

tion begins when the prospective doctor commences his studies, and in this selection, social background, wealth and race are extremely important. To get into the upper stratum of physicians, it is generally necessary to have social connections with rich people, a well-equipped office in an exclusive neighborhood, and family assistance which makes it possible for the young doctor to wait until a well-to-do clientel give him its patronage.

The physicians in the higher income brackets have professional privileges. They control the A.M.A. and they get the best positions in the clinics. Clinical practice is the physician's laboratory. To keep in touch with the latest developments in medical science, one must have a large and varied clinical practice. To less influential physicians the ambulance cases are left; or they do not get into the good clinics at all. Naturally this is entirely apart from the fact that doctors should not be permitted to use clinical patients as guinea pigs, and experiment on their free patients, for which their training is inadequate, applying the results to their rich ones. The survey of deaths from childbirth in New York 1930-32, conducted by the New York Academy of Medicine Committee on Maternal Mortality, indicates that there is too much bungling. This survey shows that 65.8 percent of the maternity deaths were preventable; that in 61.1 percent of these avoidable deaths, the physician was responsible, either due to faulty judgment or faulty technique; and that in 17.8 percent of the cases the death certificate misstated the cause.

Clinical practice is necessary for the young doctor, and yet he cannot afford the luxury of free practice. In Cornell, where clinical work is paid, the physicians were ready to go on strike when abolition of payment was proposed. In Harlem, there is a strong movement to demand payment for clinical work.

The medical profession makes much of its fair practice, and it must be stated that on the whole the ethical standards of the profession, at least on paper, are exceedingly high. Yet in certain cases, state organizations of the A.M.A. have taken the lead in violating their own code, when violation is in the interest of the successful physicians whom the Association represents.

An interesting example of the relationship between the A.M.A. and the drug business is provided by the case of *The Journal of Medical Economics*. This Journal is sent free of charge to 125,000 physicians. It contains short articles on such subjects as how to increase payment on bills, the diary of a physician's wife, etc., but the main space is taken up by advertisements of drug and pharmaceutical concerns. The A.M.A. launched a feeble attack on *The Journal* as "hampering to scientific progress with its indiscriminate advertisements" to which the latter replied candidly that *The Journal* is sent only to licensed physicians who are presumably capable of discrimination. The story ends with the appointment of Dr. Baketal, editor of *The Journal*, to chairmanship of the committee on

Medical Economics at the recent convention of the A.M.A., which committee has the job of investigating unfair practices!

The question of fee splitting naturally came up before this committee. This practice is absolutely unfair and is recognized as such. It is so widespread among physicians that there is probably not a community of decent size in the country untouched by it, even according to the A.M.A. The practice consists of physicians recommending specialists and taking a percentage of the specialist's fee. Since the specialist gets considerably more than the general practitioner, this means that specialists are often called in when they are not needed. Furthermore, the physician is supposedly giving a disinterested recommendation to a patient, and may, in actual fact, be calling in a specialist whose sole qualification is his willingness to pay the physician a larger percentage of his fee than his competitors. The solution proposed by Dr. Baketal's committee was that a detailed bill be given the patient, in which the fees of both the specialist and the general practitioner be included. In other words, the only difference between this procedure and the fee-splitting would be that the former would be done openly.

The annual bill for medicines in the United States is \$715,000,000. Of this sum \$360,000,000 goes for patent medicines, the ingredients of which are absolutely unknown to the patients. These patent medicines are in most cases either of dubious medical value, or positively deleterious to the human system. Some of them have succeeded in causing death in an amazingly short time. It is obvious that a scientific aroma is needed if this junk is to be sold over the counter to millions of unsuspecting consumers, and who is better able to provide such products with scientific standing than a "reputable" physician?

Public health is a public problem. There seems to be little recognition of this on the part of the A.M.A. or on the part of the conservative physicians in general. Thus *Hygeia*, the monthly publication of the A.M.A., lists among the disadvantages of entering the medical profession:

... the competition offered by public and semi-public health organizations. For some reason various philanthropists have become intensely interested in providing medical attendance for the middle class, and the private physician in the large cities has much *really unjust competition* to meet. [Our italics.]

