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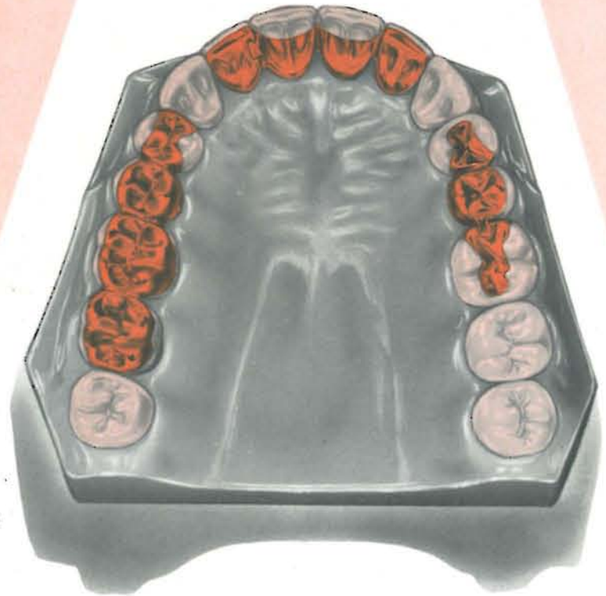

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FEBRUARY 1944

THE AUTHORS – WHO THEY ARE

ALFRED J. ASGIS, DDS., MA., PhD., FAPHA

Dr. Asgis is internationally known as educator, lecturer and active participant in progressive professional, educational and health movements in America and in other countries. He has wide experience as leader and founder of many professional-scientific societies devoted to social betterment. He is Chairman of the Health Council, sponsored by the American Labor Party and trade unions, and is one of its founders. He has devoted much time, study and effort to promote health security in America by enlisting the support of the health professions, progressive groups and labor organizations. Immediately following the founding of the ALP Health Council in 1938, he established the **Health Security Review**, of which he was editor, pursuing a policy of collaboration between labor and the profession. He is a member of the executive committee of the New York County, American Labor Party.

His academic background covers studies in liberal arts, having received his Sc.B. degree at the Washington Square College; psychology and philosophy, which he pursued at Columbia and New York Universities, having taken his degree of M.A. at the Graduate School of New York University. His professional career is grounded on all educational foundation and training for the practice of dentistry, having graduated from the New York University College of Dentistry, and teacher in professional and cultural subjects for over a decade in various educational institutions.

He has lectured here and abroad on dental medical science, education and public health and was honored by national and international professional and scientific societies. He has made several educational surveys in the United States and in Europe, and inaugurated in 1936 the first dental teacher training program in America at the New York University School of Education.

He is the author of one of the three nationwide research studies of dental education completed in 1939, and is the first American dentist to hold the Ph.D. degree in education. He is now Assistant Professor of Oral Surgery and Lecturer on Orientation at the New York University College of Dentistry, and Associate Editor in Oral Surgery of the American Journal of Orthodontics and Oral Surgery. He is a member of the American Dental Association (national, state and local), Associate Fellow of the American Medical Association, Fellow of the American Public Health Association and many other professional, scientific and educational societies.

He has founded and edited professional journals and monographs. Besides being a prolific writer and having contributed widely to the periodical literature reproduced in many languages, some of his books which bear on problems of social health include "Public Health Dentistry and Health Security," "Outline of Dental Socioeconomics," "Functional Dental Education," "Orientation in American Dentistry" and "Professional Dentistry in American Society."

DR. GEORGE F. McCLEARY

Dr. George F. McCleary is a graduate of Trinity Hall, Cambridge. He was Principal Medical Officer of the English National Health Insurance Commission and Deputy Senior Medical Officer in the Ministry of Health in London. He has done pioneer work in the maternity and child welfare movement as Vice-President of the first International Congress on Infant Welfare, and Chairman of the British Council for Maternity and Child Welfare.

He has paid several visits to America. In 1930 and 31, he was the Le Lemar Lecturer in the Johns Hopkins University. He has also lectured in the Berkeley, Tulane and Vanderbilt Universities, the Massachusetts Institute of Technology and to many other medical and dental societies, social workers and lay groups.

