Students Need Affordable Lunches — on Saturdays

Guest Column by Mark P. Hurst

My stomach grumbles. It is noon on Saturday, and like the many students, tourists, and conventions I see around me, I am hungry. The bad news is that we have all chosen Lobdell Court to provide our dining experience. Noons on Saturday: in my opinion, a fairly rational choice for lunch. Far from it, Lobdell seems to say: all I have to choose from is the deli and Burger King. The deli is manned by a single person. The wait for a simple, made-on-the-spot lunch is interminable, so I do what so many other MIT students must have done today: I leave.

Lobdell’s service schedule screams for common sense. But as campus dining is a hot topic these days, I would like to shed some light on a more important problem, which has vexed me for years: prices. Remember when the Pentagon was buying hammer for $800 apiece? ARA took notes. Here is a prime example: a 10 oz. bottle of apple juice goes for $0.90 in Lobdell I. In LaVerde’s, where prices are already high, the same bottle of juice goes for $0.69. That’s a 34 percent difference. In Lobdell, you have to pay $0.55 for a banana. In LaVerde’s it’s $0.25. Lobdell is pricing its bananas 120 percent over LaVerde’s. How can ARA live with itself? How can ARA live with such exorbitant prices because it can. When you whip out your Student Service Cards (why do we need another magnetic strip? Won’t one be enough?), you aren’t thinking about the money you’re paying. To so many of us, the card represents "play money" with which we can pay for any meal we want without worrying about the price. But it’s not play money. It’s very real money, and we’re throwing it away to pay ARA’s greedy games of fifty-five-cent bananas.

The Clinton plan for health care reform (the "health alliances." Alliances would use their purchasing power to provide insurance for the highest quality care at the lowest possible cost.) would control costs by introducing competition among health providers. (In other words, employers would be required to radically alter their health care plans and purchase from providers offering alternately greater choice and service at less cost. All plans would be required to offer at least a minimum package of benefits. (The list of guaranteed benefits may be found in almost any recent magazine or newspaper.)

The consumer, whether employer or individual, would have a choice among plans offering alternatively greater choice and services at greater cost, or fewer choice and services at less cost. All plans would be required to offer at least a maximum package of benefits. (See the list of guaranteed benefits.) By developing competition, the response to the president’s plan is surprising.

President Clinton’s newly released health care plan seeks to accomplish two ends: First, it would guarantee every American basic health insurance without regard to income; second, it would control costs by introducing a scheme of large insurance purchasing cooperatives which would compete to provide insurance for the lowest quality care at the lowest possible cost. The consumer, whether employee or individual, would have a choice among plans offering alternatively greater choice and services at greater cost, or fewer choice and services at less cost. All plans would be required to offer at least a minimum package of benefits. (The list of guaranteed benefits may be found in almost any recent magazine or newspaper.)

Nothing so new, I realize that this column may bring some urday.

America Must Choose between Clinton Health Plan, Status Quo

Guest Column by Anders Hove

The Clinton plan for health care reform has been the subject of endless analysis, but Bader tells us. Thus I expected Bader’s column to bring some light on a more important problem, which has vexed me for years: prices. Remember when the Pentagon was buying hammer for $800 apiece? ARA took notes. Here is a prime example: a 10 oz. bottle of apple juice goes for $0.90 in Lobdell I. In LaVerde’s, where prices are already high, the same bottle of juice goes for $0.69. That’s a 34 percent difference. In Lobdell, you have to pay $0.55 for a banana. In LaVerde’s it’s $0.25. Lobdell is pricing its bananas 120 percent over LaVerde’s. How can ARA live with itself? How can ARA live with such exorbitant prices because it can. When you whip out your Student Service Cards (why do we need another magnetic strip? Won’t one be enough?), you aren’t thinking about the money you’re paying. To so many of us, the card represents "play money" with which we can pay for any meal we want without worrying about the price. But it’s not play money. It’s very real money, and we’re throwing it away to pay ARA’s greedy games of fifty-five-cent bananas.

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The key to the plan is financing. As I said, the government would seek to control systemwide costs through private competition among large purchasing cooperatives, known as "health alliances." Alliances would use their large purchasing leverage with providers (such as hospitals) in order to draw up plans which offer cost-effective quality care.

Needless to say, financing the plan’s universal access provisions presents the greatest challenge to policy-makers. Instead of simply expanding government bureaucracies, Clinton’s plan would eliminate Medicaid and put current Medicare and Medicaid recipients, along with other uninsured citizens, into the local purchasing alliances. Hospitals would compete to offer cost-effective care to these patients just as they would for any other group. The bulk, the uninsured, would be insured by their employers, with the federal government subsidizing the insurance of most part-time, self-employed, or low-wage individuals. (In other words, employers would purchase for their employees insurance plans offered by local health purchasing alliances.) Small businesses would also receive a tax credit to help offset the impact of purchasing insurance plans. The current public debate seems to be centered around two ideological questions. First, does Clinton’s plan amount to a huge increase in government bureaucracy to which all Americans will be forced to pay in order receive rationalized, socialized medicine? Second, will Clinton’s plan kill free enterprise in America by stifling entrepreneurs in small business?

The answers to these two questions are matters of opinion and perspective. Some of the response to the president’s plan is surprising, while some is predictable. For instance, insurance companies offering traditional individual insurance (known as "fees-for-service") are predictable against the plan. After all, they would be required to radically alter their methods in order to become competitive in a...