

Health Message, 1938

THE WHITE HOUSE
WASHINGTON

RF
Health
Message

MEMO FOR MARY

Will you start two new files --

SPECIAL MESSAGE TO CONGRESS

"SOCIAL SECURITY"

"HEALTH"

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Chairman, Social Security Board

OSCAR L. CHAPMAN
Assistant Secretary of the Interior

MILTON L. WILSON
Under Secretary of Agriculture

CHARLES V. McLAUGHLIN
Assistant Secretary of Labor

THE INTERDEPARTMENTAL COMMITTEE
TO COORDINATE HEALTH AND WELFARE ACTIVITIES

[Appointed by the President, August 15, 1935]

E. L. BUNNOR, M. D.
Executive Secretary

WASHINGTON

December 14, 1938

*Special Message
Health*

Hon. Franklin D. Roosevelt
President of the United States of America
Washington, D. C.

My dear Mr. President:

The Interdepartmental Committee herewith respectfully submits to you this report and recommendations for a national health program. The technical aspects of the program are largely completed so that it is now a matter of general administrative policy concerning which the Committee would like your decision.

The Committee urges that in your message to the Congress on the state of the Union you recommend legislation to conserve the nation's health. It would then be possible for you in a later special message to outline in more detail the national health program you are prepared to recommend.

If constructive protection of our security and liberty calls for mobilization of our economic, industrial and natural resources, it calls even more imperatively for concurrent conservation of our human resources. Unless these resources are freed from the present shocking waste which is undermining them, we will face grave and tragic obstacles to national progress and democratic development.

The Committee recommends the immediate launching of a program covering a five-year period based on Federal-State cooperation through grants-in-aid to the States, providing for extension of public health and maternal and child health activities, for increased hospital facilities, for medical and hospital care of persons receiving public assistance or in the low income groups, for a general medical care program for those with moderate incomes, and for insurance against wage loss due to disability.

The Committee is confident that a formula for variable grants-in-aid to States, insuring financial assistance according to economic need, is desirable and feasible.

The program would be put into effect through amendment of various titles of the Social Security Act. Specific suggestions for these amendments are included in the attached memorandum.

A sound and reasonable program can be undertaken by the Federal government which would cost in the first year approximately \$65,000,000. By the fifth year the amount would reach \$275,000,000. These sums are exclusive of the more general programs of public medical service or health insurance, whose costs cannot be estimated until decisions are reached by the States.

The national health program continues increasingly to be an issue with which all groups of our people are most intensely and widely concerned; the demand for action grows daily. The unsolicited endorsement and support of innumerable organizations and groups are summarized in the attached memorandum. Labor, farm and other great consumer groups have registered their deep desire to help bring the program to reality. The response of professional groups has been surprisingly cooperative. All of these public groups expect action. The press and periodicals, both popular and technical, continue to support the program enthusiastically. The issue of health conservation has cut through all sectional, political and group lines.

Very respectfully yours,

Josephine Roche
Josephine Roche, Chairman

PSF
Health Message

Memorandum to the President regarding

THE NATIONAL HEALTH PROGRAM

The Interdepartmental Committee
to Coordinate Health and Welfare Activities

December 14, 1938

THE NATIONAL HEALTH PROGRAM

Principles

1. Federal grants-in-aid to the States. Allotments based on special health needs and number of persons eligible for medical care under the State programs. Matching of Federal funds to depend on a formula which assures financial assistance in proportion to greatest economic need.
2. Federal government to provide professional, technical and financial assistance.
3. States to administer programs with wide latitude as to choice of plan.
4. State health agency to supervise program whenever feasible.
5. Federal statutory requirements relating to merit systems for personnel and standards of medical and institutional care.

Services

1. Expansion of public health services, and provision of both preventive and medical care for the period of maternity and childhood.
2. Expansion of hospital facilities.
3. Medical care for recipients of public assistance and other medically needy persons in the low income class.
4. A general program of medical care, embracing persons in a wider income range (e.g., up to \$3000) than that proposed in recommendation 4.
5. Insurance against loss of wages due to sickness.

Estimated Expenditures (Recommendations 1, 2, and 3)

Year of Program	1			
	Public Health	Maternity care and medical care for children; crippled children	Hospital construction and temporary maintenance	Medical care*
1	\$ 15,000,000	\$ 12,000,000	\$ 15,000,000	\$ 25,000,000
2	20,000,000	23,000,000	25,000,000	40,000,000
3	30,000,000	39,000,000	45,000,000	60,000,000
4	40,000,000	55,000,000	60,000,000	70,000,000
5	50,000,000	75,000,000	75,000,000	75,000,000
Maximum	100,000,000	120,000,000	100,000,000	135,000,000

* Exclusive of estimated grants-in-aid for general medical care or health insurance. (Recommendation 4)

Total annual expenditures by the Federal government might amount to about \$65,000,000 during the first year, \$275,000,000 during the fifth year, and about \$450,000,000 at the peak of the program.

Memorandum to the President concerning

THE NATIONAL HEALTH PROGRAM

The National Health Program proposed in the report of the Technical Committee to the President in February 1938 and presented to the members of the National Health Conference last July, has aroused interest and support throughout the country. The principle of variable matching in the allocation of Federal grants-in-aid, making possible substantial health programs in relatively poor States, has met with unanimous approval from professional and consumer groups that have met with the Interdepartmental Committee since the Conference. In these recent discussions, the Committee has been impressed anew with the general recognition of the need for a national health program and the unquestioning assumption that action will be taken.

Farm and labor groups have maintained an active interest in the program which they endorsed at the National Health Conference. Many other consumer groups have given specific or broad endorsement since the Conference.

The daily press and the weekly and monthly magazines have shown a sustained interest in the problems of health and medical care to which the National Health Conference gave impetus. The Hearst newspapers have recently taken steps to publicize the implications of the National Health Program.

Medical support of the program is greater than anyone expected. Medical opinion in the country, as was reported through the House of Delegates of the American Medical Association, is more liberal in its view of national health problems than some of their spokesmen had indicated.

Consumer groups are strongly urging and professional groups are expecting action. This memorandum submits an analysis of specifications for legislation to make the proposed health program an actuality and considers in some detail the recent activities of professional and public groups in connection with the program.

LEGISLATION

As a result of these discussions with representatives of the various professional groups concerned with the practical aspects of the National Health Program, the Committee has drafted specifications for Federal legislation to implement the program. The Committee has predicated these specifications on certain broad principles which are fundamental to its conception of the necessary legal basis for the National Health Program:

In the health and medical care programs, the function of the Federal government is to provide professional, technical, and financial assistance to cooperating States.

The allotment of Federal funds to the cooperating States shall be based on an approved plan having regard to the special health needs of the State and the number of persons eligible for care under the State program.

Matching of Federal and State funds will depend upon a formula which varies Federal contributions with the economic needs of the several States. Consideration of these factors will make possible a more substantial operating program in relatively poor States than the uniform matching plan would permit.

At the State level, the program is to be administered by the State health agency, except in States in which some other State agency is already legally responsible and is administering a substantial program, in which case the State health agency may delegate responsibility and allocate funds received as Federal grants-in-aid to the other State agency.

Cooperating States must meet statutory requirements relating to the establishment and maintenance of personnel standards on a merit basis, and standards of medical and institutional care.

The Committee recommends that enabling legislation should take the form of amendments to existing titles of the Social Security Act as follows:

I. Title V. Expansion of scope of this title to permit provision of medical care for the period of maternity, infancy, and childhood including additional services for crippled children. This would provide

Medical care of mothers and their newborn infants throughout the period of maternity.

Facilities for expert diagnosis and care in diagnostic centers and in the home.

Health supervision, medical care, and hospitalization of older infants and children.

Increased facilities for care of crippled children and children suffering from heart disease and other conditions requiring prolonged care.

II. Title VI.

A. Expansion of present public health services and, in addition, a concerted attack upon specific hazards to health for which control measures are at hand and in which government aid must assist in the provision of health services to all the people. This program would

Further the development of a basic health department structure for the nation.

Provide an expanded case-finding and hospitalization program for tuberculosis control.

Expand facilities for venereal disease control.

Develop State programs for reducing mortality from pneumonia.

Develop diagnostic and treatment centers for cancer.

Expand facilities for control of malaria.

Provide intensive treatment of acute and recoverable forms of mental illness.

Increase facilities for the control and prevention of occupational disease.

- B. Construction of needed hospitals, health and diagnostic centers. This would provide

Hospitals and health and diagnostic centers in rural areas.

Needed general hospitals in urban areas.

Expansion of Tuberculosis Sanatorium facilities.

Expansion of Mental Institution facilities.

- C. State Programs for Medical Care

This would bring, in all States, minimum essential medical care to the needy and the medically needy.

Some States might elect wider coverage, through health insurance contributions or tax-supported services, to include the self-supporting wage-earning population.

Wide latitude would be left to the States in developing programs largely of their own choice.

III. Titles VIII and IX, and II and III

- A. Expansion of the present social security program to provide for the establishment of a Federal-State system of temporary-disability insurance along lines analogous to the present Federal-State system of unemployment insurance. This would provide

Cash benefits to covered workers during periods of temporary disability.

- B. Expansion of the present Federal old-age insurance system into a system of old-age and invalidity insurance. This would provide

Cash benefits to covered workers who become permanently disabled prior to age 65.

Medical treatment to restore the health of those eligible to benefits who can be rehabilitated.

Vocational rehabilitation of those eligible to benefits whose earning capacity can be restored.

ACTION OF PROFESSIONAL GROUPS

American Medical Association - The Association, through action taken at the recent meeting of its House of Delegates, has endorsed the principles included in the Technical Committee's recommendations for the expansion of public health and hospital facilities, medical care for the medically needy, and disability compensation. While not yet favoring compulsory health insurance, the Association recognized the insurance principle by endorsing group hospitalization, voluntary health insurance, and extension of Workmen's Compensation.

Committee of Physicians for the Improvement of Medical Care - This Committee, an independent group known to the press as the "COMMITTEE OF 430", has endorsed in principle the complete health program recommended by the Technical Committee. The Committee agrees with the Technical Committee in "not advocating the immediate imposition of health insurance on the country at large", and approves "evolutionary development, with initiative and control to be entrusted to State and local governments". The Committee lays stress on the need for coordination of health services, the raising of standards of quality of medical care, and the need for personnel training and research.

American Public Health Association - The Association has endorsed all of the recommendations of the Technical Committee and has recommended that its membership stand ready to undertake the administration of an expanded program of health and medical services. It recorded "unanimous satisfaction in the effective interest of the Federal government in the health of the nation" embodied in the National Health Program and pledged the Association "to use all its professional resources, and such influence as it has earned through sixty-eight years of development and leadership in Public Health, to aid governmental agencies in accomplishing these statesmanlike health objectives".

American Hospital Association - Representatives of this Association, in a joint statement with representatives of the Catholic Hospital Association and the American Protestant Hospital Association, endorsed in principle four of the Committee's five recommendations. While no opinion was given on the Committee's recommendation for a general program of medical care (financed by health insurance contributions or general taxation), the group gave formal approval to the principle that every citizen should provide himself with some form of sickness security, with choice as to the form adopted.

American Dental Association - The Association has endorsed expansion of public health, maternal and child health services, expansion of hospital facilities, and medical care for the medically needy with the caution that adequate dental facilities and services must be included in any health program.

American Pharmaceutical Association - This Association recognized "the necessity for making adequate medical care available to citizens in all income groups...as a definite obligation of society" and expressed its "profound interest in all plans proposed for extending medical care". The Association urged "free choice of physician, dentist, pharmacist, and nurse in whatever system may be adopted".

Various other professional groups and mixed professional and lay organizations have issued pronouncements favorable to part or all of the program, including the National Tuberculosis Association, the American Public Welfare Association, the American Association of Social Workers, the American Association of Medical Social Workers, and others listed in the appendix to this report.

PUBLIC SUPPORT AND ACTION

Congress of Industrial Organizations - This organization and many of its affiliates have urged immediate action on the National Health Program. At the recent annual meeting in Pittsburgh, the report of the resolutions committee was received with great acclaim and unanimously adopted. The resolution emphasized that "the American people at the present time do not receive adequate medical care because the cost is beyond the means of the average person" and that "we can and must now take action". It was resolved that "the Congress of Industrial Organizations whole-heartedly endorses the program of President Roosevelt's Committee on National Health and urges that immediate action be taken on each of the recommendations made by that Committee". A separate resolution urged the importance of research in industrial hygiene and extension of the Workmen's Compensation laws to include many occupational diseases not now covered.

American Federation of Labor - The Federation is on record since 1936 as endorsing compulsory health insurance. The Executive Council, at the annual meeting of the Federation in Houston, reviewed the proposals presented by President Green at the National Health Conference, endorsing in principle all of the recommendations of the Technical Committee, including compulsory health insurance. The Committee on Resolutions suggested that the Executive Council continue its study of the National Health Program in cooperation with the Federation's Committee on Social Security to the end that the American Federation of Labor develop practical programs of action.

American Farm Bureau Federation - The Executive Board of the Federation approved resolutions endorsing the objectives of the National Health Program, including compulsory health insurance, and laying particular stress on the need for hospitals and health services in rural areas. Similar resolutions have been adopted at the annual meeting in New Orleans in December by the membership of the American Farm Bureau Federation and the Associated Women of the American Farm Bureau Federation. At the suggestion of the Federation, the Department of Agriculture has prepared a popular report of the aims of the health program.

In addition, a large number of State and local organizations representing labor, farm, and other consumer interests have adopted resolutions endorsing the program. Many organizations are on record as supporting the objectives of the program, including the Young Women's Christian Association, the National Association of Parents and Teachers, the New York League of Women's Trade Unions, the International Ladies Garment Workers and others listed in the appendix to this report.

As stated in the recent report of the COMMITTEE OF PHYSICIANS, "the most notable result of the Conference is the effect it has had in augmenting interest in problems of health throughout the country. Almost every journal in the nation, professional and lay, has had something to say about the subject. Many of them have given long accounts and impressions of the Conference. Symposia and questionnaires have multiplied. Organizations of every kind have staged meetings. Out of the welter of opinion, come certain impressions. Despite some protests against the estimated expenditures by the government, the public is receptive to, if not insistent upon, changes in the system of medical care".

RECENT CONFERENCES WITH PROFESSIONAL ORGANIZATIONS

During the past two months, many professional organizations have asked for conferences with the Interdepartmental Committee and the Technical Committee on Medical Care to discuss the details of a practical program of action. Official representatives of the following groups have come to Washington: American Medical Association, the Committee of Physicians for the Improvement of Medical Care, the American Public Health Association, the American, Catholic, and Protestant Hospital Associations, National Tuberculosis Association, National Medical Association (Negro), the Committee on Mental Hygiene, National Organization of Public Health Nursing, American Public Welfare Association and related medical and welfare groups.

Among the topics discussed at these meetings were the following:

Variable Grants-in-Aid - All groups were agreed that the purpose of a national health program should be to level up opportunities for receipt of health and medical services. Hence, there was unanimous approval of a system whereby Federal funds were allocated to States on the basis of economic and health needs rather than on any fixed matching requirement.

Choice of Federal Administrative Agency - Both the American Medical Association and the Committee of Physicians considered integration of the Federal health services as of first importance. As stated in my memorandum of October 12, 1938, the Technical Committee recommends that existing Federal agencies be further charged with the increased responsibilities implicit in the five recommendations. Obviously, these responsibilities may be reallocated in accordance with any reorganization of Federal administrative structure.

Choice of State Administrative Agency - The designation of an appropriate administrative agency at the State level has formed the subject of discussion among the medical, health and welfare groups meeting with the Technical Committee. There was agreement that the logical administering agency at the State level is the State Department of Health. However, the representatives of the professional groups concerned recommend latitude in this matter in the initial stages of the program, and through the transition period necessary for the effective transfer of responsibility where agencies other than the Department of Health are already engaged in administering health measures.

State Choice of Program - All groups agreed with the Technical Committee's recommendation that wide latitude be left to the States in the choice of population groups to be covered, method of raising funds, and scope of program. It was believed, however, that Federal standards should be set to safeguard the adequacy of service. There was substantial agreement that there must be coverage for the indigent and medically indigent. Those consumer groups that have communicated their attitude to the Committee have urged that provision be made for the self-supporting groups as well.

Methods of Maintaining Services of Adequate Quality - Methods for appraising the qualifications of the necessary administrative personnel, the general practitioners and medical specialists required in the execution of the program, and provision of opportunities for postgraduate education and research to maintain a high level of medical practice have received special consideration from the medical participants in these conferences. Both practicing physicians and hospital administrators have discussed the special problems arising in connection with the recommendation for the expansion of hospital facilities, clinics and diagnostic centers, including the formulation of standards for the appraisal of the physical plant and personnel, and, in particular, the role of the voluntary hospital in the proposed program.

Draft of special message to
Congress.

PST
Health
Message

In my message of January I said I would address you again at a later date on national health and opportunities for its improvement. I now lay before you some proposals which I hope will receive your careful consideration.

Throughout my years in public service, both in my own State of New York and, more recently, in the service of the Nation, I have had a constant concern in the health security of the people. I believe that the time now has come when we should give special heed to strengthening our national defenses against disease and death. All of our people, in all parts of our country, should have the greatest possible opportunity to live out their natural lives in health and vigor.

Health and survival have never been as secure in the United States as they are in general today. Many of the plagues that used to sweep across our country have been wiped out; others are being brought under control. Our scientists and sanitary engineers and doctors have helped us attain a greater average chance for life than any generation ever has had before.

Not all of our people, however, share adequately in the benefits of this progress. Though our national health has attained a level of which we are justly proud,

and though improvements have continued even in the trying periods through which we have passed, there are large areas where existence still is darkly shadowed by disease. Everywhere, in the rich States and in the poor, there are large groups of people for whom life is still as uncertain and as brief as if the scientific progress of the past half century had not occurred.

There still rests upon our Nation and upon millions of its individual homes an unnecessary weight of suffering and poverty because we have not yet done what we know how to do and can do.

Our democracy is built on the conviction that all men have a right to life and liberty and the pursuit of happiness. As we look at the world about us, we know that these are not light words; they represent the cornerstone of our civilization. Yet it is a plain fact—a shocking fact—that the chance to be well and even the chance to survive is much smaller among some groups of our people than among others.

Sickness comes more often and lasts longer in the families of the poor than in the families of the well-to-do. Death comes earlier to the homes of the poor. Those who have the greatest need for services to combat sickness have the smallest means with which to obtain such services.

Science has put the key to better and longer life within our reach as a Nation. But, by and large, the doorway to health has been unlocked only for those who are fortunate enough to have the private means or the community resources to use that key. It is of little value to argue whether sickness is more often the cause or the effect of poverty. What matters is that we can break the vicious circle in which sickness and poverty are linked. We can do this by means of well-tried methods to prevent and check sickness and the poverty it brings in its wake.