DR. VLADIMIR V. LEBEDENKO

Dr. Lebedenko is Professor of Surgery of the First Moscow Medical Institute in Russia and the official representative of the Russian Red Cross and Red Crescent in the U. S. A.

Professor Lebedenko is the first important Russian Medical representative to be sent to this country in many years. He arrived on our shores about five months ago and has spent his time lecturing to medical and lay groups.

Since the beginning of the last war, Dr. Lebedenko has filled outstanding positions in the Russian Medical World. In the Moscow Medical Institute, the oldest hospital in Russia, he is not only chief surgeon, but is also a Professor of Surgery and gives instruction in his science to undergraduates. Many of his books on the subject are the official textbooks for medical students.

DR. DAVID S. K. DAI

Dr. David S. K. Dai was born in China and received his D.D.S. degree from the West China Union University.

He became a Professor in Public Health Dentistry at the West China Union University at Chengtu, China. He is also a member of the Chinese National Dental Health Board, with headquarters at Chungking, China.

Dr. Dai has thrown all of his energies and dental skill into the health program of China which was started only fifteen years ago but has been going ahead with stronger impetus under the leadership of Generalissimo Chiang Kai-shek.

Dr. Dai came to our country in 1940 and studied at the University of Michigan from which institution he received his Masters degree in Public Health (M.P.H.). Until his recent return to China, he was working under a Carnegie Research Fellowship at the University of Rochester in Rochester, New York.

VITO MARCANTONIO

Congressman Marcantonio was born December 10, 1902 on East 112th Street. He was educated in the public schools of New York City and attended law school of New York University. At the University he was active as a student leader of Italian cultural organizations.

From 1926 until 1932 he managed the congressional campaigns of our present Mayor, Fiorella H. LaGuardia. During a part of this period he served as an Assistant United States Attorney under George Z. Medalie.

In 1932 he resumed his law practice and in 1934 he ran for Congress and was elected.

He served in Congress during the 74th, 76th and 77th Congress and was reelected last year, after having won nominations in the primaries from the Republican, Democratic and American Labor parties.

FOOD FOR THOUGHT

INDEX

The health professions, in their opposition to compulsory sickness insurance, must not underestimate the strength of supporters of this legislation. They must be particularly careful to maintain public sympathy while in the period of negotiation and to create a proper understanding of its own problems.

The American Medical Association, deliberately or otherwise, has been pictured as a reactionary, stubborn group. Those who support compulsory sickness insurance, cite the A.M.A.'s opposition to the plan and emphasize that it has also impeded the development of voluntary programs.

Organized dentistry, as represented by the American Dental Association has not acquired this popular disapproval. Two reasons can be cited for the more favorable position of the American Dental Association. Little publicity has been given in the press to its position. Public indifference towards dentistry minimizes the importance of its official resolution.

Recently the writer attended a labor health security meeting sponsored by the Health Council of the American Labor Party. The papers presented at the meeting were so unusual that we arranged for their publication in this and succeeding issues of TIC.

The publication of these papers must not be understood as a reflection of the opinion of Ticonium or that of the Ticonium Laboratories. The information is presented because it is pertinent to the future welfare and administration of dentistry. Dentists must know the opinions of other groups and be made aware of the reasons which they cite for compulsory sickness insurance programs. They must have this knowledge to plan public relations more effectively.

Published by
TICONIUM
413 North Pearl Street
ALBANY, N. Y., U. S. A.
Edited by I. J. NEVIN

THE HEALTH COUNCIL AND THE WARTIME CONFERENCE ON LABOR HEALTH SECURITY by Alfred J. Asgis, D.D.S., Phd.

The Wartime Conference is one of the educational means through which the Health Council hopes to focus public attention on the problems of health security in America, and the need for wartime health planning for legislative action until health care is assured to everybody. There are a considerable number in the health professions who feel and think as we do regarding the need for health protection for the people; who wish to share in activities that will bring about the realization of health security in our country. It is to them especially, that we now appeal for cooperation in building for the future. We appeal to professionals, labor, management, manufacturers of drugs, supplies and appliances in the health field, and all progressives for every kind of support of our work.

