

NEWSFRONT

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ly caused by speed-up, although the results of an Occupational Health and Safety Administration (OSHA) investigation will not be known until late May. As the cooling tower was constructed, the giant scaffolding was raised hydraulically and anchored to successive layers of concrete. Since it had rained the day before the accident, the concrete on the tower's 28th ring had not sufficiently hardened to support the heavy metal structure. Work progressed, however. The cement apparently disintegrated, bringing down the scaffold and 51 men.

Workers at the site angrily pointed to the "uncured" cement as the cause of the mishap. "I picked up some of the stuff that fell. You could just crumble it in your hands," one worker told the *New York Times*.

"That concrete seemed 'green' to me," a foreman at the site commented to the *Chicago Sun-Times*. "You could feel the heat. Green concrete feels warm."

This is not the first time the Pleasant's Power Station has been the scene of injuries. Since construction started in 1973, there have been four fatalities, noted one OSHA inspector. OSHA has inspected the site 13 times in the last five years and found "numerous violations, both serious and nonserious."

American indicted in Letelier killing

By John T. Alves

WASHINGTON

THE GOVERNMENT HAS NOW charged expatriate Michael V. Townley with participating in the murder of Orlando Letelier and Ronnie Karpén Moffitt (*ITT*, April 19, April 26). Townley, charged with "conspiring with other persons to murder a former ambassador," faces a maximum sentence of life imprisonment.

The charge, the first to be handed down in the 19 months since Letelier and Moffitt were killed by an explosive device Sept. 21, 1976, specifies that Townley was acting on behalf of the Chilean secret police, DINA.

The *Washington Post* reported April 28 that Townley had agreed to provide investigators with "detailed information" about the Chilean government's role in the Letelier assassination. He was also reported willing to disclose information that could shed light on other unsolved terrorist incidents. The *Post* noted that as many as ten persons may also be charged in connection with the murders, including Chilean government officials. Gen. Manuel Contreras Sepulveda, former head of DINA and one of Chilean strongman Augusto Pinochet's closest associates, may be one of those charged.

Assistant U.S. Attorney Eugene Proper requested that bond for Townley be set at \$5 million, reasoning that DINA might find it worthwhile to pay lesser sums to get Townley out of jail and in a position to escape from the country. He pointed out that Townley had used at least five aliases and three passports to enter and leave the U.S. in the last four years.

Townley's attorney, Seymour Glanzer, one of the original Watergate prosecutors, now connected to Charles Colson's former law firm, protested the high bail, arguing that it was tantamount to a denial of bail. The judge then ordered Townley held without bail.

Glanzer is reportedly skilled in the art of plea bargaining and observers of the case believe that bargaining is now under-

way. Glanzer has refused to comment on the case and called for closed hearings at every opportunity. Suspicions that plea bargaining is underway were strengthened when Townley waived his right to a pre-trial hearing.

Two others almost certain to be indicted in the case are Guillermo Novo Sampol and Alvin Ross Diaz, members of a Union City, N.J., cell of the Cuban Nationalist Movement. Arrested in Miami in mid-April on unrelated charges, the two were extradited to New York April 28. Both men are suspected of being directly involved in the killing, under contract with Townley. The FBI May 5 discovered an electronic detonating device ("beeper") in the glove compartment of Diaz's car, a device similar to that used in the Letelier-Moffitt murders.

The expected implication of Gen. Contreras may have explosive consequences for the Pinochet regime in Chile.

Pinochet is also threatened by the slow disintegration of the "liberalizing" image that he has tried to present in recent months. Particularly damaging was the discourse that his "sweeping" decree of Amnesty April 19 did not apply to those active in strike activity or in disseminating "tendentious" news. The limits of his reforms were also apparent May 1 when police broke up peaceful demonstrations in Santiago.

John T. Alves is an associate of the Transnational Institute in Washington.

Consortium successfully mines seabed

By Chuck Fager

WASHINGTON

A CONVERTED OIL DRILLING ship working southwest of Hawaii has achieved a breakthrough in new technology to mine the rich mineral deposits at the bottom of the sea, it was announced on April 17. Ocean Management Inc., of Bellevue, Wash., said in a statement that one of its vessels had used a hydraulic pump mechanism to suck up cargo of over 1,000 tons of potato-sized manganese nodules, the chief form of ore on the ocean floor. This was the first time such a method of extraction had been used successfully.