In one of the last reports I made as Governor to the people of New York I said, "The success or failure of any government in the final analysis must be measured by the well-being of its citizens. Nothing can be more important to a state than its public health; the state's paramount concern should be the health of its people."

Those words were written in February 1932. Since that time we have gone a long way toward learning the facts and making a ground-plan from which to work toward improving the health of the American people.

The will to prevent sickness and to alleviate the consequences of disability underlies many of the provisions of the Social Security Act. Under that act, the Federal Government is cooperating with the States to expand and strengthen services for public health and for maternal

and child health and welfare. It is sharing with the States the costs of restoring crippled children and disabled workers to health and usefulness. It is sharing also the costs of supporting children who have been deprived of their natural support by the death or disability of a parent, and of supporting men and women who are destitute and helpless by reason of blindness or of old age.

We have made a good beginning, but it is only a beginning. Year after year, in good times and in bad, sickness is the most constant cause of poverty and dependency. Except in periods of widespread unemployment it is the most important cause. In our fight to ensure freedom of opportunity to all our people, I believe that our next great battle must be a coordinated attack, on a broad national front, against the insecurity that springs from sickness, disability, and needless death.

In August 1935, just after the Congress passed and I approved the Social Security Act, I appointed an interdepartmental committee to help translate the provisions of the social security program into swift action. This committee--the Interdepartmental Committee to Coordinate Health and Welfare Activities--is headed by Miss Josephine Roche, formerly assistant secretary of the Treasury. It includes the Chairman of the Social Security

Board, the Under Secretary of the Department of Agriculture, the Assistant Secretaries of the Departments of the Interior and of Labor. Recently I added to the committee the Deputy Administrator of the Works Progress Administration and the Surgeon General of the Public Health Service. Under the guidance of this committee and a special technical subcommittee, the staffs of the Children's Bureau, the Social Security Board, and the Public Health Service have been studying our Nation's health.

Early in 1938, the Interdepartmental Committee forwarded to me reports which their technical experts had prepared. They reviewed unmet health services, pointing to the need for a national health program, and they outlined the provisions that such a program might include. These reports were impressive. I therefore suggested that a conference be held to bring the findings before representatives of the general public, the medical professions, and other special groups including farm and labor groups, employers, public health workers, educators, and others.

About 200 men and women, representing many walks of life and many parts of our country, came together in Washington last July to consider the technical committee's evidence and recommendations and to offer further proposals.

There was no substantial disagreement with the facts laid before the conference. As workers and employers, as members of the medical professions and as patients, the men and women who were there knew the meaning of the facts which the experts presented.

The conference was not asked to express a formal opinion on the recommendations. Its members were asked to take the reports home and to talk them over with their co-workers and neighbors and families. Hundreds of statements that have since come, unsolicited, to the Interdepartmental Committee or to me, show the breadth and depth of public interest in a national health program and the soundness of the program itself.

I therefore report to the Congress at this time that there is unquestioned evidence of the need for a national health program and wide agreement on the part of the public and the professions concerned that such a program should be undertaken now.

I ask you to consider some of the evidence marshalled by the technical committee:

On an average day of the year, about five million persons are disabled by sickness to such an extent that they cannot go about their usual work or routine. Of these five millions, about half get well, sooner or later, and resume their ordinary life; about half remain permanently disabled.

Some of these permanently disabled persons are old, but many more of them are not. Among these disabled persons, nearly 2 million are less than 65 years of age.

During the course of a year, sickness and disability cost the American people some days' absence from work, school, or household duties. Those who are in families with low incomes suffer, on the average, more than twice as many days of disability as those who are in comfortable circumstances.

Disregarding those who are already permanently disabled, workers who are in the labor market lose a billion dollars or more each year in wages which they do not earn because of sickness. Industry and the Nation as a whole suffer additional losses.

The costs of medical services exceed three billion dollars a year. About four-fifths of this amount is paid directly by families. On the average, families spend between four and five percent of their income for medical care. Low-income families spend proportionately more than the well-to-do, but they receive less care.

For either the poor or the well-to-do, however, average costs give a misleading picture. Sickness costs are uneven and unpredictable. Usually they cannot be postponed or controlled. What matters is not

the average year, but the year that comes sooner or later to almost every family, when sickness bills are burdensome or even overwhelming--when they use up savings, require heavy sacrifices, or leave debts for the future.

Health department organization is still largely undeveloped in many rural areas and is grossly inadequate in many smaller cities.

Tuberculosis, pneumonia, cancer, malaria, mental disorders, industrial injuries and occupational diseases--these and other specific plagues are more prevalent or more deadly than they need to be. The suffering and the premature deaths which they cause can be greatly reduced.

Maternity, infancy and childhood are very inadequately protected, especially in rural areas. Between one-half and two-thirds of maternal deaths, nearly one-half of the stillbirths, and between one-third and one-half of the deaths among new born infants are preventable. Here is an opportunity to save more than seventy thousand lives a year.

Preventable sickness and death among children is still much too common. Tens of thousands die each year from preventable causes. Hundreds of thousands are crippled by disease or accident. Millions are left with scars which handicap them for their future lives. Much of this is a needless waste of young life and a blight on the families of the Nation. This situation should and can be corrected.

On the basis of long and careful study, four main conclusions emerge:

Services to prevent sickness are grossly insufficient for the Nation as a whole.

Hospitals and other organized facilities are too few, too small, or wholly lacking in many communities, particularly in rural areas. The financial support of hospital services is meager and uncertain, especially the support of services for patients who cannot afford to pay for the care they need.

One-third of our people, on relief or in the low-income brackets, receive no medical service or inadequate service.

An even larger part of the Nation suffers from the economic burdens created by illness.

To meet these grave deficiencies, I submit five proposals which deserve your careful study and consideration. These proposals outline a course of action to be taken over a period of years. Thus, after deciding our objectives and charting our course, we can then proceed, applying both existing and new resources to combat disease, disability, and death.

These five proposals are in brief:

1. Expansion of public-health services and services for the health of mothers, babies and children through enlargement of existing provisions in the Social Security Act.

2. Expansion of facilities for hospital and institutional care and for the support of hospitals in areas where such facilities and such support are inadequate or lacking.

3. Provision of public medical services for one-third of our population that is medically needy--that is, for the persons on the relief and public assistance rolls and for an equally large group whose family incomes are so low that they have no margin of income beyond their minimum needs for food, shelter, and clothing.

4. Development of general programs of medical care for self-sustaining people with small or moderate incomes, the programs to be designed and established by the States and to be supported by tax funds or social insurance contributions or a combination of both methods.

5. Establishment of social insurance protection against loss of earnings during periods of temporary or permanent disability.

It is recommended that the first four of these measures be financed jointly by the Federal Government and the States through Federal grants-in-aid to States which enter into cooperative arrangements with the Federal Government. In such a plan, provision should be made to vary the Federal grants to States according to the special health needs and the economic resources of the States.

The technical committee estimated that the total expenditure for the first three programs should amount to about ¹³⁵~~869~~ million in the first year and should reach about \$850 million a year at a level of full operation to be attained gradually over a period of five to ten years. It was recommended that the Federal Government should contribute about half of the total amount available in each year.

The fourth proposal—the proposal of general medical services—is in part an alternative to some of the provisions in the three preceding. This proposal would bring about a more economical and more effective way of using the public and private money we now spend for medical care. It is a way of substituting average costs, which a large part of the population can pay, for the uneven and unpredictable costs of sickness services which now dismay all but the wealthy. By

spreading each year's costs over both the well and the sick, the burdens of sickness costs can be made tolerable for a large majority of our families without great increase in the national expenditures.

In a general medical program along the lines of the fourth proposal, whether supported by taxes or by the contributions of insured persons or both, provision should be made in the same program for the medical care of needy persons and of those with minimum subsistence incomes through public funds allotted to the program on their behalf.

The fifth proposal is also a method for pooling resources to provide compensation to disabled wage-earners and so to equalize the burden of wage losses which now weigh very unevenly upon individuals, families, and social groups.

A worker who loses wages temporarily because he is sick is at least as unfortunate as the worker who is temporarily unemployed. Insurance against temporary disability should be developed on a Federal-State cooperative basis as in our present program for unemployment insurance.

The worker who is permanently disabled is like the worker who is incapacitated by old age. His plight is likely to be even more serious, since many workers become invalids in the years when they are still

responsible for the support of young families. In facing their problem we have a sound pattern in our Federal system of old-age insurance. Indeed, social insurance against permanent disability could be effected through liberalization of the present system of Federal old-age insurance.

(?) The Advisory Council on Social Security recently expressed its unanimous conviction that the provision of benefits to an insured person who becomes permanently and totally disabled (and to his dependent wife and children?) is socially desirable.

The five proposals which I have outlined would involve the eventual expenditure of considerable sums of money. I cannot emphasize too strongly, however, that much if not most of the cost of such a program bears upon us at the present time in other ways. We carry it now in the costs of relief to those who are too handicapped to keep their footing in the labor market; in the costs of caring for those who have been deprived unnecessarily of their natural breadwinners; in loss from the disablement or death of workers who should have had long productive years ahead of them; in the drain of sickness on our private pocketbooks and on the wealth of the entire Nation.

There are few, if any, fields of social effort in which we can prove as conclusively as in public health that public investment yields large dividends in dollars and cents. There is no major social problem for which the solution rests to so great an extent on a national plan to use present expenditures more economically, more productively and more humanely.

It is scarcely necessary to add that such a program offers additional returns that are beyond price. To prevent the needless suffering or death of a child, a parent, a friend, is of immeasurable value. An individual citizen carries a heavy responsibility if he has failed to do anything that might have saved his wife or his child. As a Nation, we carry an equally heavy responsibility if we fail to do all within our power to assure to each family and to each person a full opportunity for health and life.

There is nothing in the proposals I have outlined that is not sanctioned by successful experience somewhere in our country and for some groups of our people. The principle on which the program is based is the essence of government in a democracy—joint action to support the services that all require. Among those services none is more basic to our present and future strength and progress as a Nation than the assurance of services to maintain health and the capacity for self-support.

These proposals, moreover, are grounded on that principle of action which is essentially our own—State initiative and State responsibility, supplemented and welded together by the resources of the Federal Government. Only in this way, I believe, can we assure the freedom and flexibility of social action that is essential to a Nation of 130 million people; and only in this way can we assure, at the same time, that none of our family of States is barred from an opportunity to share in the strength and progress of the Nation.

What is new in these proposals is that we make common cause, standing shoulder to shoulder, to put science and special skill to work on a national scale in the interests of the health and life of all our people.

We have cause for pride in the increase in the average length of life in our country, in the increase in the average levels of health and well-being. Yet that improvement in the average is cold comfort to the millions among us whose security in health and survival is as limited as that of the entire Nation fifty years ago. To know that a stream is four feet deep on the average is of little help to those who drown in the places where it is ten feet deep.

We have the knowledge and the means to make the sum total of life in the United States vastly richer and safer than it is today. We will not have attained the ideals to which we are dedicated until the wisdom of our scientists and the skill of our doctors have been made fully available in the service of all our people.

I recognize that we cannot do all at once every-
thing that we should do and can do. I am confident,
however, that it is a wise move and a necessary one to
chart our course and to make a start now toward better
health and greater security of life and income among our
people and for our Nation.

Draft of paragraphs for
insertion in first message to
Congress.

In our consideration of national welfare and social security, I deem the health of our people of first importance. We take justifiable pride in the achievements of our scientists, doctors, and public health workers. It is gratifying that national health continues on a high level. Yet we must not overlook that many parts of our country and many groups of our people do not share fully in that opportunity for health which is now possible.

Each year millions of lives are warped or cut short by sickness that could have been prevented or cured. The annual economic loss from sickness and disability to families and to the Nation amounts to billions of dollars.

The Federal Government has already established defenses against the forces of disease and death and against their allies, poverty and dependency. Among recent legislation in this field, I need mention only the provisions of the Social Security Act which deal with maternal and child health and welfare, public health, aid to the handicapped, and the alleviation or prevention of poverty. In the three and a half years that have elapsed since that act was passed, we have accumulated valuable experience. We can now build on that experience.

I have had an interdepartmental committee make a careful study of health conditions and health needs. This study provides a sound base for a direct and coordinated

BSF
Helen Messer

attack on sickness and disability. I am convinced that in such an attack, as in our present social security program, we should make effective use of cooperation between the Federal Government and the States.

I will submit soon to the Congress proposals for a national health program. In taking this step I am acting on the conviction that the next great advance in social security can be made by providing the fullest possible measure of health and vigor for all our people.

PSF
Health
Message

APPENDIX

to accompany

Memorandum to the President Regarding

THE NATIONAL HEALTH PROGRAM

Public Endorsements

Interdepartmental Committee to Coordinate

Health and Welfare Activities

December 15, 1938

Action of Professional and Public
Groups on a National Health Program

Action of Professional and Public Groups
on a National Health Program

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- I. Resolutions submitted to the Interdepartmental Committee by professional organizations and other groups.

American Medical Association

REPORT OF REFERENCE COMMITTEE ON CONSIDERATION OF
THE NATIONAL HEALTH PROGRAM

Dr. Walter F. Donaldson, Chairman, presented the report of the reference committee, which, as amended, reads as follows:

Since it is evident that the physicians of this nation, as represented by the members of this House of Delegates convened in special session, favor definite and decisive action now, your committee submits the following for your approval:

1. Under Recommendation I on Expansion of Public Health Services: (1) Your committee recommends the establishment of a federal department of health with a secretary who shall be a doctor of medicine and a member of the President's Cabinet. (2) The general principles outlined by the Technical Committee for the expansion of Public Health and Maternal and Child Health Services are approved and the American Medical Association definitely seeks to cooperate in developing efficient and economical ways and means of putting into effect this recommendation. (3) Any expenditures made for the expansion of public health and maternal and child health services should not include the treatment of disease except so far as this cannot be successfully accomplished through the private practitioner.

2. Under Recommendation II on Expansion of Hospital Facilities: Your committee favors the expansion of general hospital facilities where need exists. The hospital situation would indicate that there is at present greater need for the use of existing hospital facilities than for additional hospitals.

Your committee heartily recommends the approval of the recommendations of the technical committee stressing the use of existing hospital facilities. The stability and efficiency of many existing church and voluntary hospitals could be assured by the payment to them of the costs of the necessary hospitalization of the medically indigent.

3. Under Recommendation III on Medical Care for the Medically Needy: Your committee advocates recognition of the principle that the complete medical care of the indigent is a responsibility of the community, medical and allied professions and that such care should be organized by local governmental units and supported by tax funds.

Since the indigent now constitute a large group in the population, your committee recognizes that the necessity for state aid for medical care may arise in poorer communities and the federal government may need to provide funds when the state is unable to meet these emergencies.

Reports of the Bureau of the Census, of the U.S. Public Health Service and of life insurance companies show that great progress has been made in the United States in the reduction of morbidity and mortality among all classes of people. This reflects the good quality of medical care now provided. Your committee wishes to see continued and improved the methods and practices which have brought us to this present high plane.

Your committee wishes to see established well coordinated programs in the various states in the nation, for improvement of food, housing and the other environmental conditions which have the greatest influence on the health of our citizens. Your committee wishes also to see established a definite and far reaching public health program for the education and information of all the people in order that they may take advantage of the present medical service available in this country.

In the face of the vanishing support of philanthropy, the medical profession as a whole will welcome the appropriation of funds to provide medical care for the medically needy provided, first, that the public welfare administrative procedures are simplified and coordinated; and, second, that the provision of medical services is arranged by responsible local public officials in cooperation with the local medical profession and its allied groups.

Your committee feels that in each state a system should be developed to meet the recommendation of the National Health Conference in conformity with its suggestion that "The role of the federal government should be principally that of giving financial and technical aid to the states in their development of sound programs through procedures largely of their own choice."

4. Under Recommendation IV on a General Program of Medical Care: Your committee approves the principle of hospital service insurance which is being widely adopted throughout the country. It is susceptible of great expansion along sound lines, and your committee particularly recommends it as a community project. Experience in the operation of hospital service insurance or group hospitalization plans has demonstrated that these plans should confine themselves to provision of hospital facilities and should not include any type of medical care.

Your committee recognizes that health needs and means to supply such needs vary throughout the United States. Studies indicate that health needs are not identical in different localities but that they usually depend on local conditions and therefore are primarily local problems. Your committee therefore encourages county or district medical societies with the approval of the state medical society of which each is a component part, to develop appropriate means to meet their local requirements.

In addition to insurance for hospitalization your committee believes it is practicable to develop cash indemnity insurance plans to cover, in whole or in part, the costs of emergency or prolonged illness. Agencies set up to provide such insurance should comply with state statutes and regulations to insure their soundness and financial responsibility and have the approval of the county and state medical societies under which they operate.

Your committee is not willing to foster any system of compulsory health insurance. Your committee is convinced that it is a complicated, bureaucratic system which has no place in a democratic state. It would undoubtedly set up a far reaching tax system with great increase in the cost of government. That it would lend itself to political control and manipulation there is no doubt.

Your committee recognizes the soundness of the principles of workmen's compensation laws and recommends the expansion of such legislation to provide for meeting the costs of illness sustained as a result of employment in industry.

Your committee repeats its conviction that voluntary indemnity insurance may assist many income groups to finance their sickness costs without subsidy. Further development of group hospitalization and establishment of insurance plans on the indemnity principle to cover the cost of illness will assist in solution of these problems.

5. Under Recommendation V on Insurance Against Loss of Wages During Sickness: In essence, the recommendation deals with compensation of loss of wages during sickness. Your committee unreservedly endorses this principle, as it has distinct influence toward recovery and tends to reduce permanent disability. It is, however, in the interest of good medical care that the attending physician be relieved of the duty of certification of illness and recovery, which function should be performed by a qualified medical employee of the disbursing agency.

6. To facilitate the accomplishment of these objectives, your committee recommends that a committee of not more than seven physicians representative of the practicing profession, under the chairmanship of Dr. Irvin Abell, President of the American Medical Association, be appointed by the Speaker to confer and consult with the proper federal representatives relative to the proposed National Health Program.

Respectfully submitted.

Walter F. Donaldson, Chairman
Walter E. Vest
H. J. Luce
Fred W. Rankin
Frederic E. Sondern

THE NATIONAL HEALTH CONFERENCE

AN ANALYSIS OF THE PROBLEM OF MEDICAL CARE.