THE HEALTH COUNCIL OF THE AMERICAN LABOR PARTY AND TRADE UNIONS

The Health Council is a national organization of professional health workers and assisting health personnel dedicated to the promotion of labor health security through education and legislation. It is an autonomous organization within the labor movement functioning as an integral part of its social and economic structure. It finds expression in legislative action through the instrumentality of the American Labor Party, the political voice of labor and the masses of our people. The Health Council reflects a growing desire on the part of all workers in the health field to cooperate for the attainment of their professional aspirations and economic security.

The health of our people is the concern of society. The protection of the health of our citizens is a responsibility of government, which is the democratic expression of the wish and the will of our people. I am, therefore, very happy to participate in this Wartime Conference on Labor Health Security, sponsored by the Health Council of the American Labor Party and to congratulate you on the splendid work you are doing, and for calling public attention to the health problem at this time.

Momentous decisions are about to be made in the near future that will affect the course of the war and the impending peace. I feel that altogether we have paid too little attention to the health question as a factor in the defeat of Fascism and the building of an enduring peace. It is now common knowledge that we suffered considerable setbacks in the mobilization of our youth for the armed forces due to neglect in maintaining higher health standards for our people in peacetime. Whether for defense, for maximum production or just plain increased happiness, I am arriving at a point of view on matters of national health where planning must be undertaken now; health planning by the people, the professions and the government.

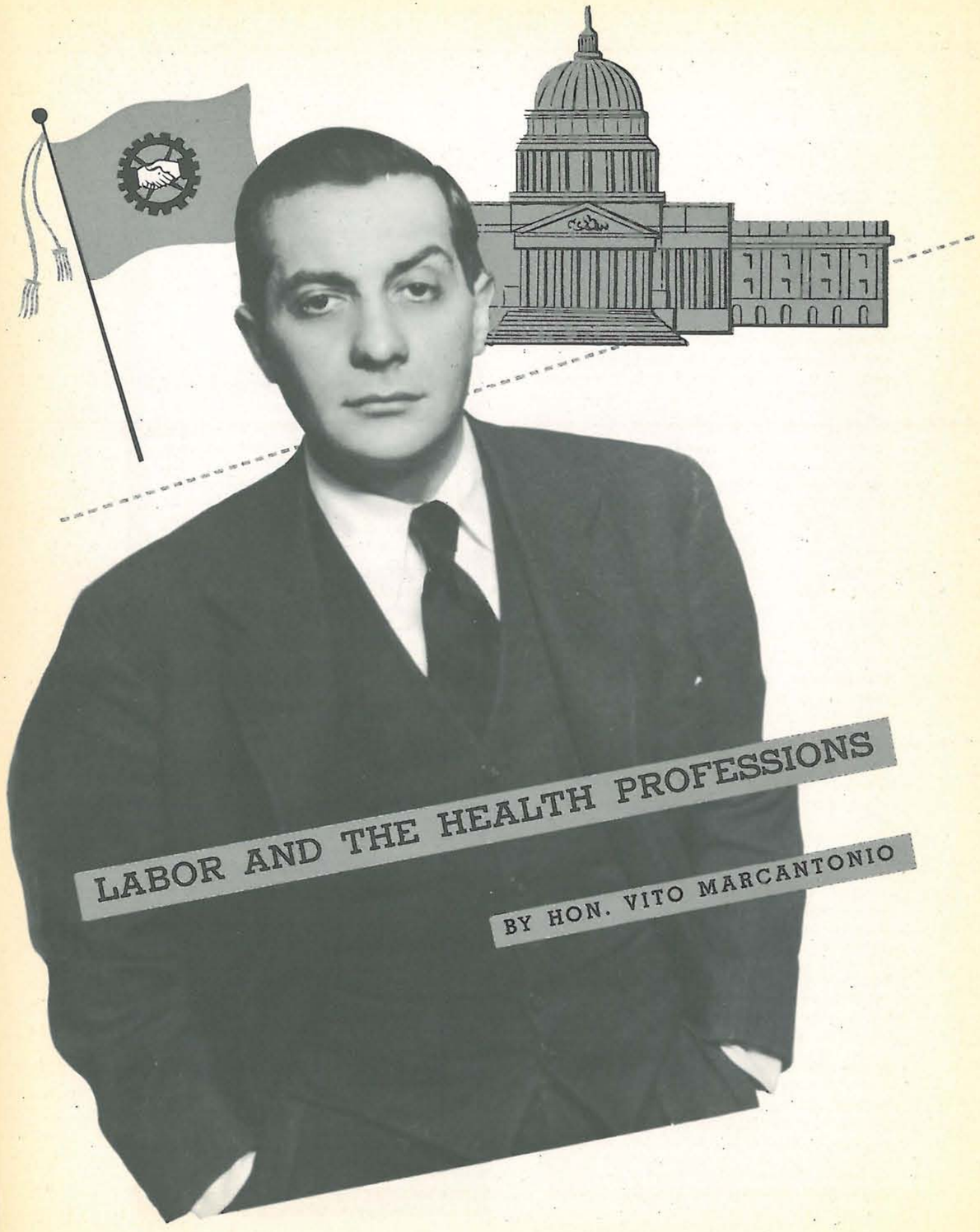
Let me stress two points that have been brought home to us in the well attended panels this afternoon. It was pointed out by various professional men that from the health viewpoint, we must consider the worker as a human being living in an environment that is conducive to health and happiness. The worker needs a pleasant home to live in, he should be properly nourished, he should work in sanitary and hygienic surroundings, and he should have available all the basic health services that make up modern scientific medical care. He need not suffer footaches any more than he must suffer from toothaches, stomach-aches, etc. We must have the cooperation of all the licensed health professions if we are going to provide the people with a real high-grade American health service.

