

A NATIONAL HEALTH PROGRAM

Four broad areas of insecurity in health and recommendations of ways to cope with them were presented before the National Health Conference in Washington, July 18-20. The Conference was called at the suggestion of the President by the Interdepartmental Committee to Coordinate Health and Welfare Activities, appointed in 1935 with representation of the Departments of the Treasury, Agriculture, Labor, and the Interior, and the Social Security Board.

The Washington meeting brought together members of farm, labor, and industrial groups; physicians, public-health workers, and workers in civic, welfare, and educational fields; and members of the general public. In a message read at the opening meeting, the President declared, " * * * the problems before you are in a real sense public problems. The ways and means of dealing with them must be determined with a view to the best interests of all our citizens." The Conference was asked to consider reports¹ which had been presented to the Interdepartmental Committee and to the President by a subcommittee, the Technical Committee on Medical Care, which includes members of the staffs of the Children's Bureau, United States Public Health Service, and the Social Security Board.

Deficiencies in present health services, the Technical Committee reported, fall into four broad

categories: Preventive health services for the Nation as a whole are grossly insufficient. Hospital facilities are inadequate, especially in rural areas, and financial support of hospital services is insufficient and precarious, especially for persons who cannot pay costs of needed care. One-third of the population, including persons with and without income, receive inadequate or no medical service. An even larger share of the population suffers from economic burdens created by illness.

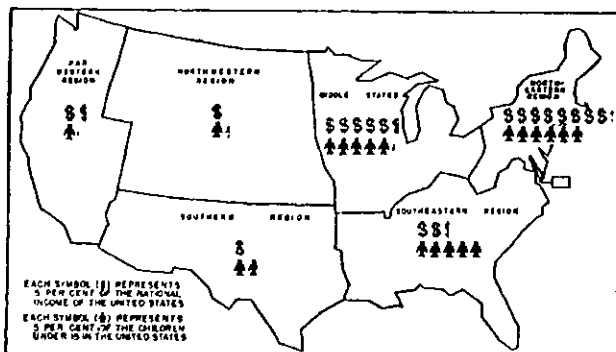
Sickness and premature death, the Committee reported, bear most severely on families with low incomes or no income except relief. Because sickness and sickness costs are uneven and unpredictable, even relatively well-to-do families, however, incur costs they cannot pay. The public incurs severe economic losses from disability, premature death, and dependency due to preventable or curable sickness. Resources for the support of adequate health and medical services vary widely among different groups of the population and different geographical areas of the country.

The recommendations offered by the Technical Committee envisage State programs for which Federal funds are made available through grants-in-aid. In summary, that Committee recommended: (1) expansion of public-health and maternal and child-health services under provisions for Federal-State cooperation included in the Social Security Act; (2) expansion of hospital facilities; (3) provisions for public medical care of the medically needy, i. e., persons on the relief and public-assistance rolls, and also those who can buy food, clothing, and shelter but have no margin for sickness bills; (4) consideration of a comprehensive program of general medical care for the entire population, supported by taxation or insurance payments or a combination of both methods; (5) Federal action toward the development of insurance against wage loss during temporary and permanent disability, possibly geared into the existing social insurance programs.

The first three recommendations, the Technical Committee estimated, would require annual expenditures of about \$850 million at a level of full operation to be reached progressively within a 10-year period. It was suggested that the Federal

¹ A National Health Program: A Summary. Interdepartmental Committee to Coordinate Health and Welfare Activities, 815 Connecticut Avenue N.W., Washington, D. C.

Chart I.—National income and children under 15 years of age, United States



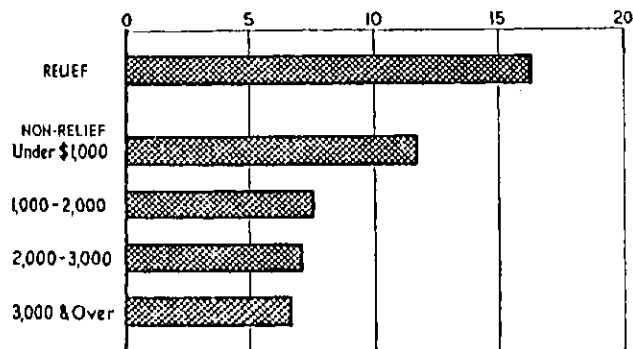
Sources: National Industrial Conference Board income data; U. S. Bureau of the Census.