Dominated as it is by the wealthiest physicians, the American Medical Association has done a great deal to keep physicians and surgeons in a state of social and political slumber. It has a strong control over the profession. For instance, at its 1933 convention, the Association was able to tighten its grip on the hospitals by passing a resolution providing: "that physicians on the staffs of hospitals approved for interne training . . . should be limited to members in good standing of their local medical societies."

In the South, for example, no Negroes are admitted to these local associations.

In spite of the A.M.A., there is an increasing movement among physicians in favor of some form of collective medicine, primarily as a measure of self preservation. A report of the Bronx County Medical Society points out that: "in effect about 70 percent to 75 percent of the patients [in New York State] are treated by the medical profession either without remuneration or with remuneration so low and under such methods of competition as to be degrading . . ."

Furthermore, the number of public and free patients is increasing rapidly every year. The majority of physicians cannot expect to earn a livelihood under the present medical system when the number of private patients is declining and the large masses of the people are unable to afford even indispensable medical care. Half of the twelve hundred Jewish physicians in the Bronx are on relief today, and it is therefore not surprising that the Bronx association comes out for a compulsory health insurance system to be financed by the state.

The report of the Committee on the Cost of Medical Care made some highly inadequate and vague proposals in the direction of group medicine. Medical service was to be given by organized groups of physicians; its cost to be shared on a group-payment basis. The group-payment scheme means that medical service will continue to be adjusted to pocket-books rather than to needs, and that the poorest groups in the population will be automatically excluded.

During the last (1934) convention of the A.M.A., the possibility of some form of group medicine was faced and the following proposals were made as a means of safeguarding the well-to-do physician's vested interest in his patients' diseases: the control of any such scheme by the medical profession; the immediate cost to be borne by the patient, who must pay at the time service is rendered; and relief to be accorded only to those below the "comfort level."

The first concrete step in the direction of any adequate health service for the working population is the Workers' Health Insurance Bill proposed by the Economic Federation of Dentists of Greater New York and endorsed by the National Congress for Unemployment Insurance. This bill was introduced into Congress by Representative Dunn of Pennsylvania this month. This bill provides for a complete system of medical insurance to apply to all workers (including professionals and farmers), whether employed or unemployed, and their families; it makes the utilization of all existing health facilities mandatory and provides for their extension at government expense, thus ensuring full employment of physicians, nurses, etc.; it is to be administered by a Health Insurance Commission composed of elected representatives of workers' and farmers' organizations and of medical professional organizations, including those of pharmacists and nurses; the patients are given choice of clinic and doctor; the amount of payment for medical services is to be

decided by the Health Insurance Commissions jointly with the medical workers and professionals concerned; and finally, the funds for this bill are to be furnished by the government from levies on inheritance and incomes in excess of \$5,000.

This bill is the first to provide for the entire working population without discrimination, and at the same time it safeguards the economic and professional status of the medical workers. By providing for health services free of charge, the demand for doctors and dentists would be enormously increased. The millions of unemployed and impoverished workers who are forced today to let disease take its course could immediately obtain medical care. Instead of a concentration of doctors corresponding to the concentration of wealth (today there is one doctor for every 621 people in New York State and one doctor for every 1,431 in South Carolina), thousands of doctors would be required at once in the pellagra-infested regions of the South.

The bill would break the stranglehold which the rich physicians have over the masses of doctors. It would break the power of the drug trade by setting up free dispensaries under the control of the workers, farmers, medical profession and pharmacists; and it would put an end to the parasitism of chiropractors, faith healers and swindlers.

