THE HIGH COST OF HEALTH

By DR. ERNST P. BOAS

The following are excerpts from a paper delivered before the National Health and Welfare panel of the Conference of the Arts, Sciences and Professions in the Postwar World held at the Waldorf Astoria in New York, June 23, under the auspices of the Independent Citizens Committee of the Arts, Sciences, and Professions. Dr. Boas is chairman of the Physicians Forum.

As PRACTITIONERS we know through first hand experience that there are many things wrong in the medical scene, and we have banded together to see what we can do about it. We know that many people are not receiving proper medical care; we know that, in many instances in spite of the utmost devotion and good will, we cannot do a good job in caring for our own patients; we know that all too often we cannot find opportunities to continue our medical education, and our professional growth, because we lack the contacts and stimulus that come from the associations with other physicians on a hospital staff; we know that in normal times many of us find it hard to make a living.

The chief reasons for this state of affairs are economic. Medical care is a commodity that must be bought. Therefore, the distribution and availability of medical care depends on the incomes of the people in the community. It is natural that doctors and hospitals should be plentiful in large cities, and in wealthy industrial centers, for here there is money to pay for them. It is inevitable that in poorer communities, in the South, and in farming areas, and in small towns the available medical resources are scanty or lacking. But few realize the tremendous discrepancies that have developed. Sixty-five percent of the money spent for medical care is spent by urban families, eighteen percent by rural non-farm families, and seventeen percent by farm families. Repeated studies have shown that expenditures for medical care are consistently correlated with income. The lowest income group spends least, and the amount spent steadily increases as income increases. Twenty-one percent of American families had aggregate money incomes of less than $1,000 during the year 1942. These families spent on the average $42 or 6.8 percent of their income for medical care that year. Families in the $1,000 to $2,000 income class spent an average of $68, those in the $2,000 to $3,000 an average of $96 for medical care. Families with incomes from $3,000 to $5,000 spent an average of $143 for medical care, and this represented only 3.7 percent of their annual income. So we find the higher income group spending over three times as much for medical care as do those with incomes of less than $1,000. Yet illness is nearly three times as frequent among those in the lowest income groups.

Medicine in the United States is unsurpassed, at its best. The past decades have been years of tremendous medical discovery and progress, and have resulted in a sharp reduction in disease, and in a great prolongation of the average life span. But knowledge how to prevent and cure disease has far outstripped the actual performance. The techniques of medical care have become more and more complex and specialized. Medicine as it is practiced by organized medical staffs of our universities and large voluntary hospitals offers the best there is of medical care. No longer is the solitary medical practitioner able to give adequate service to his patients. The constant development of new laboratory techniques, the increasing tempo of specialization, with the complex and difficult technical procedures which this involves, have brought it about that frequently many doctors must cooperate to reach a diagnosis and carry out treatment for a single patient.

We are confronted with the basic fact that a large proportion of our population have not the money to buy decent medical care. Good medical care has become very expensive, largely because of the scientific advances that have been made. Even when provided for by a prepayment insurance system, with elimination of the fee for service system it costs from $25 to $30 a person. For a family of four this amounts to $120 a year. For low-income families, for those with incomes below $2,000, this is far too expensive. The other necessities of life at these income levels are too demanding; prepayment for illness is put off in the hope that illness will not strike.

Many have cherished the hope that voluntary sickness insurance might fill the need. Sickness insurance is set up to spread the cost of illness, to meet the extraordinary costs of major illnesses out of a common fund to which all contribute. Experience in this country and in other countries has shown that voluntary sickness insurance plans that give complete coverage are impractical—they cannot be sold, and they cannot be administered, especially when the doctor is paid a separate fee for every service rendered under the plan. Yet this arrangement is insisted on by organized medicine. They can exist only under special favored circumstances, among employes of one large industry, and as a rule with a subsidy from the employer. They cover the worker but not his family. They succeed in times of plenty, but with curtailment of employment, at a time when they need it most, many workers lose their insurance. Actually the protection offered by voluntary sickness insurance in this country is minute in comparison to the need. In this the United States reflects the experience of other countries more advanced in the organization for the distribution of medical care—voluntary plans fall far short of meeting the needs of the country.

Expenditures by government for public health activities for child and maternal health, and for veterans run into sizable figures. The prevention of disease today involves much more than the old line activities of the public health officer — sanitation and vaccination. Today the chronic, so-called degenerative diseases are the great hazard to life and health. Their control and prevention depend on making available to all complete facilities for early diagnosis and treatment, not when the disease has run its course and is in its last stages, but at the time of its earliest manifestations, when it still may be checked.

