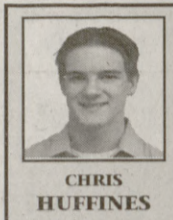


Beutel exodus harms student body

With the appointment of director Dr. Lucille Isdale in August 1995, the A. Beutel Health Center has adopted changes to increase financial solvency and improve care. While these changes may have accomplished the former, they have fallen woefully short in the latter. These changes have led to a decline in the quality of care the average student receives and will lead to a further decrease in the overall quality of student care.



CHRIS HUFFINES

The fact that the center was in red prior to Isdale's administration is undisputed.

However, this economic turnaround resulted from the decision made by the former director to remove funding from 24-hour emergency care and apply it elsewhere, eliminating Beutel's deficit.

Nonetheless, Isdale was hired to turn Beutel around financially and to improve efficiency, and there is no disputing Beutel remains financially sound.

Furthermore, Dr. Bill Kibler, associate vice president for student affairs, said Isdale also increased the number of students seen by each doctor, lowering the wait time for patients to about 20 minutes.

Isdale also put the Health Center on an 8 a.m. to 5 p.m. work schedule, increasing doctors' availability to students, and instituted a policy

to keep doctors seeing patients until everyone has been cared for. Beutel is soundly efficient, but is it sound in other areas?

In the past few months, nurses and doctors have written letters of complaint, citing Isdale's inflexibility, condescension, needless or excessive criticism and unrealistic scheduling as the primary or sole reason for their departures from Beutel. Included in the list of retirees are staff members who served at Beutel for more than a decade only to resign, enmeshed in despair and frustration at what their workplace had become.

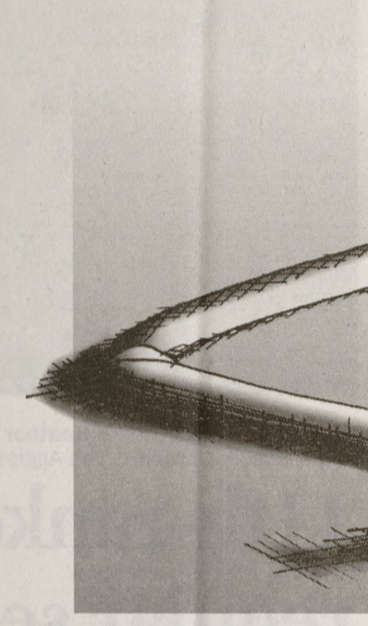
Since August 1995, when Isdale became director, 73 of 82 vacancies have been filled. In other words, 82 people have either quit or been fired from Beutel in the past four years. That is the equivalent of one person quitting or being fired every 17 days since Isdale came to town.

According to a report from the A&M Human Resources Department, Beutel has averaged a 25-percent turnover in the years since Isdale became director.

While some of this is because of the age of the doctors, 83 people quitting or being fired at an office that employs only 68 when fully staffed is still significant.

In a Division of Student Affairs report, 74 percent of respondents on staff at Beutel said they were dissatisfied with how work-related problems were resolved, and 70.4 percent were dissatisfied with overall morale in the office.

Of the 89 staff-member comments listed with the report, only five could be considered remotely



RICHARD HORNE/THE BATTALION

positive. The rest can be summarized by one comment: "Another director for health center is needed."

At first blush, this really is not a problem. After all, medicine is not a field that is known for treating its professionals well. Doctors with rock-bottom workplace morale can and do provide adequate, if not excellent, health care. However, the overall quality of health care can and will eventually suffer for two reasons.

First, the best doctors will leave. In fact, they already have.

Dr. James Carman, who served as medical director before Isdale arrived, has left.

Dr. Donald Freeman, former head of the emergency department, who had been on the short list for new director before Isdale was hired, also left after he was demoted to the position of staff physician and was replaced by the current medical director.

Dr. Kenneth Love, who came from the Texas Department of Corrections, returned to it after only two weeks of working at Beutel. He said the work environment in prison was more pleasant.

Dr. Janet Krueger, whom Freeman called an excellent, caring physician, has left.

Mimi Sicilio left her position as chief physical therapist.

Dr. Norma Porres, a doctor who was chair of the family practice department at a hospital in Lubbock, was selected the 1995 Family Physician of Texas by the Texas Academy of Family Physicians and whose co-workers have had nothing but praise for, was fired.

While there is no evidence the doctors who remain are anything but able, the best and brightest at Beutel have left, lowering quality by their absence.

And their replacements are younger, less-experienced physi-

cians. It is an unfortunate fact, but replacements are often worse than the doctors or nurses they are replacing.

Aside from a lack of experience in general, the new staffers must still "learn the ropes" at the health center.

Quality has gone down simply because of high turnover.