The records show that about 40% of our youth were rejected from military services because of various physical defects. It is reliably reported that the annual loss to the nation in productive time due to illness is equivalent to the full-time services of over 1,000,000 workers. Figured in dollars, the loss to workers is about $2,000,000,000 annually. The estimated annual medical bill is over $3,000,000,000. Is this not too high a price to pay when with rational health planning we can enrich our nation in wealth, increased production and human happiness?

The second point I wish to stress is the need for cooperation between the professions and labor to adopt a national health plan that will be mutually satisfactory. In a democracy, there is room for differences of opinion and I can readily see why, due to misunderstanding, the medical and dental professions would not wish to embark on anything new that seems likely to jeopardize the welfare and freedom of the professions. Those who know me, know full well that I have fought against Fascism, foreign and domestic, and I would certainly not want to see the scientific standards of American medicine and dentistry lowered, or professional men regimented. On the other hand, I cannot see why our people should be deprived of the fruits of American science because of misunderstanding or an attempt to adhere to outworn, outlived health practices that no longer are suited to the needs of our times.

Let us, therefore, work together to evolve an administrative mechanism that can be made to function for the good of the largest number of our people. Let us expand our public health services to meet the needs of our people in urban and rural communities, let us build a democratically sound health security system to provide high quality health services to the people, and let us see to it that practitioners are provided professional and economic protection.

My colleagues, Senators Wagner and Murray, and Representative Dingell, have made a start . . . and a start in the right direction to achieve real social security. Let us all cooperate with them to bring to fruition the efforts of all progessive forces for a better, happier and healthier America.



LABOR AND THE HEALTH PROFESSIONS

BY HON. VITO MARCANTONIO

It is no accident that the American Labor Party and the trade unions endorse and support our efforts. Health is politics. Health has an economic base. It is now realized, especially as a result of the impact of the war, that organized labor must take a direct hand in making health protection in America a reality. Progressive professional groups, social economists, legislators, and philanthropic organizations and groups have made their contributions to the health security movement. It is now up to labor to assume leadership and push this work to its logical conclusion; in no other way will we go beyond the talking stage in this field. We have reached the point where legislative action is imperative. We believe that the worker should receive medical, hospital, denial, optometric, podiatric, nursing, and other basic health services, whenever and wherever he needs them. The 1943 Wagner social security bill is a great forward step in the right direction in its health proposals.