Today we can no longer say, "This is preventive medicine, a proper function of government; and this on the other hand is curative medicine, the function of the practitioner of medicine whose services must be bought in the open market." These two aspects of sickness control have become merged; preventive medicine begins with measures of personal hygiene and health examinations instituted by the medical practitioner. So it is a logical and nat-

The Barber of Madrid.

ural step to turn to government for funds to extend adequate medical care to all citizens of this country.

The federal government must do the job.

The principle of social security payments has received general approval, and it seems just and psychologically sound for the worker to contribute the costs of his own medical care. He will then feel that he has paid for the medical services that he receives, he will demand that these services be adequate, and every stigma of charity that in the past has been associated with medical services provided by government will be eliminated. But tax funds will have to be provided in addition to the social security payments; medical care of the indigent, who are not covered by virtue of employment should be included in a national health program. Furthermore, we must make certain that this medical care that we shall make so freely available will be of the best. We must provide funds for research, and for medical and other professional education, for without the leaven of teaching and scientific investigation any National Health Plan will not bring the highest type of medical care to the people.

WE DOCTORS of the Physicians' Forum believe that the patient, that is, the recipient of medical care, working through his government or through consumer organizations has both a right and a duty to be heard. It is he who pays the bills, and who is entitled to determine what kind of medical care he wants.

The layman is quite competent to decide whether or not he wishes to correct the gross inequalities in the distribution of medical care that exist today. We believe it important for laymen and doctors to work together to discover the best means to achieve the widest distribution of good medical care.

Senate Bill 1050, the Wagner-Murray-Dingell bill now before the Congress, provides for a national health program. The proponents of the measure have sought the best available advice, and have accepted suggestions for changes from physicians and other professional groups as well as from many lay organizations. It is a bill which will remove the economic barrier that prevents so many of our people from receiving adequate medical care.

It is not so generally recognized that the average doctor, too, will profit by its passage. The physician today is a split personality. He is a combination of a professional man and a small businessman. These dual activities often conflict with one another, to the doctor's distress and the patient's disadvantage. All too often the physician is prevented from giving his patient the benefit of the full resources of medicine because the patient cannot afford the expense of the procedures involved. The doctor is unable to practice medicine in the way he wishes to, and in the way it should be practiced. Today, all doctors are very busy and very prosperous. They forget that a short ten years ago 60,000 doctors who are now in the armed forces were competing with them for patients, and that these patients had no money. In 1936 the median net income of physicians was $3,234, in 1938, $3,027, and in 1940, $3,245. Compulsory health insurance will stabilize the income of doctors over the years, and in fact will increase the incomes of the majority. It has been reliably estimated that the average income both of practitioner and specialist will increase rather than suffer under the provisions of the bill. Today the doctor wastes many of his early years building up a practice, and after he has reached age sixty he finds his practice and his income rapidly shrinking. By providing a stabilizing economic base, compulsory health insurance will do much to eliminate this waste of skilled manpower. And it will give security to the doctor in youth and in old age just as it will to his patients.

The time has come to marshal the complete resources of modern medicine, and place them at the service of all of our people. It is for such a national health program that all of us, doctors and laymen must work together. Our efforts are needed to give actuality to the plans that have been developed by competent experts.

THE SEAMEN WON'T BE SUNK

By VIRGINIA GARDNER

Washington.

THE scene is the dusty auditorium of the old National Museum, the only room the War Labor Board could find which was big enough to hold the rank-and-file delegates from the National Maritime Union and all the members of the press who wanted to hear the NMU wage case. One seaman after another, his chest ablaze with ribbons of the various invasion fronts, tells the board how his family is struggling to make ends meet on his socalled high pay. Tex Wismer, with ribbons of twelve invasions, a bos'un who started shipping out nineteen years ago, tells how he finally got married early in the war. "So I start pushin' baby buggies, like all my friends. Now do you think I'm going to give up my home and my family?"

Elsewhere the ship operators' statisticians utter discreet words about subsistence pay. One insists that coffee cups and pots and pans and toilet paper—and even the pay of the stewards who cook the crew's mess—be added in. That, he said, would almost double the forty-two cents an hour skilled workers will be getting under the bonus cut ordered by the War Shipping Administration. Another statistician says, after the union's testimony, that if wages are to be computed on the basis of what it costs to live, "that is a novel approach to me." If he himself couldn't make a living as a statistician, said this man with two or three degrees, he would simply go into some other profession.