There has been general agreement in the reports of all bodies who have examined the state of health services both here and abroad with respect to the major deficiencies of systems for the provision of medical care and the directions which remedial measures must take:

- I. From the standpoint of income and costs, the population may be divided into three or four classes:
 1. Those who are able from their own resources to purchase all the medical care they require. For members of this group no provision need be made except for their education in matters of health.
 2. Those at the other end of the scale, who can not afford to pay anything for medical care. For this class provision must be made at public expense.
 3. Those between the wealthy and the truly needy, who can, as individuals, from their own resources meet some, but not all, costs of medical care. This group may be divided into two classes:
 - A. Those who have a sufficient margin of economic safety to meet all the costs of medical care by cost-sharing methods. In theory, at least, the needs of this class can be met by voluntary cost-sharing methods (insurance, cooperatives, etc.).
 - B. Those whose margin of competence is so small that they can not meet all the costs of medical care by voluntary cost-sharing methods. The needs of this group can be met only by supplementary aid.
- II. The essential components of a comprehensive program to provide medical care for the whole population are:
 1. Adequate public health services correlated with medical services for the individual. These must include protection of the populace against environmental factors deleterious to health and against injurious influences resulting from disease among their fellow citizens.
 2. Services of medical practitioners.
 3. Diagnostic and therapeutic facilities and the services of competent specialists.
 4. Sufficient hospitals, adequately equipped and staffed, conveniently distributed, and so financed that hospital accommodations and facilities will be available to the whole population.
 5. Cash disability benefits or other measures to compensate the worker for economic loss incurred by reason of inability to work because of illness or physical disability.
- III. To implement and integrate such a program there must be:
 1. Consolidation of government health services to assure correlation of all agencies contributing to public health and medical care.
 2. Measures to correlate activities of practitioners, diagnostic and therapeutic facilities, specialists and hospitals (See II, 3, 4 and 5). Non-profit groups seem to be promising methods for these purposes.
 3. Generous provisions for the support of education and investigation. Any comprehensive program will require more trained experts of every kind than are now available. In addition, if the highest quality of service is sought, not only must the fundamental educational background be improved but opportunities for continuing education must be given to assure the proper utilization of discoveries with a minimum of lag. Investigation to accelerate the progress of medicine must be promoted.
 4. Some means to assure high quality in physical facilities and to obtain and maintain exemplary standards of competence and conduct in personnel. These ends can probably be achieved only by the establishment of impartial boards of some kind, composed of experts, with advisory powers, at least. It may well be advisable to link this feature with the educational part of the program.

APPRAISAL OF THE PROGRAM OF THE TECHNICAL COMMITTEE AT THE NATIONAL HEALTH CONFERENCE HELD IN WASHINGTON, D. C., JULY 18 TO 20, 1938.

Judged by the above criteria the program of the Technical Committee is, in the opinion of your Committee, a sound contribution to the solution of the problem of medical care. It is based on careful investigation. It recognizes the implications of the economic status of the population. It proposes care of the needy at public

expense, cost-sharing or tax-supported care for the middle class, cash disability benefits to compensate for unemployment due to illness or disability. Its provisions include all the essential components of medical care that are mentioned under II above. It contemplates evolutionary development, with initiative and control to be entrusted to State and local governments. It recognizes the desirability of retaining and strengthening useful existing institutions and facilities. Estimates of expenditures and divisions between economic categories, admittedly tentative, may be open to criticism and change; but the program as a whole is wisely devised, if the initial premise, that efforts should be made to provide medical care to all the people of the United States, is accepted.

The most serious defects of the proposals of the Technical Committee are the omission of provisions for education and investigation and failure to demand the consolidation of Federal Health Services. However, they do offer a well-organized framework upon which an excellent program could be built with the cooperation of physicians and other groups.

Efforts of these groups should be centered especially upon the consideration and development of the methods by which the program may be implemented and integrated (see III above). They must insist that sufficient funds be provided by appropriate means to give to the people the essential components of medical care mentioned in II. The economic and financial features mentioned in I should concern them as citizens, rather than as physicians. They must be alert lest techniques of finance prejudice methods by which medical care is organized and administered. They must not, however, allow fear of such prejudice to close their minds to the economic implications of the situation. Sociological, economic and geographical variability necessitates diversity of formulae of finance as well as formulae of administration. It is unwise, therefore, to enjoin, because of preconceptions, any particular method for raising funds. If major attention is given to the perfection of plans for the application of these funds, the means by which they are raised will be of minor import.

The most notable result of the Conference, viewed in retrospect, is the effect it has had in augmenting interest in problems of health throughout the country. Almost every journal in the nation, professional and lay, has had something to say about the subject. Many of them have given long accounts and impressions of the Conference. Symposia and questionnaires have multiplied. The Republican Platform Committee held a special meeting on health insurance. Organizations of every kind have staged meetings to discuss it. Out of the welter of opinion come certain impressions. Despite some protests against the estimated expenditures by the government, the public is receptive to, if not insistent upon, changes in the system of medical care. It is more appreciative of its responsibility to support care for the needy, including payment of physicians. Although laymen sympathize with the general desire of physicians to uphold their professional status and standards, it is hard for them to understand the opposition of the organized medical profession to prepayment cost-sharing systems to provide services to those with small or moderate incomes.

ACTION OF THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION AT THE SPECIAL SESSION HELD IN CHICAGO, SEPTEMBER 16, 1938.

At the special meeting of the House of Delegates of the A. M. A. preliminary speeches by the officers upheld the present system. Resolutions presented by component societies of the Association exhibited various shades of opinion, from sweeping condemnation of the government and a demand for complete retention of the *status quo* to expressions of sympathy towards government aid coupled with apology for the apparent indifference of organized medicine. Most of the programs proposed the use of government funds but confined their attention to the absolutely needy. One, at least, contemplated ultimately "a prepayment cost payment plan for medical and dental care" for the low income class above the level of true indigence.

The committee to which the subject was referred finally brought in resolutions on the Health Conference program that were adopted by the House of Delegates. Proposals 1, 2 and 3, dealing with expansion of public health activities and hospital facilities and medical care for the medically needy, were accepted in principle, although certain conditions were added. "The establishment of a federal department of health with a secretary who shall be a doctor of medicine and a member of the President's Cabinet" was recommended. It was stipulated that: "Any expenditures made for the expansion of public health and maternal and child health services should not include the treatment of disease except so far as this can not be successfully accomplished through the private practitioner." The need of utilizing and supporting existing hospital facilities was stressed. In connection with medical care for the medically needy, government aid was welcomed, "provided, first, that the public welfare administrative procedures are simplified and coordinated; and, second, that the provision of medical services is arranged by responsible local public officials in cooperation with the local medical profession and its allied groups . . . in each state a system should be developed to meet the recommendation of the National Health Conference in conformity with its suggestion that 'The role of the federal government should be principally that of giving financial and technical aid to the states in their development of sound programs through procedures largely of their own choice.'" Except for the demands for a federal department of health, these special clauses stress conditions contained in the government's proposals.

Proposal 5, recommending cash disability benefits, was also endorsed with the proviso "that the attending physician be relieved of the duty of certification of illness and recovery."

Concerning Proposal 4, on a General Program of Medical Care, the resolutions are unequivocal in only one respect, the refusal to accept compulsory health insurance. The reasons given are "that it is a complicated bureaucratic system, which has no place in a democratic state. It would undoubtedly set up a far reaching tax system with great increase in the cost of government. That it would lend itself to political control and manipulation there is no doubt." It suggests that the needs of the middle class may be met by extension of hospital insurance and workmen's compensation laws and the development of cash indemnity insurance plans to cover, in whole or in part, the costs of emergency or prolonged illness. Hospital insurance is to be confined "to provision of hospital facilities and should not include any type of medical care." With respect to cash indemnity insurance, it is stated that "agencies set up to provide such insurance should comply with state statutes and regulations to insure their soundness and financial responsibility and have the approval of the county and state medical societies under which they operate." With these conditions and on the grounds "that health needs are not identical in different localities but that they usually depend on local conditions and therefore are primarily local problems . . . county or district medical societies, with the approval of the state medical society of which each is a component part, (are encouraged) to develop appropriate means to meet their local requirements."

Finally, it was recommended that, to facilitate the accomplishment of these objectives a committee of not more than seven physicians representative of the practicing profession, under the chairmanship of the President of the A. M. A., be appointed to confer and consult with the proper federal representatives relative to the proposed National Health Program.

INTERPRETATION OF THE ACTION OF THE HOUSE OF DELEGATES.

In effect, the House of Delegates appears to have taken the attitude that the defects in the present health services can not be attributed to the methods by which medical care is provided by physicians. Extension of public health services is to be encouraged, if it does not encroach upon the private practice of medicine. The appropriation of funds to provide medical care for the medically needy is welcomed. In the section which discusses this subject reference is made to the "good quality of medical care now provided" and it is urged that "the methods and practices which have brought us to this present high plane" may be "continued and approved."

There is no attempt to treat comprehensively the problems of the middle class. Compulsory health insurance is enjoined, tax-supported aid is not mentioned. The reasons advanced against compulsory health insurance omit consideration of its effects on medical care. Although they have been accepted in relation to the care of the needy and to workmen's compensation laws with equanimity, bureaucracy and other evils arising from the intervention of the government in financial relations become suddenly menacing at this point. Voluntary insurance is accepted with conditions that greatly limit its applicability and utility. For the aid of the marginal class to which voluntary insurance is unsuitable, nothing is suggested.

On the subject which is most urgently the responsibility of the medical profession, improvement of the quality of medical care, the recommendations of the House of Delegates are silent. Consolidation of the health services of the government is recommended. With this exception, the items listed under III in the outline above are not mentioned. Efforts to bridge the gap between scientific knowledge and its application are not recommended. The necessity for new machinery to correlate services of general practitioners and specialists and to make the latter more generally available are not recognized. Education and investigation are neglected.

ATTITUDE OF THE COMMITTEE OF PHYSICIANS TOWARD THE PROGRAM OF THE TECHNICAL COMMITTEE.

It is the opinion of the Committee of Physicians that the National Health Conference has had an important and beneficial effect upon the movement for the improvement of medical care. It has tended to establish contacts between the various interests concerned in the solution of this problem. It has provoked thought and discussion of the subject throughout the country and from this thought and discussion physicians and laymen are acquiring a more intelligent appreciation of the defects of medical care and methods for their correction. It has publicized statistical data on the economic status of the population, the incidence of illness and the health services. Finally it has offered a comprehensive plan for the improvement of the health and medical care of the whole population adapted to correct the major defects that are generally recognized in the present system of medical care. This plan offers a basic structure for the development of programs.

The Committee believes that the first 2 proposals of the Technical Committee, dealing with extension of public health services and expansion of hospital facilities, should be adopted. Measures to implement them should be devised. It is especially important that these include means to assure economy and efficiency in administration and the highest standards of competence and conduct in personnel. Present estimates of needs and costs should be considered as tentative. Existing facilities, public and private, should be utilized as far as possible.

The Committee favors adoption of Proposal 3, dealing with medical care for the medically needy, with the same conditions as those suggested in connection with the first two proposals. Adequate remuneration of physicians for their services is essential. It is imperative, however, that plans be drawn to secure centralization of physical facilities, coordination of administrative machinery and cooperation of professional personnel in the interests of economy and efficiency.

The principles embodied in Proposal 4, dealing with a "General Program of Medical Care," are necessary to any program that contemplates provision of medical care to all the people. The Committee feels that in the consideration of health insurance the relative merits of voluntary and compulsory systems must be weighed. The Committee agrees with the Technical Committee in not advocating the immediate imposition of compulsory health insurance upon the country at large, but it feels that it is a mistake to exclude from consideration a method which has been so extensively employed. In any adaptation of compulsory insurance in the United States, efforts should be made to avoid the defects which have been discovered in Britain and on the European continent. The only alternative to meet the needs of the marginal class immediately above the level of true need is a tax-supported system. The Technical Committee is correct in stating that each method—compulsory health insurance or tax-supported aid—may have especial advantages in particular circumstances. Voluntary hospital insurance should be encouraged and should be extended to include medical services. Without this its utility is limited. Means can be found to obviate the exploitation of physicians by hospitals under such a system. Voluntary insurance for general medical care is also highly desirable to meet the needs of the upper middle class. Its development need not wait on the adoption of a comprehensive program. To facilitate such development, legislative action to alter existing insurance laws may be necessary. Care should be taken that these legislative changes do not remove from physician and patient protection against exploitation by a third party, that they do not violate sound actuarial principles, and that they do not relieve the physician of personal liability for negligence or improper conduct. Benefits, under these insurance systems, should not be limited to the services of a general practitioner, but should include domiciliary care, the services of specialists and other accessories which are essential to medical care of high quality. Sound experiments on a non-profit basis are especially to be encouraged, because they appear to promise more than commercial organizations can offer.

Proposal 5, to cover loss of wages during sickness, is wisely treated by the Technical Committee as a separate problem. Without compensation for the economic loss imposed by illness, the best medical care can not be provided. As far as possible, physicians should be relieved of responsibility for the administration of this phase of the program.

Major attention of physicians should be directed to the development of methods by which, under any system, the quality of care may be improved.

1. The Committee of Physicians believes that governmental health services should be consolidated.
2. Efforts should be made to secure better coordination of health services. It does not believe that individualized competitive practice has proved itself a completely efficient or economical means of furnishing to all the people all the components of modern medical care. It believes that experiments in cooperatives and non-profit group practice should be encouraged, not obstructed.
3. Machinery must be devised by which standards of administrative and professional competence and conduct may be established and maintained. If such machinery is made available there would be little reason to obstruct, by punitive measures, experiments in the provision of medical care. It is self-evident that in any machinery of this kind consumer as well as physicians must be represented. Moreover, other professional groups engaged in associated welfare activities must also be included. Those matters which pertain to the actual ministrations of physicians must be under the control of physicians because they alone have the necessary expert knowledge. The medical profession should not be burdened with the administrative and financial responsibilities, but should be freely consulted and should have a voice therein.
4. Generous provisions must be made for education and investigation. Without these, medical care of the highest quality and continuous improvement of quality can not be achieved. Philanthropy can not be expected to meet the demands of a comprehensive program of medical care. Nor can the support of education be covered by fees collected from the sick. Advance of knowledge and improvement of the quality of medical care benefit all groups and responsibility for their support should, therefore, be assumed by the population as a whole.

JOHN P. PETERS, M.D., *Secretary*
789 Howard Avenue
New Haven, Connecticut

Resolution Adopted by the American Public Health
Association at its Annual Meeting in Kansas City,
October 27, 1938

The American Public Health Association, ever increasingly conscious of the leadership and competence which have characterized the work of the various Federal health agencies, records its unanimous satisfaction in the further evidence of the effective interest of the Federal Government in the health of the Nation, embodied in the recommendations of its Inter-departmental Committee to Coordinate Health and Welfare Activities to the National Health Conference, July 18-20, 1938.

There can be no doubt that large areas of many of our States do not enjoy the benefits of adequate health service. We maintain that without adequate local health organization covering every area of the United States, the delivery of the full benefits of modern public health procedure to all the people in the United States cannot be accomplished. We recognize further the indispensable services which State departments of health are capable of contributing over and above those provided under local governmental units in urban or rural communities.

In recognition of these facts, we endorse the recommendations presented before the National Health Conference by the Technical Committee on Medical Care, which propose the expansion of public health services, including necessary medical, hospital and nursing care for the period of maternity and childhood in families unable to obtain adequate care through their own resources.

An appraisal of national health resources reveals the existence of many communities in which hospital facilities are meager or lacking. The inadequacy of institutional facilities presents a handicap to the control of tuberculosis and mental disease, and deprives those requiring care in general hospitals of the full benefits of modern medical treatment. In certain communities adequately supplied with hospitals, economic barriers prevent their full utilization. For large numbers of our population, inadequate income results in inadequate medical and

dental care. The concept of the close interrelation of preventive and curative medicine is basic to the modern public health program.

We therefore endorse the recommendations of the Technical Committee to the National Health Conference providing for Federal aid to the States for the construction of additional hospital facilities, the provision of essential medical and nursing care and hospital care as required, to persons unable to support such care from their own resources, and the compensation against wage loss incurred through sickness. In connection with the Technical Committee's recommendation concerning medical care, the Association supports the view that in the initiation and development of the program, wide latitude should be given to the States in the definition of the population to be served and the method of providing medical service.

We pledge the American Public Health Association to use all its professional resources, and such influence as it has earned through sixty-eight years of development and leadership in Public Health to aid governmental agencies in accomplishing those statesmanlike health objectives.

Furthermore, we offer our cooperation to the governmental agencies which may be charged with the proposed expansion of health services in the United States, and we stand ready to collaborate with other professional and scientific organizations having similar principles and objectives, to the end that at the earliest possible date in every area under the jurisdiction of the United States the whole population may have the benefit of the best that public health service can bring them.

Be it resolved that the foregoing declaration expresses the formal and considered opinion of the American Public Health Association and that it shall be published in the Journal.

Be it further resolved that the Executive Board is hereby instructed to appoint a representative committee of seven Fellows of the Association to cooperate during the coming year with the Interdepartmental Committee of the United States Government, with the American Medical Association, the American Dental Association, the National Organization for Public Health Nursing, the Conference of State and Territorial Health Officers and with other agencies to the end that these principles may be translated into effective action.

AMERICAN PUBLIC HEALTH ASSOCIATION

50 West 50th Street, New York

December 12, 1938

REPORT FROM THE COMMITTEE OF THE AMERICAN PUBLIC HEALTH ASSOCIATION
APPOINTED TO CONFER WITH THE INTERDEPARTMENTAL COMMITTEE TO COORDINATE
HEALTH AND WELFARE ACTIVITIES AND WITH OTHER AGENCIES

The Committee met in Washington, D.C., on November 19, 1938, at the request of Miss Josephine Roche, Chairman of the Interdepartmental Committee, for an extended conference.

All members were present, including Abel Wolman, Dr. Eng., Chairman, J. N. Baker, M.D., Louis I. Dublin, Ph.D., A. T. McCormack, M.D., H.S. Mustard, M.D., J. L. Rice, M.D., F. J. Underwood, M.D., and, ex officio, E. S. Godfrey, Jr., M.D. and Reginald M. Atwater, M.D.

The National Health Program was discussed from many angles but with particular reference to its bearing on the work of the Public Health profession and in accordance with the terms of reference of the Association resolution dated October 27, 1938, to the end that the principles of the National Health Program may be translated promptly into effective action.

Without attempting to include all aspects of the matters discussed, the Committee of the American Public Health Association presents the following statement of certain fundamental policies which it recommends to the Association for adoption as representing the considered judgment of this professional society of public health workers.

These recommendations, we believe, agree in most points substantially with the proposals of the Interdepartmental and Technical Committees on the federal-state relationships embodied in the National Health Program, and we agree that the primary federal function is to give financial and technical aid to the states for carrying out approved programs.

1. It is certainly theoretically desirable that a single state agency should be made administratively responsible for carrying out all the provisions of the National Health Program which may be enacted into law.