We have pursued a consistent policy since 1938, when members of the health professions in the American Labor Party, in response to a long-felt need in the labor movement, established the Committee of the Medical and Allied Professions, which later became the Health Security Council. Our aim was and is to stimulate social health planning in the trade union movement under present conditions and after health insurance has become one of our social inhibitions. The Health Council is sponsored by the American Labor Party; serving on its Advisory Board are labor leaders representing a membership of more than two million trade union workers. The aims of the Health Council are directed toward attaining the following specific objectives:

1. To point out to the people and to labor through education the need for health security in a democracy in wartime and in peace.
2. To extend health security as an indivisible part of social security by initiating, sponsoring, and supporting appropriate social legislation.
3. To safeguard the professional, social and economic interests of the health professions in order to protect the quality of services rendered under a system of health security.
4. To extend social security benefits to all professionals in the health service fields.
5. To sponsor and to aid research projects related to labor, health and welfare.
6. To serve as an organized medium for the promotion of the social and economic welfare of health service professionals within the framework of the labor movement.

I recommend our pamphlet "Labor Health Security." The scope of our activities and policy should make it clear that as an organization, we are not a political party; we have as members professionals representing all shades of political opinion. Nor is the Health Council in any way engaged in functions performed by the professional scientific societies in medicine, dentistry, optometry, podiatry, nursing, public health, etc. We consider the services of each of these professions of equal value in the aggregate to the health of the worker. We, therefore, invite members of these professions to join with us in promoting our purposes. Like other organizations of professional workers in the trade union movement, we have the support of organized labor.

THE WARTIME CONFERENCE ON LABOR HEALTH SECURITY

The primary objective of this Conference is to rally support of the public, professionals, and workers in and out of the organized labor movement in support of President Roosevelt's win-the-war policies as an assurance of post-war social security. At the same time, the Health Council proposes to enlist the cooperation of professionals and union members in promoting our program of health security for labor under a tax-maintained national system. To my knowledge this is the first time that trade unions and professionals have presented an integrated labor approach to the problems of health security.

The secondary objective of the Conference is to restate the problems of health security in

the light of recent developments due to war conditions and labor's participation in post-war planning for health security. The war has focused public attention on the important bearing the health of workers has on production. Rejection by selective service boards of over 40% of our youth because of physical defects pointed to the need for greater health protection in peacetime. Absenteeism due to illness directly affecting the war effort became a national problem. The war also necessitated the utilization of our personnel and facilities for military purposes, giving rise to many health problems on the home front. It showed more clearly and vividly that the health problem is closely interwoven with our whole social and economic life and that labor has much at stake in its democratization.

In presenting the systems of health care for labor in other countries, it is not our intention to make comparisons with respect to achievements or effectiveness of these systems per se. After all, a system of health protection for the American people, to be effective, must be adapted to the American temper, and harmonize with our democratic ideals. We can, however, profit from the knowledge and experience which other countries have had with their health security systems. For example, the two leading patterns, the English contributory compulsory health insurance system and the Russian tax-supported system of state medicine, furnish us some guides as to what to apply and what not to apply to our needs. China shows the need for an eclectic approach. Familiarity with what is taking place in other countries will prevent us from repeating the mistakes made elsewhere. The experience of more than fifty countries with health insurance practice during the past half century provides us with a fund of knowlege unexcelled in any other field of social planning. We must take advantage of it.

The individual's right to health, like other American ideals such as freedom and liberty, is too often taken for granted. This right must be realized in our democracy. Not only do we want a free medical profession, we want also all other health professions free. It is now more generally acknowledged in informed circles that Americans do believe in social security. Social insurance is an established principle and no longer needs any defense. Health insurance is also an established principle in the United States. The current trend toward greater social security should be looked upon as the outcome of public demand for the greater enjoyment of the fruits of our industrial civilization.

Health security includes medical and other forms of health care. Health care is only one aspect of the broad health problem. Health care is now provided through services rendered by six major institutions or agencies: (1) individual or so-called private practice, (2) the Public Health Service, (3) the school health service, (4) industrial medicine and industrial dentistry, (5) educational institutions, and (6) hospitals.

Most of the people do not receive adequate health care. Some method should, therefore, be devised to coordinate these agencies, so that the health needs of the people may be met. We need a system of health security with which the U. S. Public Health Service and the other agencies can cooperate.