Or take the scene at the War Shipping Administration some three months ago. Certain gentlemen are busy explaining in refined terms the meaning of some charts. They are Navy statisticians, and the charts "explain" why the WSA did what it did to sabotage the war effort. By charts a man with a flair for regarding war heroes as digits can figure out "war risk" in precise terms.

The statisticians are saying, in effect, how easy it is for war heroes of today to become hoboes tomorrow. They are telling the union delegates who haunt the place, the men who took out ships when they were unarmed boats with about as much safety as a sieve in a bathtub, that we still have a war on our hands and ships to man, but that, unfortunately for them, there aren't quite so many sinkings as formerly.

The area bonus and attack bonus are definite war risk payments. If a ship is attacked in a certain area, a seaman gets $125—but only if it is a direct attack or if at least one member of the crew gets killed. The steaming (when you're under way) bonus is paid on an entirely different basis. The fact that if you're a mess boy or wiper and get from 82.5 cents to 87.5 cents an hour, you get a 100 percent bonus, if you're in dangerous waters—and if you're a captain making $400 or $500 on the same ship, you also get double, shows the direct relationship to wages.

The entire theory behind the war risk bonus, promoted by the operators as a sneak attack to prevent wage rises, was that they could be removed conveniently. Nevertheless, they *are* an accepted part of seamen's pay. Before the war, when the United States had 10,000,000 instead of 50,000,000 tons of shipping (ships), an AB (able-bodied seaman) got $82.50 for a 240-hour month. For that, he had to know among other things how to reeve a block (thread it), splice a cable, pass a lifeboat test and do the same work that a rigger in a shipyard gets $1.20 an hour for doing. But with the increasing manpower shortage after Pearl Harbor, the WSA found it had to install the "high" war bonus in addition to making a national appeal to recruit and train men, to entice back the old-timers who had left the sea and acquired homes and families. With the bonus, they were getting eight-five cents an hour. The second bonus cut has gone into effect—about thirty-five percent cut in Atlantic waters. With V-J Day will come the full cut, and the pay with be forty-two cents for skilled men.

As Art Phillips, of the NMU, secretary of the CIO Maritime Committee, describes it, "WLB is going to diddle around with our case. They will give fifty-five cents (the minimum wage standard), but they'll hack away here and there, they'll deduct one dollar a day or so for subsistence. The government will wind up cutting the average wartime wage of $200 a month by $100—then they'll give us a twenty dollar raise."

The Chicago *Sun* recently splashed before its readers a picture of a GI Joe on a picket line. The NMU seamen he was marching with are not on strike. They are just taking their wage case to the people. A similar picket line parades before the WSA offices here. The men are heroes of numerous invasions, they include torpedo victims and veterans of the run to Murmansk and to India, to the Red Sea and to Africa. It must make the statisticians with the meticulous phrases writhe to count up all the war risk involved in those ribbons.

At their recent convention these seamen voted to continue to refuse to strike. As their president, Joe Curran, said, half the working class is in the foxholes, and we aren't going to desert them.

WHEN they appeared before the WLB, representatives of every union on the sea—speaking for 180,000 men — appeared with them officially. There are the Seamen's International Union - AFL; the Seamen's Union of the Pacific-AFL; the Marine Cooks and Stewards-CIO; the American Communications Association-CIO; Marine Firemen, Oilers and Watertenders, Independent; Marine Engineers' Beneficial Association-CIO, and the NMU. When Duke DuShane of the SIU, historic rival of the NMU, arose, he said the SIU supported the statements made by the other unions 100 percent, and that included the NMU, which had told the board through its officials that it refused to go on strike.

It should be remembered by the citizens who are going to be asked to write the President and the WLB and the WSA, that the seamen are not included in state unemployment compensation provisions, that there is no seamen's "GI bill," no provision made whereby a man who gets a leg blown off can get an artificial limb, or a man who suffers a breakdown after repeated torpedoings gets treatment. The wife of one seaman who had such a breakdown had to go to work as a janitor and care for her husband in off-work hours.

Despite the public pronouncements of officials, the NMU is finding that when they go to spokesmen of the administration such as Admiral Land, chairman William H. Davis of the Stabilization Board, Vinson (as War Mobilizer) and chairman Otis Bland of the House Marine and Fisheries Committee, these officials give them a line,