The second reason this improved efficiency and low morale will reduce the quality of care is that prospective nurses and doctors at Beutel (they seem to have hired a number recently) will not see Beutel as somewhere they want to work.

Who wants to work at a job when they will probably quit after a few years and will be miserable in the meantime? Only those so hungry for a job they will work anywhere.

These are not the ideal health-care providers for a Third World plague ward, much less a college campus. Before Beutel's in-house reputation as "Brutal Beutel," as it was called in letters of complaint, spreads to its labor pool, reform must occur. Otherwise those providing future Aggies with their health care will not be the best and the brightest.

The writing is on the wall. Isdale has done some good things, but in her quest to improve the health center she has crossed from increasing efficiency to decreasing quality of health care. The center should be about student health, not the bottom line.

Chris Huffines is a senior speech communication major.



VIEW POINTS

Off his rocker

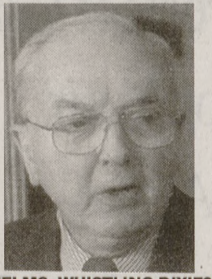
Sen. Jesse Helms, R-N.C., is a political dinosaur whose career should soon be extinct. As a 40-year veteran of the Senate and an octogenarian, Helms is an archetypal "good old boy" whose archaic views are years behind their time.

Helms has been using his position as chairman of the Foreign Relations Committee to block former Sen. Carol Moseley-Braun's nomination to be an ambassador, citing unproven allegations of unethical campaign spending. Helms and Moseley-Braun have a history of contention, which is likely motivating his obstinacy. Moseley-Braun, the first black woman to be elected to the Senate, supported legislation against the official use of the Confederate flag by some southern states. Helms opposed it. Moseley-Braun alleges that Helms once taunted her by whistling "Dixie" in an elevator they shared.

As if criticism of his personal vendetta against Moseley-Braun were not enough, Helms dug himself into an even deeper hole Wednesday when several congresswomen peacefully interrupted a committee hearing. The women, who were denied repeated requests for a personal meeting with Helms, were protesting his opposition to a popular U.N. treaty. The international treaty against gender discrimination, which was written 20

years ago and has been signed by 165 countries, has yet to be ratified by the United States because Helms has pigeonholed it in committee.

When the women presented Helms with a petition from 100 members of Congress in support of the treaty, Helms urged them to "please be lady-like" and had them escorted out of the room.



HELMS: WHISTLING DIXIE?
Stunts like these continue to embarrass the United States and the Senate. Helms' career has outlived a bygone era, and it is time for the senator to catch up with the times. Unless, that is, he wishes to hold the outrageous opinions that a sexual discrimination treaty is not worth signing and a racist symbol is not worth banning.
— Caleb McDaniel

Hellish pageant

Halloween haunted houses usually conjure images of startling specters, a brief scare and a lighthearted laugh afterward. But Trinity Church in Cedar Hill, Texas, has taken the Halloween tradition to a new, unacceptable level. In-

stead of a harmless haunted house meant to keep the church's young members off potentially dangerous streets, the Church has chosen to celebrate Halloween by organizing a skit re-enacting the Columbine shooting.

The skit begins by showing two boys playing violent video games, then deciding to put on trench coats and go into a library. At the end of the skit, a girl is shown praying just before she is killed. Directly afterward, she is taken to heaven, while the two shooters are condemned to hell.

This "touching" rendition of the Columbine massacre has had far reaching effects, even offending parents of current Columbine students. But the Trinity Church youth pastor, Tim Ferguson, rationalized his actions to the Associated Press by explaining he must scare teenagers so as to save them from potential sin and another attack like the one on Columbine. He also explained that the re-enactment was "tasteful" because there was "no blood." The tastefulness of dressing a child in a trench coat and telling them to portray a mass murderer is highly questionable.

This is not the first time Trinity Church has celebrated Halloween by re-enacting a shooting scene. Last year, they focused on a school shooting scene in Paducah, Ky. Maybe next year, they could do a "tasteful" rendition of the Holocaust or the Oklahoma City bombing.
— Jessica Crutcher

MAIL CALL

CARPOOL defended by directors, staff

In response to Erika Doerr's Oct. 28 article.

We, the directors and staff of CARPOOL, feel it necessary to respond to some of the negative statements made by University Taxi owner Balanceo Yemme. Yemme claims we encourage students' irresponsible drinking.

In actuality, CARPOOL is much more than just a free ride home. CARPOOL has and will continue to be an active participant in educating the student body about responsible decision-making regarding alcohol.

Over 5,000 Fish Camp staff and freshman enhanced their knowledge of alcohol responsibilities during an interest session at Fish Camp called "Alcohol 101." This

program was presented by CARPOOL in conjunction with Lorna Breault of Alcohol and Drug Education Programs.