It is the physician's joint interest with the workers to obtain the passage of this bill, since this is an enormous stride toward socialized medicine in fact as well as in name. The average doctor believes that he can practise his profession equally well under any social system. As we have shown, this is untrue since both the economic status of the physicians and the health of the population are largely determined by the type of society in which both exist. The contrast between public health in the Soviet Union and under fascism illustrates this. The U.S.S.R. is increasing its appropriations for public health, workers' rest and recreation from 5,400,000 rubles under the first Five Year Plan to 19,600,000,000 in the second. The number of hospital beds is to increase 44 percent in the cities and 98 percent in the country districts. Gigantic appropriations are being made for health research in the Soviet Union and under the proletarian dictatorship the doctor is accorded honor as a servant of the workers' needs rather than as a successful prostitute to the drug trust.

In fascist countries, we see the reverse of this picture. A continuous retrenchment of medical facilities is going on, and the living standards of the workers are falling at a rate which makes any comprehensive medical program futile. At the same time German fascism is reviving archaic anti-scientific theories which must impede the progress of medicine. Anti-vivisection edicts have been promulgated. The German medical schools are obliged to teach utterly discredited theories of racial supremacy, and even the revival of medieval herb remedies is being encouraged.

The Fight for Thaelmann

ALBERT VITON

A BLEAK, wet morning in a narrow street on the east side of Berlin. The street is dirty and the rain converts the dirt into muddy pudding. Tenements flank both sides of the street.

I am hurrying to meet a friend at the Oranienburger Tor. It is early in the morning, a little past six. Bakeries and milk stores are being opened and newsdealers display the morning papers. Bundles of the Voelkischer Beobachter lie on the sidewalk. They are permitted to get wet. The Eher Verlag takes them back anyhow. (Nearly 200,000 copies of the *Rote Fahne* used to be sold here.)

My friend, a metal worker, is waiting at the Tor. He is a huge man with the strength of an ox. But his forehead is fine. Blond hair falls over his eyes.

"Good morning. I am glad you have an American flag in your lapel. It may be useful," he says as we begin walking. "I want you to see some excitement. There may be shooting, but do not worry. Everything has been carefully planned." He paused to observe the effect of his words on me. "We will take a street car to Tegel: now take off the American flag. We sit separately. Get off the car when I do."

The No. 25 trolley is packed with workers going to Tegel. It takes an hour and a half to get there, and to pass the time I unfold a *Beobachter*. But I begin to feel uncomfortable. Though I dare not look up from the paper I sense dozens of hostile eyes turned on me.

"You are tactless," my friend says as soon as we are off the car. "This is not the place to unfold a Nazi paper. But let that pass. I brought you to witness a Thaelmann demonstration. It may be the biggest demonstration in Germany since the dictatorship. We expect about 25,000 workers to participate. You get into this cafe and watch from the inside and don't forget to pin the flag on your lapel. You do not know me." Then he leaves me.

This is the first indication of the object of our trip that I have had. My friend had called me the night before and asked me to meet him, but had told me nothing. Now I know.

Though it is nearly eight o'clock already, the Mueller Strasse, one of the widest streets in Tegel, is empty. Only women shoppers and casual passersby are to be seen on the street usually filled at this hour with thousands of workers hurrying to the huge, massive German factories. They obviously are unaware of the impending storm. Street cars stop, workers get out and disappear—but not into the factory gates.

Suddenly from every direction comes the shriek of whistles and people begin rushing to the wide street. Within two minutes it is filled with thousands of workers.

Hands go up into the humid air. Fingers clench into fists! The Communist salute: "*Rot Front!*" "*Rot Front!*"

No rostrums are raised. That would be suicidal for the leaders of the illegal demonstration and the vanguard of the revolutionary proletariat cannot sacrifice their leaders for mere show. Therefore there are no formal speeches and everything is done hurriedly. A powerful voice splits the air with "*Es lebe Thaelmann!*" "Long live Thaelmann," thousands respond.

Slogans are shouted; there is no time for speeches!

"Thaelmann remains the leader of the German working class." "Thaelmann represents the unconquerable mass." "Only a united front of workers will save Thaelmann."

Such demonstrations cannot last long in Nazi-land. Patrol wagons, arrive and tear through the crowd. Workers are run over. One lies in a pool of blood. His legs are smashed, and from the café I can see pieces of bone lying next to him.