Ocean Management is a consortium of mineral companies from the U.S., Canada, West Germany and Japan, of which the Canada-based International Nickel Co. (INCO) is the major partner. An INCO spokesman in New York played down the immediate impact of the new technology. "We're going to analyze the ore and then store it," INCO's Dave Graham said. "The project is then going on the back burner."

In making its mining technology work, Ocean Management beat out three other consortia that are also working on under-sea mining systems. And the reality of seabed mining, which some specialists had predicted could never be done effectively, is another element of uncertainty in the volatile atmosphere of the international Law of the Sea Conference now underway in Geneva, Switzerland. (*ITT*, Dec. 14, 1977.)

After seven annual sessions, the conference is currently in its showdown meeting, trying to produce an international treaty that would, among other things, determine the future of deep sea-bed mining, an industry that could eventually be worth billions.

Third World delegates at the 150-nation conference have demanded that such mining be controlled by an international

body and that much of the mining be conducted by a quasi-socialist company, the profits of which would be redistributed largely to poorer nations. The U.S. delegation, headed by Elliot Richardson, has argued, on the other hand, for a major role for private mining companies and for fewer international restraints.

The stalemate that has developed over these and related issues has put the conference's future in doubt. Last month Richardson returned to Washington to testify before a congressional committee and he told reporters that he gave the conference "only a one-in-three chance" of resolving its conflicts and making real progress toward a new law of the sea treaty. Without such progress, Richardson said he could not see how the conference could go on.

Other knowledgeable observers, while

cautious, are not as pessimistic as Richardson about the conference's prospects. Sam Levering, a Quaker worker who has been active behind the scenes at several of the conference sessions, said in Washington that he believed Richardson's gloomy forecast "was mostly a tactical thing. If he comes home and says, 'things are going great,' and then it doesn't succeed, then he won't look very good, whereas if he says it isn't succeeding and then it does, he can say 'look what we accomplished.'"

Levering is hopeful that the conference can make major progress on the seabed mining and other issues that have been slowing it up, enough progress so that the delegates will agree to an eighth session next year to finish their work.

Chuck Fager is a free-lance writer in Washington.



Gay rights voted down in St. Paul

By Dave Wood

ST. PAUL, MINN.

RESIDENTS HERE VOTED ALMOST two-to-one April 25 to remove the words "affectional or sexual preference" from their city's human rights ordinance. Supporters of gay rights responded with anger, sadness and defiance.

The ordinance, which had been in effect for almost four years, prohibited discrimination in employment, housing, education, public accommodations and public services.

Many were surprised at the defeat in view of the broad support that gay and lesbian human rights had received from religious, political, minority and union leaders. Among those who publicly supported rights for gay people were the heads of the city's six largest religious denominations (including Roman Catholic Archbishop John R. Roach), most of St. Paul's city council members, the present mayor and three former mayors, the Urban League, St. Paul Federation of Teachers, Guild of Taxi Drivers, Teamsters, and all AFSCME councils.

But St. Paul voters were unimpressed by this staggering array of leadership support for gay rights. "This is an issue that people aren't ready for regardless of who speaks on behalf of it," said Kerry Woodward, campaign manager for St. Paul Citizens for Human Rights. "It could be because people are afraid right now. Schools are in trouble and there are many other problems. So people strike out at anything."

On the night of the election, over 1,000

supporters of lesbian and gay rights gathered at the St. Paul Hotel to await election results. As unfavorable results were posted, the mood was somber and even tearful—but defiant.

"We will not sit down. We will not be silent. And we will not go away," St. Paul Citizens spokesperson Craig Anderson said. "It's our city, too, and we are not leaving."

To underscore their determination not to go away, the following Sunday about 250 supporters of gay rights gathered at Temple Baptist Church, the church of Rev. Richard Angwin, who spearheaded the drive to defeat gay rights in St. Paul. While about 40 actually attended the first half of his "Victory Sunday" service, the rest demonstrated outside.

The St. Paul lesbian and gay community is stronger and more united now than ever before, according to Woodward. "A number of straight people who have been supporting us said they want to continue," she said.

St. Paul Citizens for Human Rights has initiated a court case challenging the constitutional right of a majority to vote on whether or not civil rights should be denied to a minority. The suit also contends that it was improper for the St. Paul City Clerk to correct what they consider to be substantive errors in the petition that demanded the vote.

Other cities' gay rights ordinances also face challenge. Wichita, Kan., and Eugene, Ore., voters will decide the fate of their cities' ordinances on May 9 and May 23 respectively. Within days of the St. Paul vote, a minister in Madison, Wisc., announced that he plans to challenge that city's ordinance and reportedly threatened to expose some local political leaders' homosexuality.