In recommending that this single agency should be the state department of health, we recognize that the present patterns in most states do not conform to this proposal, yet we note evidences that organized medicine and many public welfare officials share our opinion that at least ultimately the state health department should be the responsible agency. We believe that there are

many affirmative reasons why the state health department is the best agency at the state level for this purpose. No agency will be able so readily or effectively as the health department to provide professionally qualified personnel and be so readily or effectively able to maintain high professional standards of medical care.

In recommending that the state health department should be the primary integrating and coordinating unit, we recognize that the counsel of qualified advisers from the medical, dental, nursing, hospital and ancillary professions will be requisite, that adequate provisions for technical staffs and administrative expense will have to be made from the outset, and that increased funds for training purposes will be essential for successful performance. We have concluded further that, however reluctant medical health officers may be at present to take over these added responsibilities, a study of the alternative choices for such purposes will be determinative. This basic recommendation does not preclude a working arrangement in some states with existing machinery outside of the official health department which might function well through another channel, provided that the state health officer retains supervisory control over the broad plans and the general purposes of the funds which the state may receive from any source.

We note that this proposal is in accord with the recommendation of the Interdepartmental Committee that this program should be developed around and be based upon existing preventive health services.

2. The Committee reaffirms and reemphasizes the official declaration of the American Public Health Association that, in the initiation and development of the program, wide latitude should be given to the states in the definition of the population to be served, in the selection of the method of providing medical service, and in other important phases of the proposed program. We believe that similar latitude should be provided with regard to the method of raising funds in the states to accomplish approved objectives.
3. The Committee finds itself in agreement with the recommendations in the National Health Program that the fundamental objectives involved here are, first, conservation of health and vitality, and second, reduction of the role of sickness as a cause of poverty and dependency.

With this in mind, it supports the concept that Recommendations 1, 2, and 3 of the Interdepartmental Committee (the expansion of public health and maternal and child health services, the expansion of hospital, clinic and other institutional facilities, and the provision of medical care for the medically needy) should have priority in initiation.

4. We believe that recent experience demonstrates that the Social Security Act provisions for aid to the states for health work provide a suitable framework for the expansion of preventive health services.
5. We submit that it is essential that any state program to be approved for federal aid should contain adequate provisions for the maintenance of high personnel standards and that payment of such federal aid to state agencies should be withheld when it is found that substandard services are being furnished, whether because of failure to meet personnel or other standards. Similar policy should obtain with respect to state aid to local areas within a state. The appropriate federal administrative authorities should have power to establish minimum standards through rule and regulation after consultation with competent advisory professional bodies.
6. Careful study will be necessary to perfect administrative regulations to cover the details of medical practice, so as to assure a high level of quality. We believe, however, that standards of medical practice should not be written into basic law. Federal aid should be conditioned on inclusion within the state plans of adequate safeguards for maintaining appropriate standards.
7. We believe that one of the important prerequisites for the extension and improvement of public health service in general throughout the country lies in the more complete integration of health services on the federal level of operations.

American Dental Association

The Report of the Special Committee of the House of Delegates
Appointed to Consider the Recommendations of the Technical
Committee on Medical Care to the President's Interdepart-
mental Committee to Coordinate Health and Welfare
Activities as Presented to the National Health
Conference in Washington, D.C.
July 18, 19, 20, 1938

Inasmuch as the dental profession has long been aware that the control of dental disease is necessary to the maintenance of health, and inasmuch as the Report of the Technical Committee to the President's Interdepartmental Committee has recognized the fact that dental care constitutes an integral part of a national health program, and inasmuch as the dental profession is the only group having the training and the legal authority to treat dental disease, your Committee has drawn up the following declaration of principles and recommendations which it believes should be presented by the American Dental Association to the Federal Government for its assistance in planning the dental phase of a general health program.

PRINCIPLES

Your Committee recommends that in the formulation of any national health program, the American Dental Association should insist on inclusion of the following principles:

I. In all conferences that may lead to the formation of a plan relative to a national health program, there must be participation by authorized representatives of the American Dental Association.

II. The plan should give careful consideration to, first, the needs of the people; second, the obligation to the taxpayers; third, the service to be rendered, and, fourth, the interests of the profession.

III. The plan should be flexible so as to be adaptable to local conditions.

IV. There must be complete exclusion of non-professional, profit-seeking agencies.

V. The dental phase of a national health program should be approached on a basis of prevention of dental diseases.

VI. The plan should provide for an extensive program of dental health education for the control of dental diseases.

VII. The plan should include provision for rendering the highest quality of dental service to those of the population whose economic status, in the opinion of their local authorities, will not permit them to provide such service for themselves, to the extent of prenatal care, the detection and correction of dental defects in children and such other service as is necessary to health and the rehabilitation of both children and adults.

VIII. For the protection of the public, the plan shall provide that the dental profession assume responsibility for determining the quality and method of any service to be rendered.

RECOMMENDATIONS

Your Committee has considered the five recommendations of the Technical Committee, and, as far as they apply to dental service, makes recommendations as follows:

I. Expansion of Public Health and Maternal and Child Health Services

(A) Expansion of General Public Health Services

(1) Your committee approves of the general expansion of public health services and, in addition, recommends the establishment of a federal department of health with a secretary who shall be a graduate in medicine, and who shall become a member of the President's Cabinet, and a first assistant secretary who shall be a graduate in dentistry.

(2) In an expanded public health program which involves consideration of the expenditure of millions of dollars for public health purposes, your Committee recommends that the problem of dental caries and of other dental diseases be included.

(B) Maternal and Child Health Services

Your Committee approves this section, provided dental care of mothers and children be included. It is,

of course, understood that the necessary funds will be allocated for these services.

II. Expansion of Hospital Facilities

Your Committee recommends that due consideration be given to the inclusion of adequate facilities for dental services.

III. Medical Care for the Medically Needy and

IV. A General Program of Medical Care

(1) Your Committee is convinced that satisfactory dental service cannot be rendered under a compulsory health insurance system. It, therefore, does not favor such a plan, but it does approve voluntary budget plans under professional control which will enable patients to "apportion costs and timing of payments so as to reduce the burdens of (dental) costs and remove the economic barriers which militate against the receipt of adequate (dental) care."¹ (The word "dental" was substituted by the Committee for the word "medical" in the original quotation.)

(2) The Committee approves the recommendation that such a program should provide for "continuing and increased incentives to the development and maintenance of high standards of professional preparation and professional service."¹

V. Insurance Against the Loss of Wages During Sickness Considered without recommendation.

CONCLUSION

Your Committee agrees with the Technical Committee that "as progress is made toward the control of various diseases and conditions, as facilities and services commensurate with the high standards of American medical practice are made more generally available, the coming decade, under a national health program, will see a major reduction in needless loss of life and suffering - an increasing prospect of longer years of productive, self-supporting life in our population."² It also believes that the above statements apply equally to dental practice and that the enumerated benefits would be enhanced by early and regular dental care in childhood.

Your Committee offers two final recommendations:

(1) In view of the fact that dental caries is the most

prevalent disease of mankind, that the American Dental Association strongly recommend that the Federal Government augment, with a comprehensive research program, the efforts of the organized dental profession to determine the cause of this disease.

(2) That in keeping with the first main principle of this report, a committee of five practicing dentists be appointed by the Board of Trustees, together with such technical advisers as the needs of the committee require, to fulfill the provisions of Principle Number I.

Committee:

Homer Robison

Craft A. Hopper

E. E. Voyles

Henry Cline Fixott

W. O. Talbot

Alfred Walker

Stanley Rice

R. J. Rinehart

Harold W. Oppice

Chairman

1. "A National Health Program"; Recommendation 4, par. 4
2. Ibid; Recommendation 5, last paragraph

AMERICAN PHARMACEUTICAL ASSOCIATION

WHEREAS, the necessity for making adequate medical care available to citizens in all income groups is recognized as a definite obligation of society, and

WHEREAS, the furnishing of drugs, medicines and medical supplies constitutes an indispensable phase of adequate medical care,

RESOLVED:

1. That the American Pharmaceutical Association expresses its profound interest in all plans proposed for extending medical care,
2. That the Association pledges its cooperation in devising suitable plans for the utilization of existing agencies now providing medical services, and
3. That the Association strongly urges the retention of free choice of physician, dentist, pharmacist and nurse, by the patient, as an essential feature in whatever system may be adopted.

National Medical Association

THE REPORT OF THE COMMITTEE ON MEDICAL ECONOMICS--August, 1938

1. The increased cost of medical care due to the expansion of diagnostic and therapeutic facilities, together with the lessened ability of the general public to pay for medical service because of low income and lack of employment increasing the incidence of illness has had a very definite influence on the cost and distribution of medical service in the United States. This disparity has been accentuated in practically all of our metropolitan centers because of improper, overcrowded and unsanitary housing conditions and the unequal distribution of physicians especially in rural communities.

Rural America has suffered from inadequate medical care and this Association, representing as it does Negro Physicians, Dentists, and Pharmacists from a majority of the states of the Union, cannot be unmindful of the fact that more than half of the Negro population of the United States lives in rural areas. Here are found the same conditions that persist in our urban centers; namely, inadequate housing, unsanitary living conditions, high infant mortality, high maternal death rate, high incidence of tuberculosis and Syphilis and other infectious diseases. The unequal distribution of Negro physicians, Dentists, Pharmacists and nurses has been keenly felt in these problem areas.

Because of the aforementioned conditions there is a definite trend toward State and Federal control of medical care supplemented by various forms of subsidized health insurance contracts and group hospital insurance.

2. The demand for a form of Governmental medical aid had its inception years ago. Possibly at a time when the Medical Profession and the laity realized that medical science had more to offer both in prophylaxis and treatment of disease than it was possible for a large section of the public to purchase because of low economic status. This realization has been accentuated during the recent years of the depression. At the present time it is one of the most pressing questions that faces the medical profession and the American public.

3. The Federal Government has proposed a program broad enough to include adequate medical service to all the people in need of such care. Its main objective seems adequate with the exception that in our opinion, the upper limit should be fixed at such a sum as will include only those not able to pay for regular medical service.

4. All matters of health must of necessity be of serious concern to the medical profession. Therefore, Organized Medicine must play an important role in the conduct of this phase of the security program.

5. While we should like to look at this from the standpoint of the people only and not as affecting any particular class except the needy, practice and experience through the years have demonstrated that the Negro people are too often not contemplated ALL the people, but in the final analysis are too often treated as a separate, and we regret to state, at times an inferior group. The National Medical Association representing the interests of 5,000 Negro doctors and not losing sight of the Dentists, Pharmacists, and Nurses, would be remiss in its duties did it not at this time make a plea for this minority group.

6. We stand with other bodies in our demand for a continuance of that prized and respected patient-doctor relationship. No system of medicine and medical practice should be set up that robs the individual of his choice of physician.

7. It is our desire that all registered regular physicians in all parts of the United States, will be considered equally and that they will share alike in the services and emoluments from this administration.

8. To be more specific; in those states or parts of states where there is a definite separation of the races, where there are separate schools, transportation facilities, and all social activities, that the above named practices will be made consistent in the professional administration to the indigents of the Negro race.

9. To be more specific still, it is our desire that the Negro doctors, Dentists, Pharmacists, Nurses and other social workers will have the privilege of treating and caring for their people and will receive therefor the identical compensation as provided for

others for like services. In other words, it is our expressed desire that there will be no discrimination shown in these regards.

10. Assuming further from the past practice that the United States Public Health Service will stand between the United States Treasury and the final distribution of these funds, that in the acceptance of funds, the administrators will give to the United States Public Health Service assurances that these regulations will obtain.

11. That the United States Public Health Service will provide that in the event that these fundamental conditions are violated the continuance of funds will be withdrawn until there are assurances that discriminatory practices shall cease.

Recognizing the existing exigencies, the National Medical Association recommends to its affiliates the acceptance of the principles enunciated in this outline.

National Medical Association

Recommendations of a Special Committee of the National Medical Association to the Technical Committee on Medical Care, in conference, U. S. Public Health Service Building, Washington, D. C., November 22, 1938.

We recognize that a large proportion of the population of the United States is without adequate medical care.

We are in accord with the high, benevolent purposes of the President and the Technical Committee on Medical Care to supply that deficiency.

Having acquainted ourselves with the recommendations of the Technical Committee on Medical Care, we approve in general, Recommendation I, which provides for expansion of Public Health activities; Recommendation II, expansion of hospital and diagnostic facilities; Recommendation III, medical care for the medically needy; and Recommendation V, insurance against loss of wages during sickness.

We are sure that Recommendation IV has the same high, altruistic purpose as the other recommendations. We are in full sympathy with that great self-respecting middle class, many of whom would starve and die rather than beg. We are alert to what it means to them when severe or prolonged illness, including operations and hospital bills are unexpectedly thrust into the picture. They, too, need and must have relief. Prepaid hospital insurance goes a long way in meeting the problems of many. Its success has been demonstrated. Now that the American Hospital Association has boldly fostered prepayment of medical fees, it will give great impetus to this form of medical care.

The other phases of the health program are of such vital importance to the health of the people in this country that the successful launching and prosecution of this program should not be jeopardized at this time by a program of such a controversial nature. Many of the benefits intended under Recommendation IV will necessarily accrue to this group when the other features of this program are introduced.

With municipal, state and Federal relief definitely providing for the indigents or all those below a certain income level and the upper one third fully able to provide

for themselves, prepaid hospital, and now medical insurance will take care of a large number of the middle class. For the remainder of this group who spurn indigency and yet are unable to meet unexpected sickness needs, we feel sure that definite, satisfactory local provisions, approved by the Federal Government, can be found.

All of the above we have spoken as citizens of the United States, but our mission here would be worthless and even false did we not consider the racial aspect of this great subject.

We note in one of your reports that a reasonably large number of white families have been surveyed. If no survey was made of Negro families, you may consider their plight from 50% to 100% more unfavorable than that of the whites.

Our racial plea is that whatever form this National Health Program shall take, that its administration will be minus of any discriminatory practices and that this provision will be made one of the Federal conditions of subsidy. We are forced to inject this issue because in some sections of the country this high, altruistic attitude does not exist.

The National Medical Association and the National Dental Association, representing as they do around five thousand Negro physicians and more than a thousand dentists, are anxious to have a part in this great humanitarian program for the reason that the health problems of 13,000,000 American citizens rest squarely upon our shoulders.

In this existing program for the care and eradication of tuberculosis and venereal diseases supported by tax funds, Negro professionals have found it difficult to participate and in most instances have been systematically excluded.

In some sections of the country color and not professional ability is the open sesame to the medical organizations. All over the country, North, East, South, West Negro medical men are excluded from more than 99% of the hospitals, tax-supported and otherwise. It will thus be seen that it is a very simple matter to exclude the Negro professionals from participation in this service on the ground that they are not members of the local societies nor on the staffs of the local hospitals.

No one regrets more than we do ourselves, to inject this racial issue into your great program but such a program, as we have said elsewhere, to be successful, must contemplate

not only the government's subsidy but the entire medical, dental, pharmaceutical and nursing professions, down to the humblest practitioner in the Delta of Mississippi, the Everglades of Florida, the Black Belt of Alabama, and every other section and locality.

Therefore, it is our desire:

1. That the Negro doctors, dentists, pharmacists, nurses and social workers will have the privilege of treating and caring for their people and will receive therefor the same compensation as provided for others for like services. In other words, it is our expressed desire that there will be no discrimination shown in these regards.
2. Assuming further from the past practice that the United States Public Health Service will stand between the United States Treasury and the final distribution of these funds, that in the acceptance of funds, the administrators will give to the United States Public Health Service assurances that these regulations will obtain.
3. That the United States Public Health Service will provide that in the event that these fundamental conditions are violated the continuance of funds will be withdrawn until there are assurances that discriminatory practices shall cease.
4. We especially recommend and urge that a physician of our racial group be appointed to a responsible position in the Bureau charged with the administration of this program for the purpose of advising and coordinating to the end that thirteen million American citizens shall be assured of receiving the full and fair benefits as intended by the Government.

Respectfully submitted

SPECIAL COMMITTEE OF THE NATIONAL
MEDICAL ASSOCIATION

George W. Bowles, M.D., President

SUB-COMMITTEE ON SUMMATION OF
VIEWS OF SPECIAL COMMITTEE:

John A. Kenney, M.D., Chairman

Peter Marshall Murray, M.D.

Marcus B. Rutto, D.D.S.

G. Hamilton Francis, M.D.

American College of Hospital Administrators

R E S O L U T I O N

The American College of Hospital Administrators is appreciative of the interest of the Federal Government in hospital service as expressed in the recommendations offered at the recent National Health Conference.

It approves of the extension of hospital facilities where needed, but cautions against the building of new institutions or adding to present institutions without an exhaustive survey of local needs.

It approves of financial assistance by government for hospitalization of the indigent sick, if such assistance is based on the actual cost of rendering hospital service.

It recommends that no program of compulsory hospital insurance be considered until voluntary hospital insurance plans have had a thorough trial.

The Executive Secretary of the College is hereby instructed to transmit a copy of this resolution to the chairman of the Interdepartmental Committee to Coordinate Health and Welfare Activities.

American Association of Social Workers

INVALIDITY AND HEALTH
INSURANCE

March, 1938

RECOMMENDATIONS

In the National Health Survey and the Report of the Technical Committee on Medical Care* we now have quantitative and qualitative analyses of the health needs of the nation which make it imperative to make and start in operation a plan to meet these needs. The Technical Committee ends its report by saying, "the Committee finds there is need and occasion now for the development of a national health program." It seems obvious that the work of the Technical Committee ought to be followed by the careful working out of such a program by some group which will consider the technique of organization and administration, in recommending legislation and appropriation of money. We, the Division on Government in Social Work of the AASW recommend that steps be taken by the Interdepartmental Committee to Coordinate Health and Welfare Activities to have a national health program planned which will include:

- a) The expansion of facilities for prevention and care of sickness under public medical auspices, the hospital being made a central feature, and clinic and home service included in the system;
- b) The expansion of rehabilitation and vocational facilities for the disabled under public auspices;
- c) Insurance features to distribute the costs of medical care and to administer cash benefits to compensate for wage loss for that group of the population which has income enough to support insurance;
- d) The expansion of general public assistance as an additional category of social security to meet the need of the sick, and invalided for subsistence,

* Interdepartmental Committee to Coordinate Health and Welfare Activities.

as well as other unmet needs;

- e) The coordination of the whole scheme for medical care and subsistence under public health and public welfare, federal, state and local.

The expansion of facilities under public auspices has been advocated by sociological and medical experts. We already have a beginning of the desired system and an accepted tradition of community responsibility for health. The inclusion of the USPHS in the Social Security Act as dispenser of funds has already resulted in the stimulation of state and local health work throughout the country. The amount designated for this purpose is, however, exceedingly small in proportion to the need. More money should be given the USPHS to expand its program.