The Black Shirts and Storm Troopers arrive in army trucks and charge with drawn revolvers. The regular police, armed with bayonets, and the mounted *landespolizei* arrive from side streets, surround the demonstrating workers and attack. The assault begins. Long rubber whips crack and dozens of men fall on the pavement. From the café window I see the mad rush of the people, the upward swing of the police whips—there is steel in them—and their descent upon backs, faces, shoulders. . . .

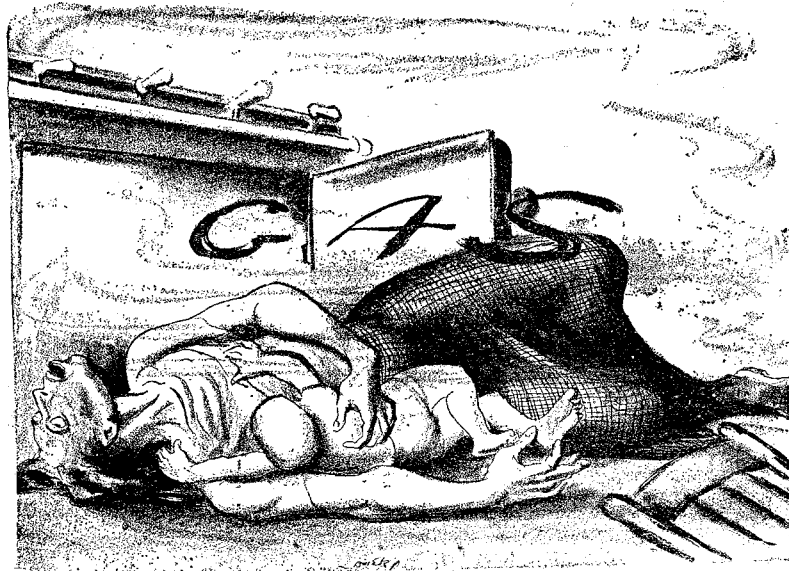
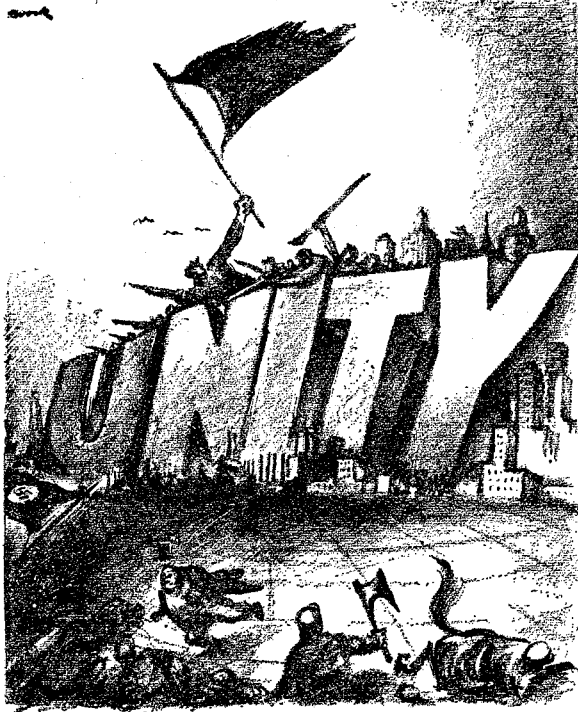
Suddenly a shower of leaflets begins falling. It has a hypnotic effect upon the retreating crowd. The workers stop and turn back to pick up the leaflets, disregarding the rubber whips in a renewed fight with the police.

In ten minutes the demonstration is over. The street is quiet; crowded black marias depart filled with hundreds of prisoners; stores and cafés are reopened. Only the Black Shirts remain to pick up the leaflets from the muddy, blood-stained street and on every corner stands an armed sentinel.