A system of health security to be considered functionally adequate should protect the quality of health services, the standard of living of the health personnel, and provide an integrated health service to the worker and his family. A national tax-maintained system of health security for all the people meets the above requirements. While no details are here given on how to establish such a system in America*, the following 7-point health program is submitted as a guide to minimum essentials: (1) a central policy forming body, (2) a salaried, full-time or part-time pensionable personnel, (3) social security for professionals, (4) a tax-maintained system, (5) government subsidies for students in the recognized health fields, (6) government subsidies for educational institutions and research, and (7) special emphasis on maternity and child care. Such a system could be effectively op-

*A discussion of the fundamentals of the proposed tax-maintained system of health care for the American people and the 7-point labor health program will appear in the author's paper "Labor Health Security in Post-war America," to be published in another issue.

Fund. The salaries of personnel and maintenance are paid out of these funds.

GROUP PRACTICE FOR HEALTH CARE

The advance made in the sciences of the healing arts in this century, and the coordinated facilities provided under our system coupled with a program of professional training of our health personnel adapted to this system, has made it possible—as well as necessary—to provide health services in coordinated units. These health units had to be designed to meet the needs of practice and of patients. In group practice the essential prerequisites were met for this type of mass health protection. Group practice (known as medical centers) is the established pattern under which health care is rendered.

Due to the rapid industrial growth of the Soviet Union it was found most expedient to establish a network of medical centers on a nation wide scale, each center attached to an industrial plant. Where small plants found it inexpedient to establish their own health units several plants usually combined by pooling their resources and provided a coordinated unit to care for all the workers in several factories. Each factory, small or large, is provided with a first aid unit. In addition, medical centers are also established on a residential basis, that is, residential communities establish community health units to serve their local needs.

A few words may be said regarding compensation of professional health personnel. Practitioners and assistants are employed on a salary basis, those with higher qualifications, more extensive experience and greater responsibility are naturally paid proportionately more according to an established norm, or salary scale. They are paid while attending graduate work and have four weeks vacation each year with full pay. They have the benefit of consultants in cases where needed, as well as all laboratory facilities. Professors of medical, dental and other institutions are associated with these group health centers and assist the regular staff when needed.

I have given you a bird's eye view of what we have set out to do for our people. We have hopes that with the cooperation of our Allies, especially the United States, England and China, we shall defeat the Fascist barbarians, uproot their destructive forces and influence on mankind, and we shall continue on our common path toward an everlasting peace. We on our part hope to contribute in the health field toward that store of knowledge and experience as a trust to all humanity.

The All-Union Commissariat of Public Health establishes the health policies for the country as a whole, supervises and directs the work of the departments of member Republics, and deals with every aspect of health that affects the welfare of the Russian people. Its functions also include the provision of facilities, services and personnel.

An equally important function of the Health Commissariat is to provide a sufficient number of the auxilliary personnel (middle medical personnel) to assist the practitioners. These assistant-feldshers (Medical assistants), midwives, nurses, dental and pharmaceutical assistants receive training in over a thousand training schools.

Health education is part of the health care program. It is carried out jointly by the health departments and the health committees of factories and farms.

The Trade Unions collect the social insurance funds and finance the system of health care and health projects. Approximately 5 percent of the total national income is spent annually on national health, including physical culture in the Soviet Union.

Group practice (known as medical centers) is the established pattern under which health care is rendered.

The pharmaceutical, medical and dental industries are also under the direct supervision of the People's Health Department. Thus is insured the quality of medical, dental, optical and other instruments, appliances and apparatus.

Research in every phase of health care and various health problems is supervised by the Health Commissariat. The All-Union Institute of Experimental Medicine (VIEM) a leading research center among the 26 All-Union Scientific Research Institutes with clinical and laboratory departments is well equipped and well staffed with a specially trained group of research workers. In 1941 when the war broke out, it supervised 72 medical schools, with a student body numbering 120,000 and 223 Medical Research Institutions. There were 130,000 doctors working in government health service.

Health education is part of the health care program. It is carried out jointly by the health departments and the health committees of the factories and the farms. In this way, workers and farmers directly participate in the health program. It is not imposed upon the people, but is part of the people's daily activities. The people through these committees take an interest in the work, register complaints when called for and suggest improvements where indicated.