We wish to affirm our approval of a coordinated system of home, hospital, and ambulatory care, the center of the organization being the hospital.

Subsistence should be provided for the sick under social and economic auspices, as benefits for the insured, and as assistance for those outside insurance. There should be close cooperation between social and medical agencies.

A unified or at least coordinated administrative scheme on the federal, state and local levels of government should be planned, getting away as rapidly as we can from the present confusion of various functions administered by unrelated or but slightly related department and bureaus.

The questions upon which there should be further study before a definite recommendation is made, are:

1. Should cash benefits be administered as part of a health insurance scheme or as part of unemployment insurance?
2. How should the disadvantages of combining cash benefits and medical care be avoided in administration?
3. What is the best way to handle certification for cash benefits?
4. What is the best way to handle certification for medical care?
5. Toward what form of governmental organization should we try to direct development, especially on the federal level?

National Association of Chiropractors

RESOLUTION ADOPTED BY THE HOUSE
OF DELEGATES AT THE NATIONAL
CONVENTION HELD IN PITTSBURGH
DURING THE WEEK OF AUGUST 21, 1938

"Whereas, the proposed National Health Program is being contemplated to include complete medical care, and,

"Whereas, there exists in the United States a large group of individuals whose economic status does not permit necessary care of the feet, and,

"Whereas, the care of the feet of this group is an essential to their general health and employment efficiency, be it therefore,

Resolved, that the National Association of Chiropractors go on record as favoring the inclusion of the care of feet by chiropractors in the proposed Public Health Program".

American Academy of Ophthalmology and Otolaryngology

BE IT RESOLVED, That the American Academy of Ophthalmology and Otolaryngology expresses its unqualified approval of those considerations relative to the national health program adopted by the House of Delegates of the American Medical Association in its special session held September 16 and 17, 1938.

American Osteopathic Association

HOUSE OF DELEGATES
of the
AMERICAN OSTEOPATHIC ASSOCIATION

July 13, 1938

WHEREAS, the statistical data compiled by various medical economic surveys convinces us that there is a need for increased medical service to some of the citizens of the United States, and

WHEREAS, The American Osteopathic Association feels that there are three classes of citizens interested in this need for increased medical service, namely: the individual who is to receive the service, the individual who is to pay for the service, and the individual who is to render the service; and

WHEREAS, the consensus of the surveys points to some form of insurance to meet the need; be it therefore

RESOLVED, That the American Osteopathic Association go on record expressing a readiness to cooperate with employers and employees, with representatives of lay organizations, with other medical organizations, and with those departments of government interested in the program, in working out a program of care (which will include, for the individual, the option of free choice of physician) for those not now receiving adequate medical care because of "medical indigency".

I certify that the above is a true copy of a resolution passed by the House of Delegates of the American Osteopathic Association at its forty-second annual convention in Cincinnati, Ohio, July 13, 1938.

(sgd.)

R. C. McCaughan
Executive Secretary

New York State Osteopathic Society

RESOLUTION CONCERNING HEALTH INSURANCE AS
PASSED BY THE HOUSE OF DELEGATES OF THE
NEW YORK STATE OSTEOPATHIC SOCIETY,
BINGHAMTON, N. Y., OCTOBER 8, 1938.

Whereas the state of health of the inhabitants of this country is a matter of state and federal concern and since adequate medical care for everyone is an essential element of public health and since the Interdepartmental Committee to Coordinate Health and Welfare activities that was appointed by President Roosevelt has reported to the National Health Conference that one-third of our population is receiving inadequate medical care at the present time, and since the economic burden created by illness deprives a large fraction of our population of complete fulfillment of other necessities of life, such as food, shelter, and clothing, therefore be it

RESOLVED by the House of Delegates of the New York State Osteopathic Society in 40th annual convention assembled at Binghamton, N. Y., on October 8, 1938, that our Society is ready to cooperate with employers, employees, medical cooperatives, medical organizations, and with those departments of government considering the present deficiencies of health and medical services in working out a program of medical care, so that no person because of economic conditions in this country shall be deprived of adequate, competent health services. And be it further.

RESOLVED by this House that our Society stands ready to cooperate with the federal government in formulating its proposed National Health Program, so that the needless loss of life and suffering may be reduced, and so that more adequate medical care can be provided for those of low income without sacrificing the right of free choice of physician to those who might be included in any such scheme of general health insurance; and be it further

RESOLVED that our Society should urge their patients to vote for Amendment #8 proposed by the New York State Constitutional Convention, which includes among other

provisions the granting to the legislature of permission to use the credit of the State in protecting its citizens against the hazards of unemployment, sickness, and old age, by insurance or otherwise; and be it further

RESOLVED that copies of these resolutions be sent to President Roosevelt, Governor Lehman, Senator Wanger, Josephine Roche, Dr. H. Jackson Davis, Edward F. Corsi, Arthur J. Altmeyer.

Wisconsin Society of Chiropractors

The following resolution was adopted at the 19th annual state convention of the Wisconsin Society of Chiropractors. Whereas prevailing economic conditions render it impossible for thousands of Wisconsin citizens to receive adequate health services and whereas the Wisconsin Society of Chiropractors feels its responsibility in this undesirable situation, therefore be it resolved that this convention wholeheartedly endorses the National Health Program proposed at the July Health Conference in Washington, D.C., as it applies to Wisconsin and pledges its full cooperation and support in this program.

Resolutions passed by the House of Delegates of the
American Hospital Association

THE PLACE OF THE HOSPITALS IN THE NATIONAL
HEALTH PROGRAM

The American people--as a public policy--have developed a system of general hospitals, both voluntary and tax-supported, to care for, without discrimination, the self-supporting and the medically indigent.

Appreciation of the extent and excellence of present hospitals must be a foundation on which to build a national program of hospital service; its development must safeguard their interests and seriously consider the effect of the extension of governmental activity in the form of grants-in-aid for service or new construction on the future of these institutions and especially the effect on the generous impulses of private philanthropy that have made most of them possible and which must not be considered as exhausted.

The hospitals must continue to cooperate with the physicians who assume the personal professional responsibility for the care of the patient. To fulfill the purpose for which they were established, hospitals must continue to give a large part of the care of the needy. A public service is a public trust. The public service of hospitals could be enlarged by governmental aid.

The need is generally recognized for providing additional clinical and special hospital facilities for patients with mental disease, tuberculosis, and cancer, the extension of public health work, maternity care, child welfare, medical research, hospitalization of old-age beneficiaries, and the care of chronic invalids.

With regard to general hospitals, the fact that approximately one-third of all of their beds, on an average, are unoccupied indicates caution in the addition of new facilities. There is a question as to how far existing defects in the distribution of general hospital facilities, especially in rural areas, should be corrected by the building of new hospitals, by reorganization or enlargement of existing hospitals, and by improved transportation.

The American Hospital Association believes that new hospitals should be built in rural and urban areas only after accurate, impartial surveys of population grouping, accessibility of existing hospital facilities, transportation, and availability of professional personnel, and economic resources show that new institutions are needed and that they could be maintained according to good professional and financial standards.

These principles should guide federal grants whether part of the national health program or the public works and relief projects.

Our Association is on record in favor of the use of tax funds to reimburse hospitals for the care of the medically indigent. The proposal of the federal government to appropriate such funds would aid many states and localities to provide more adequately through the hospitals for the needs of their people.

The American Hospital Association approved the principle of hospital care insurance in 1933 and has since assisted by advice and guidance in the development of non-profit community-wide hospital insurance plans now increasing at the rate of a million new subscribers per year. The recent endorsement of the American Medical Association has encouraged this movement. The growth of these plans should enable a majority of our employed people to meet the cost of hospital care on a voluntary basis.

The American Hospital Association accepts most cordially the suggestion of the Interdepartmental Committee, through its spokesman, Arthur J. Altmeyer, addressing the annual Convention at Dallas, that the Association appoint representatives to confer and cooperate with their Committee with the assurance that such cooperation would be appreciated and utilized.

October, 1938

Catholic Hospital Association

PRONOUNCEMENT OF THE CATHOLIC HOSPITAL ASSOCIATION
ON THE NATIONAL HEALTH PROGRAM

The Catholic Hospital Association views with interest and approval the growing concern of government for the national health. It welcomes the manifestation of this concern which has recently been afforded to the nation by the efforts of the Federal Government to devise an effective and generally acceptable program for ensuring adequate medical care to all the people at costs commensurate with the resources of the various strata of our population, but hopes that when this program is translated into legislation and into action, greater stress than is apparent in the documents now available may be laid upon the cooperation between the voluntary and the governmental agencies. The Catholic Hospital Association is convinced that possibilities of a plan involving mutually trustful cooperation have not as yet been adequately visualized.

The various features of the proposals made by the Interdepartmental Committee and its Technical Committee are accepted by the Catholic Hospital Association, each, as one of many alternative possible proposals in the various health fields to which the Interdepartmental Committee has devoted its attention. The Catholic Hospital Association, therefore, assumes that the various proposals are not as yet to be regarded as final, nor as necessarily to be accepted as a whole, but, rather, that sections of the report are still to be subjected to study and modification on the part of both the general public and the persons engaged in a professional capacity in various health fields. Evidence that such an assumption is justified is derived from the fact that the Interdepartmental Committee itself offered alternative plans in many sections of its report. The Association, therefore, desires to make a number of suggestions through which it is hoped the Government's concern for national health may be made more effective and through which, furthermore, generally beneficial results may eventuate for the furtherance of national welfare without endangering a serious regard for historical developments through which the nation has achieved its present preeminence in medical care.

1. The Catholic Hospital Association approves the first recommendation of the Interdepartmental Committee proposing extension of public health

services. It suggests, however, that public techniques be applied to the care of the sick only insofar as the scientific advance of medicine will justify and only insofar as therapeutic procedures may still remain, as far as possible, the responsibility of individual physicians.

2. The Catholic Hospital Association approves the proposed enlargement of the grants made by the Federal Government to the states and by the states to local committees, under the provisions of the various sections of the Social Security Act, particularly with reference to the sickness care of the aged and the unemployed, of mothers and children and of the crippled children.
3. The Catholic Hospital Association is sympathetic with the plan of providing hospital facilities in those areas of the country in which such facilities are not found at the present time, or in which hospital facilities are relatively inaccessible. It cautions, however, against a precipitate and indiscriminating multiplication of hospitals and would recommend that the erection of new hospitals through the use of state and federal funds be not stimulated except when a prudent pre-vision of the hospitals' operation and when, furthermore, an adequate staff, medical and administrative, can be provided, with due attention to both the economic and the professional viewpoint.
4. The Catholic Hospital Association endorses the proposal of the National Health Conference that in the care of the indigent and of the medically indigent the cooperation of governmental and of private agencies must be secured. Our Association cannot, however, subscribe to the principle that the indigent is the ward of the state. Historically speaking, the American people have assumed the responsibility, through local governments and by private initiative, for the care of the indigent. If, under present stresses, such care is found to be inadequate, it would seem reasonable to supplement the present resources rather than to deprive local governments and private agencies of the privilege of caring for the indigent sick.

If the indigent is not a ward of society, rather than of the state, then the very foundations of our Religious communities of Sisters and Brothers, organized as these were for the care of the sick-poor, must crumble. By reason of its very purpose our Association must accept the principle that the indigent has a claim to medical and hospital care, not only from those who dispense such care because of the government's responsibility for supplying the necessities of life in stresses and emergencies, but also from those whose lives, motivated by idealism, faith and charity, are dedicated to the humane, generous, self-sacrificing and spiritual service of the needy. If the indigent is the ward of society, then to accept medical care from a private agency is no more a humiliation to the beneficiary than it is to accept such care from a governmental agency.

5. The Catholic Hospital Association pleads that in any future plans which the Government may develop the principle of cooperation between private and public agencies, from which cooperation medicine and the medical and allied professions have thus far received a great stimulus towards excellence, may be continued and intensified in its operation. The Association would welcome effective cooperation on the part of the Government, both State and Federal, if such cooperation could take the form of governmental financial aid in carrying out an effective program of service to the less favored groups of our population.

The private hospital must, of necessity, continue to bear a large share of public responsibility for the care of the sick. It would carry that responsibility more effectively if recognition were given to it in the form of subsidies derived from governmental resources.

6. The Catholic Hospital Association wishes to endorse the rapid extension of the many forms of prepayment for hospital care which, now that the basic requirements of such agencies have been clarified, are meeting with increasing

popularity and support in many of our larger communities. It would suggest that such plans, developed under the leadership and with the approval of the medical profession, be extended as rapidly as a sound financial policy can permit, from our metropolitan centers to contiguous rural areas. It favors the liberalization of requirements for membership in such plans, the cautious but at the same time progressive extension of benefits in such plans and the reduction, again within the limits imposed by a sound fiscal policy, of the premiums to be paid by the policy holders.

7. The Catholic Hospital Association desires to express its conviction that a plan of compulsory health insurance is not only not necessary for ensuring adequate medical attention to our people but that the inauguration of compulsory health insurance would mark an era of rapid retrogression from the level of excellence thus far achieved in our nation.
8. Finally, the Catholic Hospital Association favors the extension of the principle of the distribution of costs through insurance plans so that these might include compensation for wage losses during illness. It recommends that the Government's role in the development of such plans might be not only a supervisory and a regulatory one as it now exercises its function with reference to insurance companies, but that the Government might also assume a contributory and cooperative position enabling private initiative to formulate procedures which due to a liberalized, governmental attitude will gain increased stability and effectiveness.

Respectfully submitted

for the Catholic Hospital Association
of the United States and Canada

Alphonse M. Schwitalla, S.J.,
President

Sister Helen Jarrell, R.H.
Secretary

American Protestant Hospital Association

REPORT OF THE RESOLUTIONS COMMITTEE OF THE 18TH ANNUAL CONVENTION
OF THE AMERICAN PROTESTANT HOSPITAL ASS'N. CONVENING AT DALLAS, TEX.,
SEPT. 23 to 25, 1938.

RESOLUTIONS OF POLICY

NATIONAL HEALTH PROGRAM - WHEREAS, the Federal Government has presented for the consideration of the Medical profession, the hospitals, the other health agencies and the general public, a comprehensive National Health Program, and,

WHEREAS, the aim of this program is to make a larger quantity and a higher quality of scientific medical service available to all the people, particularly those in remote areas or those denied such services by the economic circumstances, and,

WHEREAS, the National Health Program will affect hospitals in two ways; first, by assisting in the construction of general, mental, and tuberculosis institutions where needed and, second, by providing government funds to pay for the hospital care of the indigent sick, and

WHEREAS, the American Protestant Hospital Association is sympathetic with the major aim of this program, and

WHEREAS, the American Medical Association has, at the recent meeting of its House of Delegates, approved these two aspects of the National Health Program, therefore,

BE IT RESOLVED:

1. That the A.P.H.A. praise the Federal Government for focusing National attention on this important problem.
2. That the A.P.H.A. approve of the Federal Government's proposal to care for the medically needy in voluntary and other hospitals with payments to come from tax funds;
3. That the A.P.H.A. approve of the building of additional hospital, with federal aid or state aid when and where needed,

providing only that careful, detailed and first hand studies of each community reveal that such additional hospitals are actually needed and can be properly administered and maintained;

4. That the A.P.H.A. call the attention of the government and the public to the economy of using existing voluntary hospitals, if these hospitals are well administered and of good medical standards, rather than building new hospitals to compete with them;

5. That, as regards the hospital aspects of health insurance, we believe the time is not yet ripe for compulsory health insurance in most communities. We also believe that voluntary hospital care insurance is capable of expansion to cover a large part of the population of all urban and many rural areas. We should like a full and fair trial of voluntary hospital care insurance before a compulsory plan is attempted and request the moral support of hospitals, of physicians, and of government agencies to assure such a full and fair trial;

6. That the A.P.H.A. fully endorse the principle of Hospital Care Insurance and recommends it to the Protestant Hospitals.

7. That the A.P.H.A. will be glad at any time to counsel with the government regarding the provisions of hospital service and to offer its facilities as desired.

American Hospital Association
Catholic Hospital Association
American Protestant Hospital Association

ATTITUDE OF THE HOSPITAL ASSOCIATIONS TO THE
NATIONAL HEALTH PROGRAM

The representatives here assembled of the American, the American Protestant and the Catholic Hospital Associations of the United States together with a selected group of their Technical Advisers express to you, Mr. Chairman, their grateful appreciation for this opportunity to voice their opinions and to present to you the resolutions of their respective Associations on the National Health Program. The hugeness of the undertaking and its probable significance for the future of our Nation imply moral responsibilities not only for our hospital Associations but for the Government as well to bring to bear upon the formulation of a National Program all the acumen and the combined experience of those who for a century and a half have carried, many decades without Government support, the responsibility for the safeguarding of the Nation's health. The Three Hospital Associations, therefore, thank you for this opportunity and we hope that the mutual understanding that may be developed between the social and the private agencies, dealing with National health may result in a program in which cooperation between these two groups of agencies may prove to be the dominant and the controlling characteristic.

In saying this the three Hospital Associations are greatly encouraged by a recent pronouncement of President Roosevelt himself. In his address on the Mobilization for Human Needs he calls attention to the fact that "There are some persons who say that the need for voluntary private agencies has decreased. They say that the government -- Federal, State and local -- has moved in and taken over part of the jurisdiction of the private agencies. Such persons talk as if the scope of voluntary action and of mutual aid had been limited, or even eliminated.

"Private community effort is not contradictory in principle to government effort, whether local, state or national. All of these are needed to make up the partnership upon which our nation is founded. The scope of voluntary action cannot be limited because the very desire to help the less fortunate is a basic and spontaneous human urge that knows no boundary lines. It is an urge that advances civilization. I like to think it is a national characteristic."

The three Hospital Associations are also encouraged in their attitude by the fact that in the documents submitted to the National Health Conference on July 18th and 19th of this year, mention is occasionally made of the anticipated cooperation between the governmental and the private agencies. Furthermore, repeated expressions by various individuals close to the interests and activities of the Interdepartmental Committee have from time to time expressed the necessity of maintaining the relationship through which the present level of excellence in the National Health has been achieved and through an intensification of which no doubt especially if the private agencies receive the increased support and sympathetic understanding of the Government, still greater results might be confidently expected. All three hospital Associations are convinced that the path of understanding which has been historically developed and which has been found pragmatically so efficient is capable of indefinite expansion to the progressive benefit of all of those interests which are involved in National Health.

