever-it-is you bought long, long ago.

Meeting justification is the responsible and business-like approach to putting the whole program together. You should have a message profile: What are you trying to say? And an audience profile: To whom are you saying it? And an objectives profile: What should the audience do differently or more of? A training profile: What formal study or practice is needed? What tools are needed? And how can we assure that they'll be able to use them after they leave the meeting room? That's what the practice-and-rehearsal is all about.

Preliminary agendas: Can the above *be accomplished* in a meeting? Might you be talking about several meetings? Might you be talking about a formal training program?

The worksheet: Can the meeting pay its way? A convention week is two percent of the participants' year. That's been a question--Can it pay its way?--since 1960, when it first appeared in print.

Now, in all of your program planning, the most important thing, I think, is to distinguish between whether you're going to have a meeting or a convention--and plan accordingly. Now, a meeting is any *agenda* format used to communicate. Your meals, sports, entertainment, etc., are incidental to transmitting the message. They're part of the surround. But a convention uses an agenda format plus other formats (such as exhibits, banquets, awards, etc.). . . .as tools in the communication process. Cost and duration of the programs are irrelevant. A meeting can last a week, and

convention can last a day or less. It's all in the definition.

Now, once you've made those distinctions, you'll have perspective on the essentials and the discretionary spending as you set up your budget. We want to cost by professional methods. A worksheet approach (which shows both the liabilities and the assets of what your proposing to do) is a very, very good way to do it.

I've got you here—for later—a handout, which is the worksheet out of "Sales Meetings That Work." I'm going to give it to you, and it's straight out of the book and [the format's print] is too small to be shown on slides—it just can't be read—so take a copy.

In addition to the things you know you're already looking at when you're considering expense, such as the meeting room, program development, facilities, transportation, optional programs, and staff time), add these other things on the benefit side—the assets. Your direct dollar benefits, such as skills-learned or -improved here: They'll add what percent of overall sales within how many months? Or market share for our product will rise what percent over previous month, order, or year? Or the long-term revenue for this new product is projected at what percent? Or an attitude change or an attitude reinforcement will eliminate the negative impact--of what?

There are other considerations that will be specific to you and to your company. List those. Then consider that there are some costs re-assignable to related functions. Some will be allocable to a training budget; some, allocable to industrial or human relations; some to public relations or advertising programs. The balance will be charged to your budget. How much is that? And now does it make a difference in how you perceive the program?

Don't overlook the opportunities for future re-use. Your people will probably be having other uses in the future, such as for dealer training. Or even if it's for internal staff only, there's new-hire training. And then there's always the customer public relations information and service.

So, finally, is what you come down to is benefits. What is your benefits-grand-total? That's the value of what the company can expect to get back; and that's approximately what the company can afford to spend on this program. . . and get its money back. And that's the budget you can justify and ask for.

Now, there are other elements, too. In the locations comparison (that is, central vs regional vs district meetings; one or several or many) done by "Sales & Management Marketing" [magazine] a number of years ago, we found that *always* the regional meetings was less expensive than the central meeting. The regional meeting was less expensive than the district meetings if it was necessary to purchase or to rent equipment for the particular program. But if the equipment already existed out in the districts, then obviously because of transportation and the large-city costs of the central meeting, the districts would be much cheaper. So keep it in mind: you can save when it's necessary by going small. Yes, you have to travel. Yes, the program has to pony, but there are other ways of getting at it.

Then, when you start correlating your activities, make sure that all of the people know exactly where they fit in the entire scheme of things. . . so that they know what they're producing. .

.whether it's part of make-read or of the event that's here. So, that whole costs/benefits mentality adds the direction to bring to the selection of the meeting types, media, and facilities.

Now, we're down to meeting formats. Your format must accommodate your meeting purpose, not mold it. Each of the program formats has special benefits and drawbacks, and you have to really understand them to know where you're going.

First, there are only two main types of program formats, and they can be combined in the same program but not in the same moment. There's the solution-delivering format. . .and that suggests the need for rehearsal and training. Otherwise, a memo would do the job.

There's also the solution-seeking format which is generally the executive meeting. It's highly structured, and it includes the conference, the discussion, buzz groups, committees, role playing, case histories. . .and also the loosely-structured, such as small groups, brain storming, problem-identifying and problem-solving sessions.

Now, within 'discussion,' there's the debate, forum, panel, symposium, and interrogation. You can find the differences between those in any speech book.

The logical progress of most program sequences are, obviously, from the problem-identifying to the problem-solving conference to the solution-delivering meeting: probably a training session with workshops. And, in all of this, the secret is still KISS. . .this time, "Keep It Straight, Stupid." All media, including video conferencing, must serve the meeting needs, as determined by message, audience, and tools—the three, developed together.

Now, let's see if we can reach some conclusions from all of this.

First, irrelevancies are costly and destructive, and they must go. Good learning and teaching theory must guide all your planning. Literature on AV-learning must be studied. And respected. Your goals must be valuable. . .reachable. . .measurable by tools and practice provided. Refine your techniques. You, yourself, should improve and grow with every meeting you plan.

Never work against the best interests of your participants or expect them to work against themselves. If so, you goof. They will resent the meeting. . .the waste of time. . .and they will come to resent you and your meetings in advance, when announced. You work against yourself when you expect people to sell themselves short.

Spend everything you need to accomplish your goals, as proved by the cost/benefit analysis we've been talking about. Later proofs (that you have indeed accomplished these goals) will enhance your credibility. And if you're insecure, then you'll have to learn. . .or you should resign.

Recognize the necessity of objective judgments, based on objective standards. Both can exist regardless of the industry's preference. 'To refuse to recognize that valid research' is the mark of the incompetent and the unprofessional. 'To proceed once incompetence is established' is unethical.

Recognize that the information explosion and even the explosion of new media types is an opportunity to communicate in new ways, not simply new ways to spend money. Make the hard choices now, or the media will end up controlling you and your meetings—forever.

And, if you make that extra effort toward growth and professionalism, what will you gain? Well, new competence. Therefore, new personal prospects. Probably new stature within your organization, based on the heightened respect of your associates. And certainly a strengthened foundation for self-respect, based on competence in the field. Now, isn't that a worthwhile return on your investment?

The amount of new learning and awareness needed is, for most of us, relatively small. But its judicious application is cogent. And that's where your basic skills and experience and judgment come into practice.

Meetings Management is neither an art nor a science but a synthesis of the two. And when you incorporate into your programs only those elements which can make a specific contribution to your goals, you will be practicing our craft at its most professional level.

You'll notice that we've covered a lot of heavy material without a visual blitzkrieg. And I believe you understood it. Civilization has survived five thousand years of recorded history without film and TV: use them as a tool, not a crutch!

The message is the message. . .and don't you forget it. And if you want to demonstrate that you comprehend my message, just start doing the really important message-identifying and message-protection tasks more carefully. Then you will have achieved, as a result of this session; and I will have achieved through you.

And if you want to endorse my long-standing reputation as the world's handsomest writer, just buy a copy of my new book. I'll get the message. *

Thank you. . .and valid meetings to you. . . .

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* A voice from the floor, "You writers are in trouble." Laughter. Applause. Award!

One trick pony? You decide.

Final question: Do you prefer to work by proved format or by "try this/ try that" experiment? Check 'Orientation' section and the materials above Then decide. And then act in your own behalf!