Supporters of human rights for all in St. Paul may soon find themselves fighting again. Soon after the St. Paul vote when Rev. Angwin was asked, "What next?" he responded, "Abortion and the ERA."

Dave Wood is a free-lance writer in Minneapolis.

It's Time for a Public Health Service

By Joyce Goldstein

As labor leaders and other supporters of national health insurance seek a compromise with President Carter to get a bill in Congress before the end of the year, Rep. Ronald Dellums (D-CA) has introduced a new version of his Health Service Act, first introduced last year, with which he hopes to change the character of the debate over health care.

As opposed to health insurance, which would use tax dollars to pay for private health care, Dellums' proposal, introduced April 5, would use public funds to hire medical personnel and would radically change the nature of our health care system.

"The only way to address the basic problem of the inaccessibility of health services to large segments of the American people is to create a democratically controlled national health service," Dellums said in introducing his bill. "A national health insurance program that merely uses tax dollars to pay for the private, profit-making system, without restructuring it, will only lead to further entrenchment of the power of the health care industry and the exacerbation of the high cost of health care."

Financed by a combination of general revenues, a progressive "Health Service" income tax, and an employer tax, the proposed U.S. Health Service would provide comprehensive medical, dental, preventive, environmental, occupational and mental health services to everyone in the U.S. Dellums' health system would have a four-tiered structure:

- Communities would have primary care service—general outpatient care, emergency services, mental health care, programs on occupational health and safety and environmental monitoring. These services would be provided through community health centers and other local facilities controlled by local elected boards composed of two-thirds users and one-third health workers.

- Larger districts would have a general hospital for inpatient services. District hospitals would be governed by boards with members chosen by the local boards, maintaining the two-to-one ratio of users to workers.

- Districts would be joined together in regions to set up specialized medical centers and a health worker education system.

- There would be overall national budgeting and financing and supervision of specialized research.

Challenge to private system.

Under the plan primary health care for most people would be taken out of the preserve of self-employed, self-regulated—and largely unaccountable—"professionals" and placed in the hands of salaried practitioners whose primary concern would be preventive medicine.

The proposal also challenges the hierarchy of the present health care professions through changes in the training of medical personnel. Health Team Schools, operated on the regional level, would be created to train health workers. The schools would be tuition free and the student body would have to "approximate" the demographic composition of the region.

In addition the performance of health care personnel would be continuously reviewed, with both users and practitioners participating in evaluations.

The bill also contains a patients' "bill of rights" that guarantees: access to all health services, choice of health care providers and clear information and explanations, in the patient's first language, about proposed treatments.



Rep. Ron Dellums

If it speaks to people's needs it's not utopian

In the following interview with Ilen Rodberg of the Public Resource Center in Washington, D.C., Ron Dellums of California talks about his reasons for introducing the Health Service Act in Congress. That act, introduced April 5, is now before several congressional committees. A vote is not expected until autumn.

Why are you introducing the Health Service Act at this time?

First of all, based on what I see as the health needs of the American people, and an evaluation of the current delivery system, I think this is the best way to provide health services for the American people, to enhance the quality of care and make sure there is accountability. Only in this way can we deal with the problem of excessive cost and marshal our resources so there is a more adequate distribution of personnel.

So you don't want to spend more, but to spend it better?

Yes, we want to see that the people who don't get service today can get good health care. I think a national health service provides the only possible way to do this, that is, we have to totally reorganize our delivery system of health care in this country.

Don't you think that trying to do that is utopian?

I realize that by introducing this bill we are running counter to many of the special interests involved in the delivery of health care, which is a very, very large business in this country. Everywhere I go, AMA people have argued that this approach is utopian, that it is just not practical, that it can't work, that it runs against the grain of how our economy is organized.

My response is simply that there is a desperate need to take a new look at the nature of our economy. There are movements beginning across the country for economic democracy and I think that the right of the people to health is a critical issue that ought to be part of that debate.

I don't think this approach is utopian. Maybe it is in advance of its time but that is only because millions of American people are not aware of this alternative. I have introduced the bill, not because I think the country is prepared to enact it today or tomorrow or even next year, but because it opens up a critically important debate in this country. It begins to force everyone to discuss all the various alternatives. Within the framework of an open debate, I think people will move toward this alternative.