CARPOOL is currently working with Student Life for future alcohol education endeavors. It is a student's choice in college whether or not to drink, and CARPOOL remains neutral on the subject. Our main focus is safety. But the bottom line is that CARPOOL saves lives.

Jeff Schiefelbein
Class of '00
Accompanied by 69 signatures

Cartoon insensitive, counters A&M's aims

Although Oct. 20's "Non Mia Culpa" cartoon was fictional and meant to be

humorous, it perpetuates negative stereotypes about the Department of Multicultural Services, its mission, core values and purpose.

As the University strives to be recognized as one of the 10 best public universities in the nation through Vision 2020, we should all have a vested interest in helping A&M achieve world-class status.

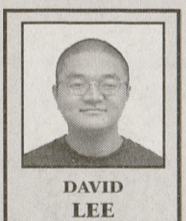
Tasteless, ignorant and insensitive displays such as the cartoon send the wrong message.

Texas A&M is striving to achieve a culture of excellence. And even small unintentional incidents like this can set us back from achieving that goal.

Felicia Scott
Director, Department of
Multicultural Services

New drug abets sexual irresponsibility

After an unforgettable evening of unbridled lust and passion with a stranger she met at a party, Annie awakens the next morning with a smile on her face.



DAVID LEE

Gazing through the haze of her hangover, she comes to the realization her bed is empty. It looks like her mystery lover has high-tailed it out of her apartment.

As she stumbles toward her shower, Annie comes to a startling realization: her anonymous friend did not use a condom.

Have no fear, Annie. The prayers of the sexually irresponsible have been partially answered with the introduction of Post-Exposure Prophylaxis (PEP). This "cocktail" of four potent drugs has proven to prevent an HIV infection if administered within 24 hours of exposure.

Currently, PEP is only administered to health-care workers who are infected by HIV-positive patients, if stuck by an HIV-infected needle or exposed while performing surgery on an HIV-infected patient.

The New Mexico AIDS InfoNet Website states PEP is able to reduce the rate of HIV infection by 79 percent in these cases. In addition, the New York State Department of Health strongly urges health professionals to administer PEP for rape victims.

Not surprisingly, many advocates want to see the use of PEP become standard operating procedure for those who have had high-risk sex or for those who share needles while using drugs. Many major U.S. cities have begun to offer PEP to the general public despite warnings by various medical regulatory agencies.

Dr. Julie L. Gerberding of San Francisco General Hospital is in favor of using PEP as an HIV-evasive strategy.

"If someone's condom breaks one night, doesn't it seem ethically and clinically sensible to offer the exposed partner treatment with the antiretroviral therapy?" Gerberding said.

Such an argument is highly irrational. PEP is by no means an easy way out when compared to the simplicity of using protection or choosing one's partner wisely.

Several other factors make the wide availability of PEP a bad idea.

Ironically, putting a new HIV drug on the market will encourage unsafe sex.

• High Expense
PEP is not a cheap solution. Since PEP is relatively new and is not recognized as an established standard of medical care, HMOs probably will not cover the \$1,000 cost of treatment. Shelling out a few dollars for condoms is much more efficient than paying such a ridiculous amount for PEP.

• Lower Effectiveness
PEP originally was intended to combat one-time accidents in the workplace. Naturally, PEP's effectiveness would nosedive in a case where a person frequently engages in unsafe sexual behavior.

The InfoNet Fact Sheet makes it clear there is no existing research that indicates PEP's effectiveness will stay

constant in the case of non-occupational exposure.

• Serious Side Effects
Administering PEP is not as simple as popping an aspirin. Considering the potency of the combination of AZT, 3TC, indinavir and zalcitabine, the side effects can be very serious. Nausea, headaches, fatigue, vomiting and diarrhea are the most common side effects. Vaguepolitix Website writer Dr. David Hoos says very few patients complete all four weeks of medication because they are overtaken by the severity of the side effects.

• Lack of Sexual Responsibility
If PEP becomes more easily available to the public in the coming years, the practice of safe sex will be seriously threatened.

People will rationalize there is an easy fix to the complications of not practicing safe sex. This is by far the biggest reservation the medical community has — whether the medical benefits of PEP outweigh the social consequences. The struggle between a moral and social judgment is largely subjective, and there is no clear-cut answer.

Gerberding warns against these faulty misconceptions. "If the message that goes out to the public and community at risk is, 'Get exposed? Get prophylaxis!' it creates a situation where there's strong incentive to no longer practice safe sex," she said.

PEP should not be administered to the general public and should remain only as a method of treatment for health-care workers working with HIV-infected patients. Otherwise, the social consequences of this drug would be too serious to ignore.

David Lee is a junior economics major.

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...ggieland! ...Aggie Master ...at AR Photography ...Ave. South ...en M-F 9-12, 1:30-5 ...able for \$10. ...traphy at 693-8183