It is not our place at this moment to urge upon those who are to formulate our legislation the motives which we believe should urge them to recommend any particular pattern but it is our place here to stress what we believe to be the important, guiding and controlling principle in any future development, namely the principle that whatever programs and procedures are drafted, they should be such that, in the words of a particularly valuable and experienced member of our Committee, "they may alter to the least necessary extent the existing plan of cooperative understanding between public and private agencies." This principle does not imply that the representatives of the Hospital Associations have blinded themselves to shortcomings in our present system. We may well admit that on the part of the voluntary agencies there should be developed greater coordination, continuity and unity of effort; that on the part of the Governmental agencies there should be extension of function into hitherto unaffected geographical, psychological and social areas; and with reference to the mutual cooperation of the two that there should be more careful and effective planning, more extensive mutual subsidy of effort. Wherever possible the governmental agencies should place at the disposal of the private agencies those resources which are required to accomplish the work which the private agencies could perform more effectively than the governmental agencies.

All of this we frankly admit. There still remains, however, the outstanding fact that consistent with American trends, the Government has allowed the private agencies the fullest exercise of their initiative and their prudent zeal in the promotion of ever so many of our national responsibilities. Now that we welcome the increased interest of the Federal Government as well as of the state and local governments inspired by the Federal Government in the health problems of the Nation, we are convinced that this increased and stimulated interest should manifest itself in deeper insight into and a far reaching influence towards the relationships between the private and the public agencies. It seems unnecessary to point out that this thought

could be indefinitely amplified if time and the occasion permitted.

In pursuance of this fundamental principle our three Associations now turn to an expression of opinion on various elements of the National Health Program. With reference to the extension of public health services our three Associations are in accord concerning the need of such extension. If any further words are to be added they would necessarily take the form of a word of caution. It is certainly unnecessary to state before a group such as the Interdepartmental Committee, that administrative procedures must follow available scientific achievements. The danger must be recognized that in the formulation of a National Program administrative prescription may easily outrun the present level of scientific knowledge and may assume scientific progress in areas where a cautious scientist himself might hesitate to counsel a social program which applies a scarcely well formulated scientific position. This caution is all the more needed when in one's enthusiasm concerning the achievements of public health work one is apt to forget that the different medical and disease conditions require different administrative procedures if scientific knowledge is to be applied to their control and prevention.

A further consideration which we should like to bring before the Interdepartmental Committee is the recommendation that in the extension of public health facilities full recognition be given to the work of the private agencies in conformity with the principle already discussed. In the pronouncement of the Interdepartmental Committee stress is laid upon the fact, for example, that the Out-Patient Departments and clinics of the country are at present inadequate to cope with the national needs. This we readily admit. On the other hand, somewhere in public thinking there must be an emphasis upon the fact that after all these Out-Patient Departments and clinics the country over have achieved literally enormous results which if they were now discontinued or reduced in their effectiveness, would throw upon the Government resources a strain which could not be justified in view of the enormous sums of money already invested for the purpose of serving the public.

Similar comments might well be made with reference to the organizations which through their educational, social and medical influence have promoted health consciousness in the American mind and have in specific fields achieved a truly phenomenal success.

With reference to the enlargement of grants under the Social Security Act for the care of the sick unemployed, child welfare, maternity welfare and the care of crippled children, the three Associations again are in complete accord in giving their whole-hearted approval. They would heartily subscribe, however, to an addition to the financial allotments for the care of the chronically ill in the old age group and would recommend the addition of the chronically ill of all ages as beneficiaries under this Act if its provisions can be extended to this deserving group.

With reference to the increase in the number of hospitals, the representatives of our three Associations recommend a measure of prudent reserve no less than of effective activity. On the one hand it is clear that there is need of increased hospital facilities in certain areas of the country. On the other hand, it is equally clear that at times considerations other than those of a local need have entered into the erection of governmental institutions, which once they have been erected have not only consumed enormous sums in their operation but have also tended towards weakening the effective operation of existing institutions. It is strongly recommended by all three Associations that the extension of facilities should take place only after an impartial survey of local needs.

This raises the whole question of the significance of surveys of local needs and of the techniques to be employed in this survey. The question is too large a one to enter into here, nevertheless our three Associations desire to point out at least this at the present moment, that in making the survey not only professional competence of the surveyors be considered but also the necessity of adequate representation of the parties at interest in formulating the recommendations based upon a survey. Various groups have suggested a diversity of plan to insure such representation. This might be done through a national agency created by the Government or again, it might be left to local agencies responsible to the Government. But it certainly seems to be the part of wisdom to authorize the expenditure of public funds only when the need for which they are to be expended has been frankly ascertained and when the multiplication of facilities does not operate against the continued employment of facilities already created.

With reference to the extension of the special hospital system, that is of hospitals for tuberculosis, for the nervous and mental patients, and so forth, the three Associations endorse the program of the Interdepartmental Committee, again, however, subject to the restriction that such extensions as might be contemplated be made only after a carefully elaborated survey.

The problem of the care of the indigent and of the medically indigent is, needless to say, in the focal point of interest in this question. It must be pointed out that one of the chief reasons for the existence of private hospitals is the fact that they give care to the indigent and to the medically indigent. This is the basis upon which the private institution appeals for public voluntary support. It is for this reason, furthermore, that the American Government, in all its various subdivisions, has recognized the validity of the contention that these hospitals are to be held immune from certain tax obligations. It is recognized furthermore that the institutional attitudes developed through the care of the indigent have been a valuable resource by reason of which these institutions have been able to do so much for the National Health. It is through these institutions that philanthropy and charity have found their most effective expression. All of these gains cannot but be considered national assets of

the first importance. Our three Associations desire that these assets should be retained undiminished in their magnitude and in their effectiveness for American life.

In the pronouncements of the Interdepartmental Committee great stress is laid upon the Government's responsibility for the care of the indigent. With this again we are in accord but that responsibility surely cannot be visualized as an exclusive responsibility nor as one which must absorb the social resources that have been developed through our existing American procedure. Here again we should like to emphasize the development of cooperative plans by the public and private agencies. Here again if the cooperative plan is to be intensified, there may be an opportunity for the wise and profitable expenditure of public funds to remunerate in part the private institutions for the public service which they are rendering and thus to increase their effectiveness for the promotion of the public welfare. The allocation of tax support for these public services would stimulate the private institutions towards still greater efforts and would, we hope, place at the disposal of the medically indigent and the indigent, facilities which the Government would undoubtedly find it extremely difficult to duplicate. If tax support were granted to the private institutions for these public services, a viewpoint of certain less privileged groups, especially among the laboring and the agricultural population, would be effectively met. They contend that they wish to receive sickness care not as charity but as a right. If they were admitted into private institutions on the basis of a part pay rendered by the Governmental Agencies, they would feel that they have a claim upon the service of the private institution and the odium of receiving charity -- a viewpoint, by the way, which it is very difficult to evaluate -- would be effectively removed. It is for this reason again that we enter here a plea for a continuance of the historical relationship between the public and private agencies and an intensification of this relationship.

Concerning the prepayment of hospital care, our three Hospital Associations are in accord that through non-profit plans, on a voluntary basis, sound programs under professional leadership, and extension of these plans to rural areas with a liberalization of the membership requirements and the extension of benefits, should be strongly urged. The hospital insurance plans which are so young, have, nevertheless already shown their ability to face the national needs with a vigorous effectiveness. These plans should be given the fullest encouragement. If effective, as they undoubtedly will be, they will reach larger sections of our population. They will reach down more and more into the less privileged groups as financial reserves are built up which will make them actuarially and financially sound and will encompass, we honestly believe, a major part of the need towards the alleviation of which the National Health program is devised. The suggestion has been made and is seriously entertained to request the Interdepartmental Committee that steps be taken to formulate legislation enabling these Associations to secure Federal charters not only as a stimulation to them in their endeavors but also to facilitate administration and extension.

With reference to compulsory health insurance, our three Associations have not as yet reached a complete unanimity. To this much all three Associations would subscribe, that if provisions for compulsory health insurance are to be understood as a 'prescription for every citizen to provide for some form of health and sickness security, all of us would be in complete accord. In other words, if it were left to the individual citizen to adopt this or that form, provided he adopts a form of economic protection in sickness, all of us would subscribe to such a program. With reference to alternative plans, however, we might find among ourselves some diversity of opinion.

Finally, with reference to wage loss compensation during illness, which would also affect the private hospitals in many economic and social ways, our three Associations heartily endorse the plans which are now under development by the Interdepartmental Committee, stressing again, however, the thought that any forms of acceptable insurance which may now be operative should be maintained rather than to plan to displace such agencies as have proved their ability to cope with the problems which they have been founded to meet.

The three Hospital Associations here represented submit this statement in the confident hope that it will be welcomed by the Interdepartmental Committee as the expression of those who have historically developed as complete a system of health care as any civilized nation in history has thus far succeeded in evolving. We thank the members of the Interdepartmental Committee and of the Technical Committee for the stimulation to our thinking which the various documents issued by the governmental committees have supplied.

Dr. Fred Carter, Cincinnati, Ohio
President-elect, American Hospital Assn.

Mr. Bryce Twitty, Dallas, Texas
President, American Protestant Hospital
Association.

Reverend Alphonse M. Schwitalla, S. J.
President, Catholic Hospital Association.

Representatives of the three Hospital Associations at the Conference
with the Members of the Interdepartmental Committee --
National Health Program

American Hospital Association

Reverend Maurice F. Griffin, Cleveland, Ohio, Senior Trustee
Dr. Fred Carter, Cincinnati, Ohio, President-elect
Dr. Bert W. Caldwell, Chicago, Illinois, Executive-Secretary
Dr. Claude Munger, New York City, Past President
Dr. Christopher Parnell, Rochester, N. Y., Past President
Michael M. Davis, Ph.D., Chairman, Council on Public Education
Mr. Oliver Bates, Charleston, S.C., Former Trustee
Mr. Henry Southmayd, New York City, N.Y.

Catholic Hospital Association

Reverend Alphonse M. Schwitalla, S.J., St. Louis, Mo., President
Reverend John W. Barrett, Chicago, Ill., Second Vice-President
Reverend Joseph S. O'Connell, New York City, Third Vice-President

American Protestant Hospital Association

Mr. Bryce Twitty, Dallas, Texas, President
Mr. Edgar Blake, Gary, Indiana

Technical Committee

Mr. William F. Montavon, Washington, D.C.
Mr. C. Rufus Rorem, Chicago, Ill.
Mr. M. R. Kneifl, St. Louis, Mo.

Committee for Industrial Organization

NATIONAL HEALTH

WHEREAS: The American people at the present time do not receive adequate medical care because the cost of such medical care is beyond the means of the average person. These conditions of public health and medical care in the country have been fully developed by the President's Committee on National Health, so that there is no longer need for further study. We can and must now take action. An adequate system of public health will mean that persons who become ill will be sure to receive complete medical care and compensation for loss of work; therefore be it

RESOLVED: That the CIO whole-heartedly endorses the program of President Roosevelt's Committee on National Health and urges that immediate action be taken on each of the recommendations made by that Committee providing for:

- a) Extension of existing public health services for so-called social diseases such as tuberculosis, pneumonia, syphilis, and for maternity and child health care, and industrial hygiene;
- b) Federal subsidies for the construction of hospitals;
- c) A system of free medical care for families with no incomes or insufficient incomes to pay for adequate medical care;
- d) A system of health services which will provide medical care for all of the American people;
- e) A system of disability benefits for unemployment due to ill-health.

The foregoing resolution is submitted as covering the subject matter of certain resolutions proposed by:

Int'l Woodworkers of America
Int'l Longshoremen's & Warehousemen's Union
Un. Office & Professional Workers
Transport Workers Union of America
California State I.U.C.
United Rubber Workers

INDUSTRIAL HYGIENE

WHEREAS: 20,000,000 persons gainfully employed in the United States in the manufacturing and chemical industries and the extraction of minerals, are by reason of their occupations, subject to conditions which cause occupational diseases and increase the incidence of ill-health; now therefore be it

RESOLVED: (1) Appropriations for federal and state public health services be increased so that methods of control and prevention of occupational diseases may be devised which may then be introduced, backed by necessary legislation;

(2) Workmen's compensation laws be extended to include the many occupational diseases which at the present time are not so covered; and

(3) In order to take care of the ill-health of the workers which will continue despite full preventive measures and coverage under workmen's compensation, the program for general medical care of the American people proposed by the President's National Health Committee be put into effect immediately.

The foregoing resolution is submitted as covering the subject matter of certain resolutions proposed by:

Int'l Woodworkers of America
Transport Workers Union of America
Calif. State I. U. C.

HEALTH COOPERATIVES

WHEREAS: At the present time there are a number of health cooperatives throughout the country which provide complete medical services to members of these health cooperatives and help to bring medical costs within the range of workers. Participation in such schemes is no substitute for a national health program, but they do tend to accustom both physicians and patients to thinking in terms of distributing the cost of medical care among the entire community; now therefore be it

RESOLVED: That the Executive Board be instructed to survey the field of health cooperatives and make recommendations to the affiliated unions.

American Federation of Labor

REPORT OF THE EXECUTIVE COUNCIL, AMERICAN FEDERATION
OF LABOR, HOUSTON, TEXAS, OCTOBER 3, 1938, pp.147-148

NATIONAL HEALTH CONFERENCE

Two separate developments in the past year have directed attention to need for provisions for better medical care.

The United States Public Health Service made public its National Health Survey. This survey, financed by the Works Progress Administration, begun in the winter 1935-6, included 2,800,000 persons in eighty-three cities and twenty-three rural areas in nineteen different States. This survey related sickness to the economic and social background of the families included, with confirming evidence on every score that sickness and physical disability increase as family incomes decrease. Inability to pay for medical care permits disease to develop and sickness to be prolonged. Disability reduces the income still further and dependency follows. Disability in low income families is double that of higher income families. Chronic diseases are nearly twice as numerous in small income families as in higher ones. Days of disability in the low income families are three times more than in higher income families. These facts point to an important national problem.

The second development came from the administration of unemployment compensation. One of the tests for eligibility for benefits is "able to work." A worker who lost his job through sickness and an unemployed person who became sick are not eligible for benefits - though their need may be greater than that of a person who lost his job and retains his health. Workers generally are questioning why this gap in social security. Social insurance plans of other countries include health insurance.

When the Social Security Act was drafted it was not deemed wise to include health insurance. However, in 1936 the President created the Interdepartmental Committee to coordinate Health and Welfare Activities of the Federal Government. In reviewing this field the Committee found

need for a national health program which report was submitted to the President. The President directed the Committee to call a National Health Conference to consider proposals. That conference was composed of several hundred persons representing groups concerned with health problems. The conference considered first the need for a program and then the recommendations of the Technical Committee of the Interdepartmental Committee. These recommendations included: Expansion of Public Health services; expansion of existing Federal-State cooperative plan for maternal and child health; improved hospital facilities with federal grants for construction and operation; medical care for the medically needy through federal grants in aid to states; expansion of tax supported public medical services; for persons of moderate incomes compensation for income loss through unemployment caused by sickness and a choice between health insurance or a plan of public medicine.

President Green submitted to that conference the following proposals:

1. Extension of the work and activities of the U.S. Public Health Service, adding to its preventive and research functions responsibility for planning for adequacy of local health facilities.
2. Hospital facilities should be brought up to adequate standards through Federal grants. The resulting construction work would provide employment.
3. Expansion of our program for maternal and child welfare services.
4. Legislation to enable families with low and medium incomes to meet the costs of sickness. The National Health Survey showed that 80 per cent of all families covered had incomes less than \$2,000 (minimum income that will provide standards of health and decency is \$2500!) The insurance method of pooling funds to meet pooled risks offers the only practical way out. Only a compulsory plan is practical. President Green proposed a plan which involved adoption of no new policies - expansion of workmen's compensation legislation. Workmen's compensation provides for medical care and compensation for loss of wages in times of industrial injury

by accident or occupational disease. By amending these laws to include medical care for workers and their families during sickness in addition to industrial injuries with compensation for loss of income to the income earners, security of workers would be greatly increased. Federal grants to help such an extension of workmen's compensation legislation would be conditioned on incorporation of prescribed Federal standards, making all state laws uniform and bringing them under the Federal social security program. Workers also should contribute to such funds.

Under workmen's compensation legislation free choice of physicians is established so there is no regimentation of the medical profession. This principle should be retained. A second and indispensable provision is an exclusive state fund for the custody of all funds. This social service should be in no way connected with business for profit.

It is obvious that legislation making proposals to meet the costs of medical care will be under general discussion. The American Federation of Labor must develop a position on this issue. No social security program is adequate which ignores the insecurity due to sickness and costs of medical care.

Workers' Alliance, Health Local (New York)

We, the undersigned W.P.A. workers, members of the Workers' Alliance, Health Local, wish to express our endorsement of the basic principles and proposals of the Peoples' National Health Committee. We also wish to express our desire to see them put into effect as soon as possible.

Respectfully yours,

John O. Berry, 202 W. 69th St., N.Y. City
 Benjamin Frumkin, 4010 Saxon Avenue, Bronx, N.Y.
 Lillian Gapanovich, 308 E. 18th St., NYC
 Sylvia Aslaner, 2558 - 35 St., Astoria, L.I.
 Rubin Klein, 882 Beck St., Bronx
 Frank Toscano, 338 Prospect Pl., Brooklyn, N.Y.
 Nicholas Clapsis, 158 Baltic St., Brooklyn, N.Y.
 Hettie Karasick, 69 Pineapple St., Brooklyn, N.Y.
 Sally Nadler, 972 East 14 St., "
 Raymond Krézler, 27 E. 3rd Street, Manhattan
 Sylvia Kaufman, 346 Madison Street, Man.
 Sylvia Horowitz, 60 Second Ave., NYC
 Lester Goldsheid, 1248 Lincoln P., Bkn.
 Blanche Inasha, 3558 - 12 Ave., Bkn.
 Arthur Connor, 114 Bay 26 St., Bklyn.
 Anna Sachnoff, 1318 Lafayette Ave. Bk.
 Miriam Schwartz, 1522 Bryant Ave., Bx.
 Edna Victor, 17 Midd^ogh St. Bk.
 Frederick Brodell, 54 East 103 St., N.Y.C.
 Beatrice Grobe, 2710 E 19th St., Bklyn., N.Y.
 Celia Elrich, 8817 Bay Parkway, Brooklyn, N.Y.
 Ethel Galler, 301 Dumont Ave., Bklyn., N.Y.
 Sadie Rosenberg, 792 Sutter Ave., Bklyn, N.Y.
 Sylvie Simonofsky, 889 Stone Ave., Bklyn, N.Y.
 Rose S. Weaver, 123 6th Ave., Brooklyn, N.Y.
 Florence Myerson, 45 E. 28 St., Man.
 Sylvia Lanlin, 171 E. 112 St., NYC
 Leona Grossman, 435 E. 74, N.Y.C.
 Kathrine Rogers, 166 State St., Bklyn, N.Y.

Workers Alliance (Moorhead, Minn.)