This approach requires a radical rethinking of how we deliver services in this country and what the role of government is and should be in the lives of people. But, from an economic standpoint it makes sense, and from a political standpoint it makes sense.

Certainly it makes sense at a time in our history when competition for resources is increasing. We are simply building a situation today where more and more people will come together in conflict. I think the way you remove that conflict is to rise above a parochial approach to a problem and to speak to the needs of all the people, across race, across sex, across class, across every line that tends to divide us. That is what this bill does. It is a universal, comprehensive approach and I think it is the way to meet the increased competition over resources.

You referred to the special interests, many of whom are health workers, and the resistance you have met from the AMA. Do you think that health workers, from physicians to nurses aides, should support this bill?

Sure, I do. In a delivery system that doesn't require that health workers put in 60, 80, 100 hours a week, which I feel is absurd—there is a point beyond which competence begins to drain—when we reorganize the delivery system of health care in a way that makes sense, you minimize the stress on workers. They can work in an atmosphere that is more congenial and cooperative. They don't have to get involved in defensive medicine, do lab tests that they know are not necessary, or to engage in operations that may not necessarily be useful, but are done to protect themselves. They don't have to get involved in massive debt in setting up private offices, they don't have to be businesspersons, keep books, or worry about paying the bills. They can do what they are trained to do, that is, to provide health services to people.

Second, this bill provides for the participation of all health workers in managing the facilities where they work. For the first time they can, under the mandate of law, be involved in the development of programs and approaches to the delivery of health care where they work. Any time people have the opportunity to participate in issues that impact upon their lives, that is a very healthy process.

So you think this should be encouraged throughout the society?

Yes, providing an opportunity for workers to participate in establishing policies and creating the atmosphere in which they work is, to me, fundamental to the concept of a democratic society. One of the tragic realities of our institutional development thus far is that, even though we talk about being a democracy, we have excluded the participation of the people who use our services and the people who provide them. This really runs counter to the concept of democracy. Somewhere along the way it got distorted. What we are trying to do is put it back on track.

Skyrocketing health costs.

Skyrocketing health care costs have become a major burden to consumers, employers who purchase health insurance and government. Despite the current system of public and private health insurance, health care costs are now the primary cause of personal bankruptcy in the U.S.

Experience with government insurance programs, like Medicaid and Medicare, demonstrates that subsidizing the private sector to deliver health services increases the cost of health care by granting an unregulated license to provide more and more care, regardless of need, at an ever-increasing cost. A national health insurance system would continue the escalation of medical costs.

Efforts to control rising health costs, supporters believe, are doomed so long as the health system has to rely on "fee-for-service" (paying separately for each service) medical care, with its built-in encouragement for expensive and unnecessary procedures.

The Dellums health service proposal builds on the experience of prepaid health care systems that utilize salaried doctors and medical workers, and have controlled costs by reducing hospitalization time and by placing a greater emphasis on primary and preventive health care.

Supporters of a national health service estimate that such a system would cost 10 to 30 percent less than current health care because it would eliminate the costs of insurance and billing, unnecessary treatments and hospitalization encouraged by fee-for-service and excessive profits and astronomical salaries for the professional elites.

Public health history.

Between 1912 and 1920 the first major campaign for national health insurance was waged by the American Association for Labor Legislation, after the campaign to establish workman's compensation had achieved success. This effort was thwarted during World War I when the American Medical Association and the business community retracted their earlier support.

The next articulate voice for a national health program came from the private—but government-supported—Committee on the Costs of Medical Care. Its short life—1927-1932—produced a report calling for group practice and prepayment. But a minority report emphasizing solo, fee-for-service practice and endorsed by the AMA effectively killed the whole idea until President Franklin D. Roosevelt's Committee on Economic Security made similar recommendations in 1934.

But again the AMA made sure that the Social Security Act of 1934 did not include any attempts to control the medical profession.

Roosevelt's health message in 1939 spurred the introduction of the National Health Act, which also went nowhere despite Harry Truman's declaration that national health insurance was a top priority.

In the early 1960s President Kennedy decided that the only way to pass any form of national health insurance was to restrict it to sectors of the society whose need could not be denied. Medicare and Medicaid, introduced by Kennedy at a Madison Square Garden rally and passed under Lyndon Johnson, provided a measure of public financing for medical care for the elderly and the impoverished.

Not only did the limited scope of the coverage represent a compromise with the health care industry, but in the legislative process all cost and quality controls were eliminated.

Ironically, these two programs—op-