

An end to monopoly — in government, banking, land, patents, mergers, trade unions, medicine

Rational, humane laws. Prisons abolished, replaced by fines, with psychiatric treatment if necessary.

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Assess full ground rent, without exception, for ethical revenue source, low improvement taxes, an end to speculation. Choice of sites at true rental value will ensure a surplus of safe employment, at wages equal to one's production.

Government restitution for official or private injuries. Polygraph tests to be accepted as evidence.

MEDICAL BUTCHERS AND ROBBERS

The principal thesis of THE GERBER REPORT, by Alex Gerber, M. D., F. A. C. S., is that poverty is the principal cause of our health problems, mainly because of grossly inadequate diets, resulting in vastly higher incidence of disease and death among the poor. In Detroit's black ghetto the infant mortality is 69 per 1000, compared to 22.1 for the U. S. average. The maternal death rate of poor blacks in Bolivar County, Miss. is 15.3 per 1000, compared to 2.1 among white women. In parts of the Navaho reservation both infant mortality and tuberculosis are seven times the national rate, with some common infectious diseases ten times the national rate. In families earning more than \$ 7,000 a year, 11.9 persons per 1000 have severe heart conditions, compared with 53.8 for families with incomes under \$ 2,000. "Comparable figures for other ailments: mental and nervous conditions, 4.2 vs. 26.4; arthritis and rheumatism, 8.7 vs. 59.3; high blood pressure, 3.9 vs. 23.8; orthopedic impairments, 14.9 vs. 54.4; and visual impairments, 2.7 vs. 23.4." \$1 for food would save \$3.30 cost of malnutrition ills.

500,000 Americans live in rural counties without a single M. D. In 1970 there were 13 doctors to serve 63,000 poor people in the East Garfield Park section of Chicago, while a single building in a fashionable section had 40 doctors. The Dept. of Labor estimates a need for a 75 % increase in annual medical graduates, a deficit now partly made up by foreigners, many not qualified but accepted in certain states. Some foreign countries are now restricting this brain drain. We have a baby death rate of 22.1 per 1000, while Sweden's rate is 12.6. Swedish children have tonsilectomies one-tenth as often as ours, 300 of ours dying every year from them. Medically indigent in California have ten times the rate in group practice clinics, where doctors check on each other. When the United Mine Workers permitted only qualified surgeons to operate on them the rate of surgery dropped 50 %. "It is estimated that more than one million major operations are performed by General Practitioners every year. We are short 50,000 doctors, and there are 30 million medically indigent Americans. They are entitled to minimum quality care, even if they do not get the extras. A great many of our annual 15 million operations are unnecessary or poorly performed. Britain and Sweden insist on high standards for all their hospitals, while we don't.

When a certain doctor was found to have removed appendixes, 75 % of which were normal, his punishment was a one-day suspension from practice, kept confidential. A hospital may accept a doctor's statement of the operations he can perform, without checking, so that he may perform certain operations in one hospital, but not in another. In a very small hospital or a proprietary hospital, a doctor may check on himself or on a co-owner. Blue Shield usually allows doctors' claims, even if they say they see 100 patients a day, or give an average of one injection, or even more to each patient. In military and VA hospitals surgery can be performed only by qualified surgeons, but the Joint Commission on Accreditation of Hospitals does not adopt this rule for fear of protests by doctors who would have to give ^{up} operations for which they are not qualified.

Prescribing generic drugs, instead of brand names, may save enormous sums of money. It is also necessary to shop around, even for generic drugs, which may cost 10 times as much in one place as in another, or even up to 5 times as much in the same chain. Better health habits could save the most money: eliminating cigarettes, reducing consumption of alcohol, fluoridating all drinking water. We might add seven years to life expectancy if obese citizens reduced to ideal weight. "...there are at least 5 million women of childbearing age in the poverty group who need family planning services." It would save 500,000 unwanted babies a year, 450 mothers, 20,000 infants, and 10,000 retarded children.