To the Presidential Committee on
Socialized Medical Care and Hospitalization

Moorhead, Minnesota
July 26, 1938

Where-as It is part of the Presidential Program to have appropriated 850 million Dollars for socialized Dental and Medical Care and Hospitalization,--

And Where-as millions of unemployed and W.P.A. Workers are very much in need of such a program,-

And where-as a Nation's health and well being Are its greatest assets,--

Be it hereby resolved by the Workers Alliance in regular session at Moorhead, Minnesota,--

- 1st. That we are heartily in favor of this Program.
- 2d. That we request and urge its speedy enactment.
- 3d. That we use all honorable means at our disposal to try to create a sound public sentiment in its behalf.
4. That we most urgently request of you that you work to have this program carried out, and that you help recruit qualified men in both the medical and dental profession to work for its speedy enactment.

Dated at Moorhead this 26th day of July 1938

Peter Nordby Secretary

/s/ Peter Nordby

Workers Alliance
People's National Health Committee
Women's Auxiliary of the Calumet Region Amalgamated Association
of Iron, Steel and Tin Workers

July 20, 1938

WHEREAS, the Conference on Health and Medical Care of the President's Interdepartmental Committee to Coordinate Health and Welfare Activities, has registered almost unanimous opinion that the present health needs of the nation are in an emergency state, and is largely committed to the fact that something must be done for that 1/3 of the nation which suffers from inadequate medical care or is forced to do without it completely, and

WHEREAS, the Conference has taken a progressive stand on this critical issue, and proposed a far-reaching program for the welfare of the American people, and

WHEREAS, the critical health needs of the great mass of poor people in the lowest income categories, the unemployed, those on relief and the workers on WPA, call for immediate action to meet the catastrophe of illness and to prevent needless suffering and premature death.

THE WORKERS ALLIANCE THEREFORE RECOMMENDS THE ADOPTION OF THE FOLLOWING POINTS FOR IMMEDIATE ACTION, AS PROPOSED BY THE PEOPLE'S NATIONAL HEALTH COMMITTEE:

1-That the Federal Government give first consideration to the needs of the lowest income category, and provide Free Medical Care for the Low Income Groups, FAMILIES UNDER \$2000. a year;

2-That WPA and PWA Health Projects shall be immediately expanded to build PEOPLE'S HEALTH CENTERS for diagnostic, preventive and curative care;

3-Recognizing the vital significance of wretched slum dwellings and tenements and inadequate housing facilities to the problem of health, additional funds be allocated to speed the tempo of slum clearance, and to build low-cost, modern homes, thus stabilizing employment and contributing to economic recovery.

Respectfully submitted
Workers Alliance
1211 Eye St.
Washington, D.C.

and People's National Health Committee
1457 Broadway, New York
Harriet Silverman, Exec. Secy.

Workers Alliance
People's National Health Committee
Women's Auxiliary of the Calumet Region Amalgamated Association
of Iron, Steel and Tin Workers

July 20, 1938

To the National Health Conference:

As the representative of the Women's Auxiliary of the Calumet Region Amalgamated Assn of Iron, Steel & Tin Workers, I want to present the resolution for my group for immediate action, in accordance with recommendations made by the People's National Health Committee:

- 1-Use of available Federal Funds in the WPA to conduct a research project into the Chicago Health situation, especially in the Steel areas.
- 2-Use of WPA funds to build People's Health Centers.
- 3-Immediate free medical service for people who have incomes under \$2000.

Respectfully submitted
Florence Greenberg

Council of Steel Workers Organizing Committee Lodges
(Harvey, Illinois)

R E S O L U T I O N
(on Health)

Miss Josephine Roche.
Chairman of the Interdepartmental Comm. to Co-ordinate
Health and Welfare

Whereas:-

The health of any peoples is a major responsibility
of a government, and

Whereas:-

One-third of the people of this great Country can
afford little or no medical care and, consequently,
thousands of men and women, as well as children,
are made to suffer the handicap of ill health and
thousands die premature deaths,

Resolve:

That we the members of the "COUNCIL OF STEEL WORKERS
ORGANIZING COMMITTEE LODGES of HARVEY, ILLINOIS",
representing the organized workers and citizens of
Harvey, Illinois, ask that the Congress of the
United States enact into law the recommendations
made by the President's Committee on Health, which
calls for Federal money to be spent for free
hospitals, clinics, sanatoria and people's health
centers so that health can become the right of
every American - RICH AND POOR, and be it further
resolved that:-

We ask the Honorable Governor of the State of
Illinois to call a State Conference to which
representatives of workers' organizations shall
be invited and at which State Laws providing
medical assistance to the People can be discussed
and recommended.

Adopted this Second Day of November, 1938 in regular
session in the City of Harvey, Illinois.

(Signed) B. Krogh

Pres. S.W.O.C. Lodge #1410

Everett R. Roach

Pres. S.W.O.C. Lodge #1501

Frank Dussault

Pres. S.W.O.C. Lodge #1546

Pres. S.W.O.C. Lodge #1207

Oliver H. Schoder

Pres. S.W.O.C. Lodge #1545

Chas. W. Ball

Ben Spelde

Pres. S.W.O.C. Lodge #1091

Gladys Wells

Pres. S.W.O.C. Ladies' Auxiliary, Harvey

Edwin Williams

Pres. S.W.O.C. Lodge #1050

RESOLUTION ON PEOPLES HEALTH

WHEREAS: The past depression and the present recession have created a condition of poverty among thousands of people, and

WHEREAS: this prolonged condition of want suffered by great numbers of people has seriously affected the health of thousands of adults and their children and constitutes a health menace to the generations to come, and

WHEREAS: thousands of doctors all over the country have had their incomes reduced almost to the level of that afforded on the relief rolls because of the inability of this great mass of people to pay for medical care, and

WHEREAS: knowledge of how life and health may be preserved is at hand and the chief problem lies in finding the ways and means of making good care available to all in need of such care, therefore,

BE IT RESOLVED: That the District Council of District #6 United, Electrical, Radio and Machine Workers of America, representing over 18,000 workers in and around Pennsylvania, does hereby go on record in favor of the Health Program recommended at the National Health Conference in Washington by the Technical Committee on Medical Care, and further,

BE IT RESOLVED: That the District Council of District #6 at this meeting shall elect at least three delegates to the Peoples Health Conference called by the Women's Auxiliary of Local 601, U.E.R. & M.W. of A. to be held on July 28, at the Y.W.C.A. in Turtle Creek, and further,

BE IT RESOLVED: that copies of this resolution be sent to President Roosevelt, to Miss Josephine Roche, Chairman of the National Health Conference, to John L. Lewis, William Green, Steel City Industrial Council, Peoples Press and the Pittsburgh newspapers.

New Jersey Industrial Union Council (C.I.O.)

RESOLUTION PASSED AT FIRST STATE CIO CONVENTION
HELD OCTOBER 8TH and 9th, KRUEGER'S AUDITORIUM
NEWARK, N.J.
ON HEALTH

- WHEREAS: On July 18th, 1938 President Roosevelt convened a conference on health which was attended by National leaders of labor and civic organizations; and
- WHEREAS: This Conference disclosed a shocking lack of facilities for the prevention and cure of disease for the bulk of the working population of this country; and
- WHEREAS: The Washington Conference also adopted an extensive long range program designed to meet the many needs of the people. This program calls for the allotment of funds for creating preventative and curative facilities for those who are unable to pay for such services; and
- WHEREAS: We, of the C.I.O., are vitally concerned with and affected by the health of our members, their families and of all the workers organized and unorganized; and
- WHEREAS: In keeping with the spirit of the progressive pro-labor New Deal Administration we reaffirm our belief that the welfare of the people must be the prime concern of government; Be It Therefore
- RESOLVED: That this, first State Convention of the C.I.O. of New Jersey wholeheartedly approve the health program as outlined by the Washington Health Conference. Furthermore, that we use our organized power to press for the enactment of federal, state improvement of workmen's compensation laws, laws to safeguard the health of the worker in the shop and factory and more adequate preventative, curative and hospital facilities.

International Woodworkers of America (Local Union #46,
Bellingham, Washington)

RESOLUTION NO. 14

Action: Concurred in.

WHEREAS, The present system of private hospitalization and Medical-Dental care, dictated by the American Medical Association denies hundreds of thousands of persons proper treatment, because they lack funds, and

WHEREAS, This needless, and cruel system results in death and prolonged disability for thousands of men, women, and children yearly, and

WHEREAS, The general health of our people, notably the workers is becoming deplorably poor, now

THEREFORE BE IT RESOLVED: That we, Local Union #46, on regular session go on record demanding, that the Health program advanced by the Roosevelt Health and Welfare Coordinating Committee, during the National Health Conference in Washington, D.C. be immediately put in operation.

Introduced by Local Union No. 46, Bellingham

AMERICAN FARM BUREAU FEDERATION

Whereas, The protection, conservation and restoration of the health of the people is a matter in which the Government must be interested for its own welfare; and

Whereas, A large proportion of the rural areas of this country have no local hospitals and are not within convenient or safe reach of any satisfactory hospital; and

Whereas, The expense of constructing hospitals is often beyond the means of rural districts where the need is great; and

Whereas, Research has shown that even where privately owned hospital facilities are physically accessible, the prices charged for services rendered are beyond the ability to pay of a substantial proportion of the population, and therefore not actually accessible to them; therefore be it

RESOLVED, That the American Farm Bureau Federation endorse policies of states and localities leading to the establishment of rural hospitals where these are needed and could be maintained on a good professional and financial standard; and be it further

RESOLVED, That the Federation endorse the principle of Federal grants-in-aid to states to supplement state and local funds for the establishment of needed rural hospitals.

MEDICAL CARE IN RURAL AREAS

Whereas, Sickness comes at unforeseen periods making it impossible for the individual to finance his medical costs under the procedure followed in private practice; and

Whereas, The element of risk in carrying this unforeseen expense can be determined with actuarial certainty and does, therefore, lend itself to the application of the insurance principle; and

Whereas, There are numerous forms of health insurance in operation in the country today operating with varying degrees of success; and

Whereas, There is need for the enactment of laws protecting the members of the medical profession who engage in selling their services on the insurance principle from unnecessarily burdensome requirements and rules, and to protect the insured from exploitation by irresponsible insurance companies; therefore, be it

RESOLVED, That the American Farm Bureau Federation hereby acknowledges the advantages of health insurance and further recognizes the need for such legislation, and pledges itself to work for the enactment of such laws.

EXTENSION OF PUBLIC HEALTH SERVICE

Whereas, Much of the costs entailed by sickness can be averted or reduced by preventive measures; and

Whereas, The curtailment of disease is to the betterment of our society and the costs are beyond the economic resources of many of the people; therefore be it

RESOLVED, That the Federation hereby approves and urges the extension of all forms of preventive medicine throughout the country; and be it further

RESOLVED, That the Federation recommends for this purpose a greater appropriation of funds under the Social Security Act, for the rural areas.

The American Legion

EXCERPT FROM SUMMARY OF PROCEEDINGS OF
THE NINETEENTH ANNUAL CONVENTION

"5. That by mandates of past conventions of The American Legion, the National Child Welfare Committee and Division having taken an advanced interest in the question of maternal and child health in the United States, and one of the outstanding efforts of the National Child Welfare Committee being the subject of making motherhood safer for mothers, thereby assuring more children the mother love and training which is the right of every child, and there being need in the United States for further endeavor in this great activity and The American Legion being in position to assist in the gaining of those objectives, therefore The American Legion through its Child Welfare Committee and Division calls upon the public authorities of the United States, territories and possessions, for further extension of maternal and child health work through Federal cooperation with the States providing for all women in need of such care, considering need as including not only economic, but also medical need, and lack or inadequacy of existing facilities, and also providing for meeting the need of establishing a center or centers of Post Graduate education to teach urban and rural practitioners of medicine and nursing the fundamental principles of complete maternal and infant care, and that The American Legion through its Child Welfare Division and Committee shall cooperate with other interested organizations in bringing about the foregoing objectives."

AMERICAN PROGRESSIVE LEAGUE, INC.
(Nanticoke, Pennsylvania)

At a regular meeting of the Nanticoke Branch No. 50 of the American Progressive League Inc. whose membership exceeds 700 unanimously endorsed the National Health Program and the Compulsory Health Insurance Program which you will introduce to the 76th Congress when they convene on January 3, 1939.

We are in a position to know that many people are unable to pay for their medical attention and for that reason fail to seek medical advice, succeeding only in aggravating their malady, endangering not only their own lives but also the lives of all those who come in contact with them.

Knowing that this Program will succeed in making America a Nation of healthy people, we are closing with the hope that those who oppose the Program will see it in that light.

Milwaukee County Conference on Progressive Social Legislation

The following resolution was adopted at the Milwaukee County Conference on Progressive, Social Legislation held at the Pfister Hotel, Milwaukee, Wis., Oct. 9, 1938.

" Be it resolved:

That this conference select a delegation to call upon Governor La Follette to ask him to initiate a State Health Conference to carry forward the recommendations of the National Health Conference recently held in Washington, D.C., as applied to Wisconsin,

Be it further resolved:

That this delegation constitute itself a committee to develop interest in the community for the development of the Health Program as proposed by the National Health Conference as applied to Wisconsin."

Santa Barbara County Democratic Central Committee
(Santa Barbara, California)

RESOLUTION OF DEMOCRATIC CENTRAL COMMITTEE

WHEREAS, President Franklin D. Roosevelt has directed attention in a broadcast to the necessity of National hospitalization needs and it being the sense of this Committee that hundreds of thousands of lives are sacrificed due to the inability of those who are even comfortably well off to anticipate the needs arising from unpredictable illness and

WHEREAS, modern medicine and medical science and surgery has at its disposal the means to save the public but has not kept pace with such needs and occupies a similar place to that previously occupied by industry insofar as it has not regarded the public as a consumer, and

WHEREAS, at the recent National Health Conference in Washington a Resolution was introduced suggesting that the Government appropriate eight-hundred and fifty million dollars for the development of a health security plan in coordination with the States, and

WHEREAS, in addition to the suffering brought about by the misfortune arising from illness, hundreds of thousands of persons are burdened with obligations for hospitalization and medical care which they are not able to meet and other hundreds of thousands fearing such burdens, postpone medical care and attention which they otherwise would receive thereby causing unnecessary suffering and death and,

WHEREAS, it is the belief of this Committee that this program is of the highest social importance both as a humane measure and as a national security measure and that we believe it possible and necessary to evolve a workable plan of health insurance for all of the people of this nation,

NOW, THEREFORE, BE IT RESOLVED, that this Committee favors this program and we urge upon the President and The Congress of the United States to move to that end, that a plan may be adopted which will be free from partisanship for the benefit of people of all classes, creeds, and color and we do this in the full belief that so pressing is this need and so closely would it effect the lives of all citizens, that its program can and will be adopted whereby the public will receive as efficient and painstaking a service as that rendered by the United States Post Office.

We call upon the members of all political parties to unite to that end and it is requested that a copy of these Resolutions be sent to the President of the United States and the Governor of the State of California, and the Secretary is so instructed.

Lompoc, August 19th, 1938

Sharecroppers and laborers of Bryan, Texas

Bryan, Texas
July 19, 1938

To the Hon. F. D. Roosevelt, Committee and
Miss Josephine Roche.

We Consider: The U.S. Health Grup Urges \$ 850,000,000
Drive on Sickness. We Consider: Said Program, laid before
the national health conference, to justice righteousness.
Isa.58:7; Luke. 3:11.

We Consider: the opposition and "Greed" of those that
feel with no confidence, but that one of selfishness (greed)
while humanity suffer.

Resolved: Against Delay, It is a facts that the danger of
this day is the rule of materialism. Economics are im-
portant, but they should not be supreme. The language of
the market-place is not the whole speech of man. And when,
from among a people that has long been regarded as
typically commercial, caring more for wealth than for
ideals, there springs a movement which is essentially
idealist, which is willing to assume burdens and to face
hardships and dangers for the sake of a principle, through
faith in a spiritual purpose-he sees that here is a sign,
here is something very opportune now, to be welcomed by
far-seeing men of all races and religions, to be fostered
by Governments and encouraged by the expression of sympathy
and approval.

Resolved: to go forward and do good to all humanity.

We the undersigners, farm-Share-croppers, and labores.

Names---

Office---

Rev. F. A. Hernandez, Bryan, Texas
Mrs. F. A. Hernandez, Bryan, Texas
Mr. Feliz Salas, Bryan, Tex. R. H.
Mrs. Feliz Salas, Bryan, Tex. R. H.
Mr. Lals Barrientes, Bryan, Tex.
Mrs. L. Barrientes, Bryan, Texas
Mr. Jacobo Zamova, Bryan, Tex.
Mrs. Jacobo Zamova, Bryan, Tex.
Mr. Armulfo Sambrano, B. T.
Mr. Juan Rizes, Bryan, Tex.
Mrs. Pabla de Reyes, Bryan, Tex.
Billy Zamora, Bryan, Tex.

II. Excerpts of Information received Regarding Pending Action by Additional Groups

American Academy of Pediatrics

The Academy does not meet until November, 1939, but at its last meeting it passed a resolution sanctioning all the recommendations of the Children's Bureau.

American Association for Social Security, Inc.

No definite action taken by the Association since health insurance is already part of its program. Would like chance to consider any proposed bill before it is made public.

American Association of University Women

The Association's Committee on Social Studies and Committee on Legislative Program have discussed the recommendations of the Inter-departmental Committee and decided that the membership should first be given an opportunity to study the program "before lending active support to such a broad legislative measure."

American Committee on Maternal Welfare, Inc.

Report ready for the Committee's annual meeting in June, 1939. Committee's support of the program, particularly in its own field, maternal welfare, seems certain.

American Farm Bureau Federation

Anticipates that consideration will be given the program at the Annual Meeting of the Federation to be held in New Orleans, December 13, 14 and 15, 1938.

Association of the Junior Leagues of America, Inc.

Vitaly interested in the subject, but it is a policy of the organization not to take a stand on public questions.

Brotherhood of Railway and Steamship Clerks

Interest in program expressed, but no action has been taken.

Child Welfare League of America, Inc.

Matter to be placed on the agenda of the Executive Committee meeting in January "with the hope that some action for approval may result."

General Federation of Women's Clubs

Federation expected to take action supporting the National Health Program when next it meets. The Board of Directors is holding its annual meeting January 17-21 in Washington.

International Ladies' Garment Workers' Union

Biennial convention in May will consider the program. If the convention is postponed for a year, an expression of policy may be expected from the General Executive Board meeting in March. At the annual conference of the New York Women's Trade Union League, in October, resolutions were passed in support of the National Health Program.

National Consumers League

Resolution supporting the National Health Program to be introduced at the annual meeting of the League, December 8th and 9th.

National Council of Jewish Women

Legislative work of the Council has been stimulated by the National Health Conference and material will likely be put on the Council's Study and Action Program.

National League of Nursing Education

Matter will be brought to the attention of the Board of Directors at their meeting in January. If no action is taken, the program will be discussed at the League's meeting in the Spring.

