

PUBLIC HEALTH

Lives To Be Saved, Suffering Reduced By 10-Year Program

Five-Point Plan Offered to Expand Public Health Services and Provide for Medical Care for Needy

A TREMENDOUS life-saving plan was presented to the National Health Conference at Washington.

This plan is the program for providing adequate medical and health care to the entire population drawn up by the Technical Committee on Medical Care of the Interdepartmental Committee to Coordinate Health and Welfare Activities. Members of the Technical Committee are: Chairman, Miss Martha M. Eliot of the U. S. Children's Bureau; Dr. I. S. Falk of the Social Security Board; Dr. Joseph W. Mountin, George St. J. Perrott and Dr. Clifford E. Waller of the U. S. Public Health Service.

"A major reduction in needless loss of life and suffering, an increasing prospect for longer years of productive, self-supporting life in our population" will be achieved by this plan within a decade, the Technical Committee is convinced.

The maximum cost to Federal, State and local governments of the first three features of the five-point plan is estimated at \$850,000,000 every year for 10 years. The committee believes it will take 10 years of gradual expansion of medical and health services for the plan to become fully effective.

Five Points

First recommendation of the Technical Committee is to expand general public health services with the hope of eradicating tuberculosis, venereal diseases and malaria, controlling deaths from pneumonia and cancer, and fighting mental diseases and industrial diseases more effectively. This part of the program is expected to cost \$200,000,000 annually, half of this to be borne by the Federal government. Along with this expansion of public health services, the committee recommends expanding maternal and child health services, with the object of making "available to all mothers and children of all income groups and in all parts of the United States minimum medical services essential for the reduction of our needlessly high maternal mortality rates and death

rates among newborn infants, and for the prevention in childhood of diseases and conditions leading to serious disabilities in later years." Annual cost: \$165,000,000.

Second point in the committee's plan provides for 360,000 hospital beds, in addition to those already in existence, in general, tuberculosis, and mental hospitals and in rural and urban areas, and for the construction of 500 health and diagnostic centers in areas inaccessible to hospitals. These new hospitals and clinics would require financial assistance for the first three years of operation. Averaged over a ten-year period, the total annual cost is estimated at \$146,050,000, half of this to come from Federal funds.

Third point in the plan is for providing medical care to the medically needy. Starting with \$50,000,000 the first year, this part of the program, it is suggested, should be gradually expanded till it reaches the estimated level of \$400,000,000 which would be needed

to provide minimum care to the medically needy groups. The Federal government to meet one-half the annual costs.

Fourth point in the plan is for reducing the burdens of sickness among self-supporting persons. It is suggested that this can be done "without great increase in total national expenditures" by devices for distributing these costs among groups of people over periods of time. Suggested method of financing would be either by general taxation or special tax assessments, or specific insurance contributions from potential beneficiaries, or both. No estimate of costs of this has yet been given by the Technical Committee. The role of the Federal government, the committee states "should be principally that of giving financial and technical aid to the States" for developing sound programs of their own choice.

Fifth and final point of the life-saving plan recommends providing insurance against the loss of wages during sickness. Details and costs of this part of the plan have not yet been announced.

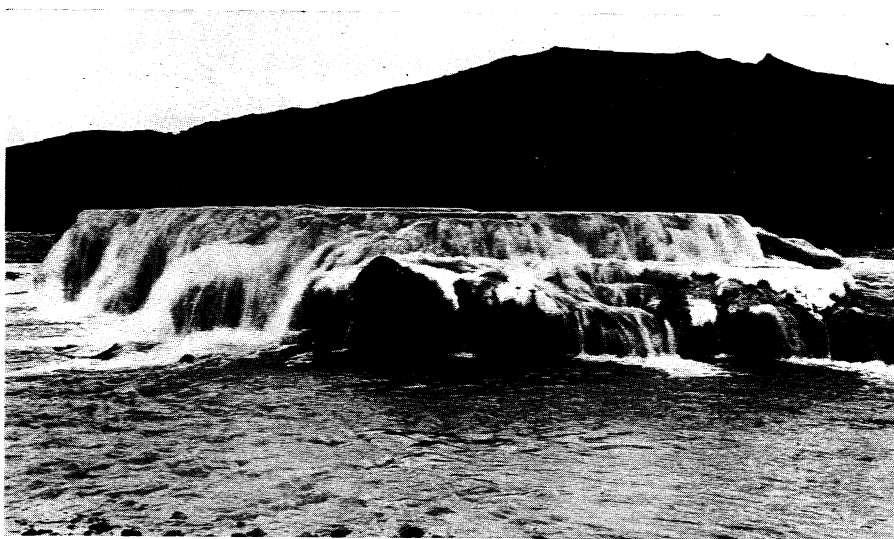
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PUBLIC HEALTH

Startling Remarks Made At National Health Meet

"MILLIONS of citizens lack the individual means to pay for adequate medical care"—President Roosevelt's message to the conference.