THE AMERICAN HEALTH EMPIRE: POWER, PROFITS AND POLITICS, by Barbara and John Ehrenreich, describes the collusion between our monopoly-controlled government, the American Medical Ass'n., Blue Cross, drug firms, medical equipment firms, hospitals and doctors, which has caused medical costs to skyrocket, beyond the means of the middle class, as well as of the poor. 24 million have no health insurance; 102 million have no coverage for doctors' bills alone. There is often unofficial segregation in hospitals, and non-whites may complain of being treated "treated like animals." Dental clinics may provide no anesthesia, Harlem residents may lose their lives or organs to medical research. Police use ghetto emergency rooms to interrogate or pick up suspects or victims. Poor women, especially blacks, using clinics, may encounter sadism. Women in Holland, and some other countries, receive prenatal care at home, from nurses, and are usually delivered at home by trained midwives. "(The Netherlands ranks third lowest in infant mortality rate; the U. S. ranks fourteenth!) ...the chance of dying between ages forty and fifty is twice as high for an American (man) as it is for a Scandinavian." The consensus of experts is that we have a nonsystem of medical care. "...in the medical market place it is the supplier who controls the demand. ...given the shortage of doctors (which is maintained by the doctors themselves through the A. M. A.'s prevention of medical school expansion), they don't have to compete at all. ...When it comes to making money, the health industry is an extraordinarily well-organized and efficient machine. The most profitable big business in America is the manufacture and sale of drugs. Rivaling the drug industry...is the burgeoning hospital and equipment industry..."

"All that 'nonprofit' means is that the hospital's profit...is not distributed to shareholders"...but is "used...to buy real estate, stocks, plush new buildings, and expensively salaried professional employees." Charity and mental hospitals provide the bodies of the poor, for the practice of young doctors, for research in biomedical sciences, in physics, electronics and aerospace; for sociological and psychological, neurological and drug research. We spent \$62 billion on medical care in 1969, twice the 1960 total; \$6 billion for drugs (often unneeded, for kickbacks), \$10 billion for equipment and supplies; \$3.5 billion on proprietary hospitals and nursing homes. We bought \$6 billion worth of health insurance, and constructed \$ 2 billion worth of hospitals. Other billions went to private physicians. Medicare and Medicaid comprised the biggest government subsidy. By 1969, a third of the nation's health costs were paid for by federal, state and local governments. Very little went to improve health care. Community hospitals spent 16 % more money in 1968 than in 1967, but provided only 3.3 % more days of inpatient care and 3.7 % more outpatient visits - and no 13 % increase in quality of care. Most of the new money went for "inflated costs of drugs, supplies and equipment, and as profits for doctors and hospitals."

We spent \$ 3.8 billion on hospital care in 1950, \$13.8 billion in 1965, and \$20 billion in 1969, after three years of Medicare and Medicaid. Eight hospital supply companies are among the two hundred top growth stocks. In addition to the old hospital supply companies, numerous other industries are going into or buying into this business, where earnings have been up 15 % to 25 % a year for the last few years. The principal purpose of Blue Cross is to guarantee the payment of hospital bills, and Blue Cross, Blue Shield, through their own policies, or through Medicare and Medicaid, pay whatever a hospital says its cost is, including "fancy new equipment, luxury accommodations, high-priced doctors, or administrators (or even public relations men or full-time lobbyists)..." In August 1969 a boy was admitted to a hospital at 3.20 A. M., and died at 10.34 the same night. The charge was \$ 105.80 for drugs, \$184.80 for X-rays, \$220.00 for inhalation therapy, \$655.50 for laboratory work. The total was \$ 1,717.80. A man hospitalized for sixty days had a bill of \$22,147.95. He was subjected to more than 1100 laboratory tests, transfusions, and medications. The doctor reviewing the bill observed that few humans could survive such intensive care. Blue Cross has resorted to enormous rate increases, and Medicaid coverage has been reduced, to make it possible to continue paying these bills. We obviously need competition, and independent democratic checks on both the type and cost of health care provided. We also need full employment, at wages equal to one's production, to eliminate poverty.