Republican Program Committee

Studies of the program have been made by the Committee, and it is expected that some proposal for national participation in a plan of medical care for the poor will be included in the Party's legislative program.

The American Optometric Association, Inc.

Special meeting of the Board of Trustees to be held in Detroit, December 10 and 11 to discuss the National Health Program; resolutions may be adopted.

The National Board Young Women's Christian Associations of the U. S. A.

When bills are drafted, the Board will study them "with a view to endorsing them and supporting them actively in the Congress." The May 1938 convention passed resolutions for adequate low cost medical care, protection of maternal and infant welfare, equalization of health coverage in the population.

The National Committee for Mental Hygiene, Inc.

Special committee to meet with the Technical Committee on December 15.

III. List of agencies and groups represented by requests for reports or other expression of interest in the program.

List of agencies and groups represented by requests for reports
or other expressions of interest in the program.

Abraham Lincoln High School (Brooklyn, N.Y.)
Akron Civic Forum
Alabama Citizens' Committee
Alabama Federation of Women's Clubs
Alabama State Department of Public Health
Alabama State Department of Public Welfare
Alabama State Medical Association
Alabama State Unemployment Compensation Commission
Alabama, University of
Allied Dental Council (N.Y.)
 Northern Dental Society
 Midtown Dental Society of N. Y.
Amalgated Clothing Workers of America
American Association for Adult Education
American Association for Labor Legislation
American Association for Medico-Physical Research
American Association for Social Security
American Association of Social Workers
American Association for the Tuberculous
American Association of University Women (San Jose, Cal., Baldwin, Kan.)
American Chemical Society
American College of Hospital Administrators
American Country Life Association
American Dental Association
 Chicago Dental Society
American Farm Bureau Federation
 Associated Women of the A.F.B.F.
 California Farm Bureau Federation
 Kentucky Farm Bureau Federation
 Minnesota Farm Bureau Federation
 Missouri Farm Bureau Federation
 New York Farm Bureau Federation
 Ohio Farm Bureau Federation
American Federation of Labor
 Ohio State Federation of Labor
American Foundation Studies in Government
American Home Economics Association
American Hospital Association
American Institute of Public Opinion
American Labor Party
American League for Public Medicine
American Legion
American Magazine
American Medical Association
American Medical Clubs of Scotland
 American Medical Club of Glasgow

American Nurses' Association
 American Optometric Association
 American Osteopathic Association
 American Pediatric Society
 American Pharmaceutical Association
 American Public Health Association
 American Public Welfare Association
 American Red Cross
 Lincoln, Neb., chapter
 American Social Hygiene Association
 American Society for Control of Cancer
 American Society of Newspaper Editors
 American Society of Sanitary Engineering
 American Students Union
 American University
 American Youth Commission
 American Youth Congress
 Amherst College
 Ark Valley Cooperative Dairy Association (Kan.)
 Arkansas, University of
 Associated Catholic Charities (Fresno, Cal.)
 Associated Hospital Service of New York
 Association of Medical Students
 Association of 20-30 Clubs
 Association of Western Hospitals

 Baylor University Hospital (Dallas, Tex.)
 Beth Israel Hospital (Boston)
 Birth Control Clinical Research Bureau
 Birth Control League of Massachusetts
 Borough Dental Society (Brooklyn, N.Y.)
 Boston Health League
 Boulder Council of Adult Education (Colo.)
 Bridgeport Board of Education (Conn.)
 Bridgeport Times-Star (Conn.)
 British Columbia Health Insurance Commission
 Bronx County Medical Society (N.Y.)
 Bronx Hospital (N.Y.)
 Brookings Institution
 Brooklyn Bureau of Charities
 Brotherhood of Locomotive Firemen & Enginemen
 Brotherhood of Railroad Trainmen
 Brotherhood of Railway & Steamship Clerks
 Bryant Research Bureau (N.Y.C.)
 Buffalo City Federation of Women's Clubs
 Bureau of Cooperative Medicine
 Business and Professional Women's Club of America

 California Conference of Social Work
 California Home Economics Association

California State Department of Employment
California State Department of Health
California State Relief Administration
California, University of
Canadian Dental Association Journal
Cancer Institute (N.Y.)
Catholic Hospital Association
Catholic University of America
 National Conference of Catholic Charities
Catholic Physicians Guild of Cleveland
Central Illinois Hospital Service Association
Central Labor Union (Charlotte, S.C.)
Central Union of Health Insurance Institutions (Prague, Czechoslovakia)
Chamber of Commerce of the United States
Chicago Council of Social Agencies
Chicago Dental Society
Chicago, University of
Child Welfare League of America
Cincinnati (City of) General Hospital
Cincinnati Social Hygiene Society
Citizens' Health Committee of Newark, N.J.
Citizens National Committee
Cleveland Health Council
Cleveland Public Schools
Colgate University
Colorado Hospital Service Association
Colorado State Division of Public Health
Colorado Tuberculosis Association
Columbia Broadcasting System
Columbia County Farm Bureau (Washington State)
Columbia University
Committee on Care of Transient Homeless
Committee for Industrial Organization
Committee of Physicians for the Improvement of Medical Care
Committee on Research in Medical Economics
Commonwealth Fund
Communist Party
 Young Communist League
Concord Department of Health (N.H.)
Congressional Intelligence
Connecticut College
Connecticut State Workmen's Compensation Commission
Consumers Cooperative Association (No. Kansas City, Mo.)
Consumers Union of United States
Consumers League of Massachusetts
Cook County Bureau of Public Welfare (Ill.)
Cooperative League of America
Credit Union National Association
Crowley County Health Service (Colo.)

Dairy Co-operative Organizing Committee
 Dalhousie University (Halifax, N.S.)
 Danbury Hospital (Danbury, Conn.)
 Democratic National Committee
 Denver Public Library
 Denver, University of
 Des Moines Register & Tribune
 Detroit Department of Health
 District of Columbia Health Department
 District of Columbia Medical Society
 District of Columbia Public Library
 District of Columbia Public Schools
 Drug and Therapeutic Survey
 Duke University

East Orange City Health Department (N.J.)
 Easton Senior High School (Easton, Pa.)
 Electrical Device Workers' Union (Hartford, Conn., local)
 Emory University (Ga.)
 Equitable Life Assurance Society

Family Consultation Service (Cincinnati)
 Farm Foundation
 Farm Labor Women's Club of Minnesota
 Farm Research, Inc.
 Farmers Educational and Co-operative Union of America
 Farmers Union Grain Terminal Association (St. Paul)
 Federation of Architects, Engineers, Chemists and Technicians
 Federation of Jewish Welfare Organizations (Los Angeles)
 Federation of Jewish Charities of Brooklyn
 First Institute of Podiatry
 Flatbush Dental Society (Brooklyn, N.Y.)
 Florida Industrial Commission
 Florida, University of
 Fort Worth Public Schools (Fort Worth, Tex.)
 Fortune Magazine
 French Hospital (San Francisco)
 Furman University (S.C.)
 Future (Magazine)

General Federation of Women's Clubs
 George Washington University (D.C.)
 Good Housekeeping
 Goodwill Fund
 Governmental Research Association
 Grand Island League of Women Voters (Neb.)
 Greater New York Bureau for Dental Information
 Greater Newark Industrial Union Council
 Guardian Life Insurance Company of America

Hamilton City Health Office (Ontario)
 Harlem Hospital (N.Y.C.)
 Hartford Retreat
 Harvard University
 Hawaii Board of Health
 Hawaii Unemployment Compensation Board
 Health and Accident Underwriters Conference
 Health and Hygiene Magazine
 High School Health Study (N.Y.C.)
 History Institute of America
 Hobart College (N.Y.)
 Houston Council of Social Agencies (Tex.)
 Howard University

Idaho State Department of Public Welfare
 Idaho State Industrial Accident Board
 Illinois Agricultural Association
 Illinois Conference of Social Welfare
 Illinois Social Hygiene League
 Illinois State Dental Society
 Illinois State Department of Labor
 Illinois State Department of Public Health
 Illinois, University of
 Indiana State Board of Health
 Indiana State Medical Association
 Indiana State Department of Public Welfare
 Indiana Medical, Dental and Pharmaceutical Association
 Institute of Women's Professional Relations
 International Brotherhood of Electrical Workers
 International Labor Defense
 International Labour Office
 International Ladies' Garment Workers Union
 International League against Epilepsy
 International Typographical Union
 International Woodworkers of America
 International Workers' Order
 Interne Council of America
 Inter-Professional Association (San Francisco)
 Iowa Interprofessional Association
 Iowa State College of Agriculture
 Iowa State Medical Society
 Iowa State University
 Iowa State Workmen's Compensation Service
 I.P.A. Voice
 Irene Byron Sanatorium (Fort Wayne, Ind.)

James Jerome Hill Reference Library (St. Paul)
 Jewish Community Study (Los Angeles)
 Jewish Social Service Bureau of Cleveland

Jewish Social Service Bureau of Pittsburgh
Jewish Vocational Guidance Bureau (San Francisco)
Jewish Welfare Board
Johns Hopkins Hospital
Joliet Township High School (Joliet, Ill.)
Julius Rosenwald Fund

Kansas City Health Department (Mo.)
Kansas State Library
Kansas, University of
Kentucky Cooperative Extension Work
Kentucky State Department of Health
Kings County Dental Society (Brooklyn, N.Y.)
Kings County Medical Society (Brooklyn, N.Y.)

Labor Bureau, Inc.
Ladies Home Journal
Lake County Department of Public Welfare (Ind.)
Lancaster College Club (Penna.)
League for Industrial Democracy
League of Women Shoppers
Liberty Magazine
Life Magazine
Lincoln & Lancaster County Tuberculosis Association (Nebraska)
London Life Insurance Company
Los Angeles Sentinel
Louisiana State Department of Health
Louisiana State University
Louisville Health Council
Loyola University (Chicago, Ill.)

Macmillan Company
Maine, University of
Manchester City Health Department (N.H.)
Manchester High School (Conn.)
Maryland State Department of Health
Maryland State Industrial Commission
Maryland, University of
Massachusetts State Department of Public Health
Massachusetts State Unemployment Compensation Commission
Medical Bureau & North American Committee to Aid Spanish Democracy
Medical Democratic Committee (Cal.)
Memphis Department of Health (Tenn.)
Merchants Association of New York
Metropolitan Life Insurance Company
Michael Reese Hospital (Chicago)
Michigan State Library
Michigan State Welfare Department
Michigan, University of

Middlesex County Tuberculosis League (N.J.)
Milbank Memorial Fund
Millers' National Federation
Milwaukee Health Department
Minnesota State Conference of Social Work
Minnesota State Dental Association
Minnesota State Department of Health
Minnesota State Planning Board
Minnesota, University of
Mississippi State Board of Health
Mississippi State Planning Commission
Mississippi Unemployment Compensation Commission
Missouri Association for Social Welfare
Missouri State Labor & Industrial Inspection Department
Modern Hospital
Monroe County Birth Control League (N.Y.)
Monroe University (Chicago)
Montana Labor News
Montana State Department of Agriculture, Labor & Industry
Montana State Unemployment Compensation Commission
Montana State University
Montclair Bureau of Public Health Nursing (N.J.)
Montefiore Hospital (N.Y.C.)
Motion Picture Producers & Distributors of America, Inc.
Municipal League of Los Angeles
Muskegon Employers Association
Mutual Broadcasting System

Nashville (Tenn.) City Public Schools
Nation
National Association of Broadcasters
National Association of Chiropodists
National Audit & System Co., Inc. (Oakland, Cal.)
National Broadcasting Company
National Catholic School of Social Service
National Catholic Welfare Conference
National Chiropractic Association
National Clean Up and Paint Up Campaign Bureau
National Committee on Better Care for Mothers and Babies
National Committee for Mental Hygiene
National Conference on Family Relations
National Congress of Parents & Teachers
National Consumers' League
National Council Catholic Women, Akron Deanery
National Council of Jewish Women
National Education Association
National Forum
National Gastroenterological Association
National Grange
Ohio State Grange
Washington State Grange

National Hospital and Surgical Benefits
 National Industrial Conference Board
 National Institute of Public Service (Richmond, Ind.)
 National Lawyers' Guild
 National League of Women Voters
 Missouri League of Women Voters
 National Medical Association
 National Nutrition Society
 National Organization for Public Health Nursing
 New Jersey State O.P.H.N.
 National Association for the Advancement of Colored People
 National Society for the Prevention of Blindness
 National Tuberculosis Association
 Indiana Tuberculosis Association
 Wyoming Tuberculosis Association
 National Urban League
 Chicago Urban League
 Columbus Urban League
 Pittsburgh Urban League
 National Women's Trade Union League of America
 New Daily (Czechoslovak Newspaper, Chicago)
 New Hampshire Bureau of Labor
 New Jersey Industrial Union Council (C.I.O.)
 New Jersey State Board of Health
 New Jersey State Board of Pharmacy
 New Jersey State Dental Society
 New Jersey State Department of Institutions and Agencies
 New Jersey State Medical Society
 New Republic
 New York City Department of Health
 New York City Department of Hospitals
 New York City Department of Welfare
 New York County Medical Society
 New York Industrial High School
 New York Physician (a journal)
 New York School of Social Work
 New York State Department of Health
 New York State Department of Labor
 New York State Department of Social Welfare
 New York State Medical Society
 New York State Osteopathic Society
 New York City Osteopathic Society
 New York State Temporary Commission to Formulate a Health Program
 New York Times
 New York University
 New York Women's Trade Union League
 New York's World Fair, Inc.
 Newsweek
 North Carolina State Board of Dental Examiners
 North Carolina State Board of Health

North Carolina, University of
 North Dakota Workmen's Compensation Bureau
 Northwest Missouri State Teachers College
 Northwestern University

Oakland County Tuberculosis Sanatorium (Mich.)
 Oakland Free Library (Cal.)
 Occupations Magazine
 Ohio Chamber of Commerce
 Ohio Institute
 Ohio State Board of Pharmacy
 Ohio State Employment Service
 Ohio State Legislative Reference Division
 Ohio State University
 Oklahoma State Department of Labor
 Oral Hygiene Publications
 Oregon Association of Hospitals
 Oregon State College
 Oregon State Relief Committee
 Oregon State Unemployment Commission
 Ozarks, College of the

Pan American Union
 Pennsylvania Department of Health
 Pennsylvania School of Social Work
 Pennsylvania State College
 Pennsylvania State Medical Society
 Pennsylvania, University of
 People's National Health Committee
 Peoria Community Fund (Ill.)
 Philadelphia County Relief Board
 Philippines, University of the
 Physicians & Surgeons, College of (British Columbia)
 Pollak Foundation for Economic Research
 Pomona College (Cal.)
 Portland Community Chest (Me.)
 Practical Nurses Guild (Sioux City, Iowa)
 Prairie View State Normal & Industrial College (Texas)
 Princeton University
 Professional League for Civil Rights
 Professional Service Credit Association
 Progressive Women's Council (N.Y.C.)
 Provident Mutual Life Insurance Co. of Philadelphia
 Public Affairs Committee
 Public Health Federation (Cincinnati)
 Publishers' Social Welfare Bureau (San Francisco)
 Pueblo Children's Hospital Association (Colo.)
 Puerto Rico Department of Labor

Queen's University (Kingston, Ontario)

Queens Borough Public Library (N.Y.C.)

Readers Digest

Research Foundation (Milwaukee)

Rhode Island Institute for Counseling and Personnel Service

Rhode Island State Department of Labor

Rochester City Club (N.Y.)

Rockefeller Foundation

Ross-Loos Medical Group

Rotary Club of Chicago

Salt Lake City Public Schools

Samuel Merritt Hospital (Oakland, Cal.)

San Francisco Medical Cooperative

San Francisco Medical Society

San Francisco Department of Public Health

San Joaquin County Hospital (Cal.)

School Health Study Committee (N.Y.C.)

Science Service

Sharon High School (Sharon, Pa.)

Seattle College (Oreg.)

Shelby County Health Department (Tenn.)

Simmons College (Boston)

Sinai Hospital of Baltimore

Social Planning Council (St. Louis, Mo.)

Social Science Research Council

Social Studies, School of (San Francisco)

Social Welfare Society (Lincoln, Neb.)

Southern California Home Economics Association

Southern California, University of

Southern Medical Association

Southern Tenant Farmers Union

Stanford University

State Charities Aid Association (N.Y.)

State, County and Municipal Workers of America

States Vocational Rehabilitation Council

Steel City Industrial Union Council

Steel Workers Organizing Committee

Stephens College (Columbia, Mo.)

Survey Associates

Syracuse University

Temple University

Tennessee, University of, Junior College

Tennessee State Department of Labor

Tennessee State Department of Institutions and Public Welfare

Texas State Medical Association

Texas, University of

Textile Workers Organizing Committee

Time Magazine

Toledo, University of

Trained Nurse and Hospital Review
Trinity Hospital (Little Rock, Ark.)
Tulane University
Tuskegee Institute

Union Central Life Insurance Company
United Automobile Workers of America
Cleveland Local
United Cannery, Agricultural, Packing and Allied Workers of America
United Electrical, Radio and Machine Workers of America
United Hospital Fund (N.Y.)
United Mine Workers of America
Jamestown, Pa., Local
United Office and Professional Workers of America
United Retail Employees of America (Cleveland Local)
United Rubber Workers of America
United States News
Utah State Board of Health

Vanderbilt University
Vermont Unemployment Compensation Commission
Vermont, University of
Virginia Industrial School for Colored Girls
Virginia Polytechnic Institute
Visiting Nurse Association of Cincinnati
Visiting Nurse Association of Elizabeth, N.J.
Visiting Nurse Association of Plainfield & North Plainfield
Visiting Nurse Association of St. Clair County (Ill.)
Virginia, Medical College of
Virginia State Dairy Council

Washington Council of Social Agencies (D.C.)
Washington State Department of Social Security
Washington University (St. Louis)
Washington, University of (Seattle)
Waterfront Research Committee
Wellesley College
West Fort Hospital (Detroit)
West Virginia Chamber of Commerce
West Virginia University
Western Personnel Service
Western Reserve University
Williamette University (Salem, Oregon)
Wisconsin Free Library Commission
Wisconsin State Industrial Commission
Wisconsin State Medical Society
Wisconsin, University of
Woman's Club of Hanover (N.H.)

Workers Alliance of America
Columbus Workers Alliance
Colorado Workers Alliance
New York Workers Alliance
Woman's Medical College of Pennsylvania

Yale University
Young Democratic Clubs of America
Young Men's Christian Association, Germantown, Philadelphia
Hyde Park, Chicago
Young Women's Christian Association
Boston Y
Durham, N.C.
Denver
Youngstown Social Workers Club (Ohio)
Youth Leaders Digest