Government should meet about one-half of the cost. To the considerable extent to which the expansion of health services may be expected to prevent and cure sickness and postpone needless deaths, these costs, it was pointed out, would replace costs now borne by the public and by families for dependency and for other economic disasters arising from sickness.

The fourth recommendation was presented primarily as a more economical and effective way of paying costs already borne by individuals and to some extent also by government. Proposal was made of State plans for general medical programs to cost not more than \$20 per person per year—no more than the average now spent privately—supported by taxation, or by contributions of insured persons with assistance from employers and government, or by combinations of these two methods. To some extent this recommendation provides an alternative to those preceding. Both the fourth recommendation and the fifth—Federal action toward development of compensation for temporary and permanent disability—involve primarily substitution of average costs for the uneven actual costs now borne by those who become sick and disabled and, directly or indirectly, also by the public.

The Interdepartmental Committee asked the members of the Conference to carry the recommendations back to organizations with which they

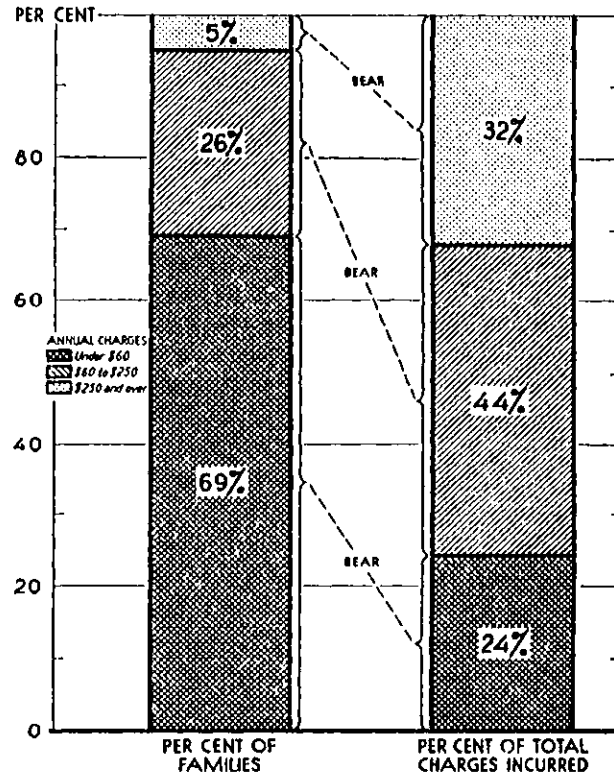
Chart II.—Annual days of disability¹ per person]



¹ From illnesses disabling for 1 week or longer.
Source: U. S. Public Health Service.

are associated and to advise the Committee for its guidance in preparing proposals for legislative action. At the close of the meeting the Chairman, Miss Josephine Roche, formerly Assistant Secretary of the Treasury, declared:

Chart III.—How the cost of sickness is borne; experience of families with incomes of \$1,200-\$2,000



Source: Committee on the Costs of Medical Care.

"We believe that everyone agrees that a national health program should be developed. * * * There is agreement on many of the principles set forth in the recommendations of our Technical Committee. There is agreement on many of the specific objectives, and there is general agreement, we believe, that a national health program should certainly take account of varying regional and local situations. * * * There are differences of opinion * * * but they are details."

In concluding, Miss Roche quoted Dr. Thomas Parran, the Surgeon General:

"Those of us who are concerned with the progress of medical science usually think that the great events of medicine occur only in the research laboratory or the operating room. We are witnessing here in Washington another kind of progress in medicine—an effort to put medical science to work. The National Health Conference may well be the greatest event in medical science which has happened in our time."