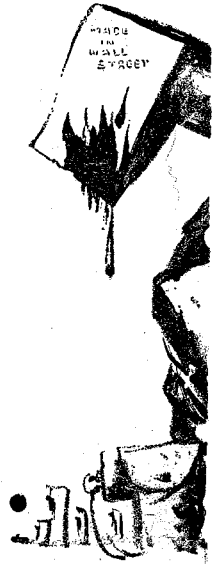
But the workers have been able to gather most of the leaflets and later I obtained one from my friend. It is a call to save Thaelmann, to support the German Labor Defense, to rally to the underground Communist Party:

The underground Thaelmann Committee appeals, begins the leaflet. Thaelmann, the leader of the German working class, as well as hundreds of other revolutionaries will be dragged before the Nazi murderers. The sentence has been prepared long before the trial has begun.

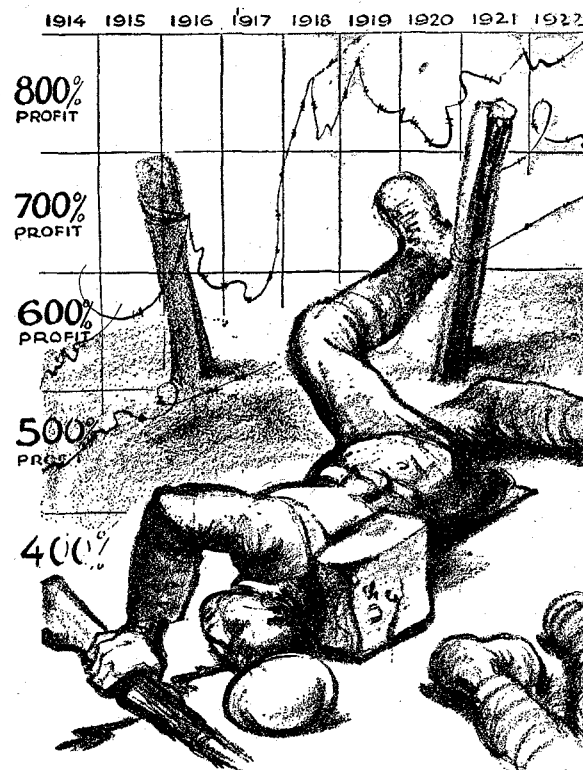
Fight with us against the legal murder and terror. Fight against the murder of our comrades. Fight for the liberation of the 170,000 revolutionary prisoners in Nazi dungeon-holes. Enroll in the Communist Party to fight for a Soviet Germany.



"... Be Patient"



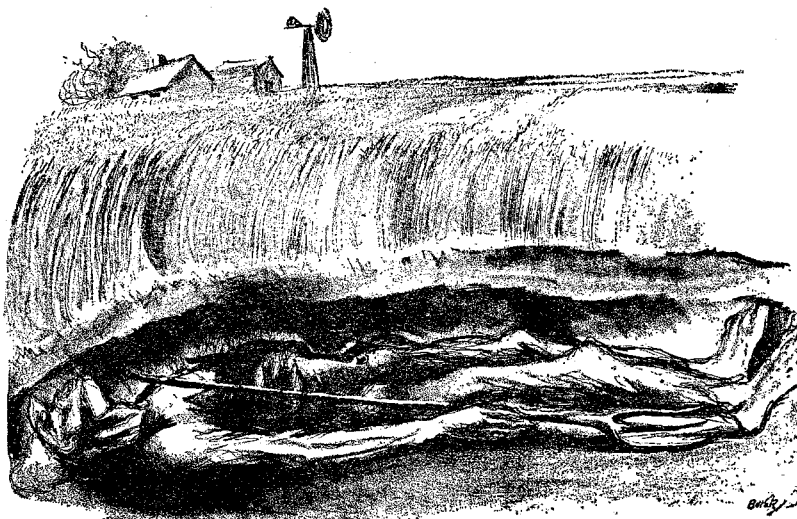
"Cracking Down"



War—What For?



Keeping it Up



Too Much Wheat!



Taking the Profits Out of War!

From "HUNGER AND