"On an average day, 4,000,000 or



ICE-WALLED SPRING BELOW MULDROW GLACIER

Discharging most of the melt water of Muldrow Glacier, in Mt. McKinley National Park, last spring, the source of the Kantishna River, built up a wall several feet high and about 50 feet across around its orifice, as the waters froze in the chill Alaskan air. This photograph is the work of Park Superintendent Harry Liek.

more persons in the United States are disabled by illness"—Miss Roche.

"There must be one standard of medical care for all"—Dr. Irvin Abell, president, American Medical Association.

"For \$1.98 per case per month emergency care of illness can be provided"—Miss Dorothy Caroline Kahn, director, Philadelphia County Relief Board.

"Compensation should be provided

for loss of working time due to illness"—William Green, president, A. F. of L.

"Some medical service today is shoddy at any price"—Dr. Hugh Cabot, Mayo Clinic.

"I rise in defense of the medical profession. We know what the problems are."—Dr. Olin West, Secretary, American Medical Association.

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PUBLIC HEALTH

Incipient Uprising Among Consumers of Medical Service

"Consumers" of Medical Attention Feel That Better Service Can and Should Be Provided By the Profession

AN AIR of incipient uprising on the part of the consumers of medical service hovered over the National Health Conference.

Contrasted with the dogged insistence that all's well in the medical world as seen by American Medical Association representatives, the farmers, labor representatives the parents and the liberal faction in the medical profession made it very plain that all who are ill in mind and body are not being served as they could and should be.

This is largely an economic matter. Obviously scientists must learn about the cure and prevention of disease and there must be more accent on prevention in the future national health program, as Surgeon General Parran of the U. S. Public Health Service urged. But the

major immediate problem is how to get medical service to all the people and who is to pay the bills.

Among the consumers—"patients" to the doctors—which means you and me, there is a growing feeling that medical care is something that can be paid for under some insurance scheme, without any loss of quality of service or income by the average physician.

Over a hundred representative leaders of medicine, government, labor, agriculture, press, social service and other fields sat in this deliberative congress called by the committee coordinating federal health and welfare activities, headed by Miss Josephine Roche, Colorado industrialist and former assistant secretary of the Treasury.

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PUBLIC HEALTH

Medical Care Has Become A Major Political Issue

The Call for the Doctor and the Problem of How To Pay Him Have Become the Concerns of the Nation

THE GREAT problem of medical care for all has been projected by the three-day National Health Conference into a major position among the issues before the nation.

When political parties and candidates begin to build their platforms, hardly any who hope for success will dare to leave out a plank for some sort of pro-

gram for health and protection and medical care. The voice of labor, agriculture, and other consuming groups will be raised too insistently not to be heard and heeded.

Some phases of the \$850,000,000 per year health program outlined by the government experts will undoubtedly come before the next Congress, and

some provisions may rush to enactment with unanimous approval just as anti-cancer funds were voted by the last Congress.

Medical insurance, modeled along the lines of job insurance under social security is now emerging as a matter discussed by the people as well as the experts. In some American form, a new kind of compulsory, government administered "life" insurance for the living, paying the medical bills when the great disaster of illness comes, seems almost sure to become a part of our social order. How soon, is a question. Three years? Five years? A decade?

The prevailing feeling among physicians, as crystallized by leaders of the American Medical Association, is opposed to any change in the usual system of individual engagement of doctors on a fee basis. "State medicine" is anathema to most of them, although a leaven of growing hundreds, the informal Committee of Physicians, favor many general ideas of the conference.

Many physicians will join these liberals when they realize that it is the duty of the medical profession to respond to this national cry for the doctor, just as the family practitioner traditionally arises in the middle of the night to bring a new baby into the world.

Organized medicine at the conference just closed undoubtedly had impressed upon it the extraordinary fact that there is more demand for their commodity of disease prevention and treatment than they can supply. They were told that hundreds of practicing physicians are partially unemployed—with office hours too often leisure hours—while ill millions go untreated. It is a gigantic problem of distribution.

The public is calling for the doctor and trying to work out the best way to pay him. This is an old personal problem that is becoming a national issue. It is one that everyone will hear more about in the months to come.

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ARCHAEOLOGY

Arabs Misled Excavators With Chinese Bottles

ABOUT a hundred years ago, wily Arabs played a trick on tomb explorers in Egypt. And echoes of that trickery, which for a long time was not detected, still plague historians.

The trick worked in this fashion. Arabs around Thebes, where archaeologists were exploring Egyptian tombs,