HEALTH SERVICE BENEFITS

It must, of course, be recognized that health protection means more than providing facilities and services. Thus environmental factors that contribute toward health are complementary to an all-embracing program. Annual vacations for workers, shorter working hours, sanitary conditions in factories, health resorts for those in need of resting periods, maternity homes, creches for infants and children are all contributory to health efficiency. The blending of health and working conditions to produce the maximum of health results on a broad mass basis have brought the health agencies and labor organizations into harmonious functioning relationships. They work together. The trade unions, which are represented by the All-Union Council of Trade Unions (which corresponds to your Department of Labor) cooperate with the Health Commissariats in all matters of health planning and practice.

All health services come within the scope of health protection for the people. Health services are rendered at the office of the Health Center or in the home, depending upon the case and conditions. The protection of workers against accidents, the early treatment of occupational diseases and periodic health examinations is a responsibility also assumed by the trade unions in securing health benefits for their members. Note should be taken of the fact that the periodic health examination is compulsory by law, and in the more hazardous industries workers undergo health examinations two and three times each year.

THE TRADE UNIONS IN THE HEALTH PROGRAM

In addition to the above functions performed by the Trade Unions, their activities reach out in other directions in health protection. For example, specially trained labor inspectors work together with sanitary inspectors and jointly take charge of labor health inspection. The trade unions support over 40 research institutes with laboratory and clinical divisions, spending over ten billion rubles (5 billion dollars) annually.

Another important function assumed by trade unions is their participation in an advisory capacity in the work of the health bureaus of the local Soviets, in hospitals, clinics, health centers and medical institutions. They examine and report on the activities and efficiency of these institutions. The workers themselves not only derive the benefits from the fruits of medical science, but learn to share in the responsibilities for labor health protection.

FINANCIAL SUPPORT OF HEALTH CARE

The Trade Unions collect the social insurance funds and finance the system of health care and health projects. Approximately 5 per cent of the total national income is spent annually on national health, including physical culture, in the Soviet Union. In 1940 the sum spent for the health of the people amounted to over 9 billion rubles (4½ billion dollars). This investment may be considered a profitable one in the light of the satisfactory returns expressed in terms of a higher level of labor productivity, an increasing birth rate, and a declining death rate. If the morbidity and mortality statistics of the past two decades are any indication of what can be accomplished in the early organizational stages of our health program, then the promise in social returns from a well planned and properly functioning system of health care is beyond our immediate practical calculations.

Health services and facilities are therefore provided for everybody without additional contributions other than those collected by the Trade Unions for the Social Insurance

erated either through "Industrial Integrated Health Units" or "Community Integrated Health Units" or both (a unit would include a health personnel of various services operating on a group basis with preventive and curative objectives). These are essential criteria because our experience with health insurance in America has been limited in scope and coverage, and has been mainly of the "commercial" and so-called "voluntary" variety, which have been inadequate for labor. We recommend a social system wide in scope and all-embracing in coverage.

Health protection for all the people requires adequate health personnel and facilities. The recent N. Y. Times survey reveals the plight of the millions of white-collar workers due to low incomes. Health professionals belong in the white-collar group; they should be assured economic protection and professional security.

As for financing such a system, I believe our social economists and financial engineers will find a way; Americans have "found a way" before. Health security is a social enterprise, not a "budget balancing" scheme. The net beneficial results in increased production, in national wealth and in human happiness will by far outweigh any possible deficits in dollars (if any) that may be anticipated.

The Wartime Conference deals with these fundamental problems facing labor and the professions; namely, the nature of existing health security systems of the United Nations, the services that are considered basic to a satisfactory labor health program, and the part labor and the professions should play in the administration of a health security system. The resolutions tell us of the results and conclusions arrived at by the Conference.

To evaluate any health legislative proposal, we should be familiar with some essentials of the health program on which it rests. We should know about its purpose, scope, coverage, health system, finances, administration, trade union standards, and related matters. Drs. Dai, McCleary, and Lebendenko present the systems in operation in their respective countries.

Health has an economic base. It is now realized, especially as a result of the impact of the war, that organized labor must take a direct hand in making health protection in America a reality.

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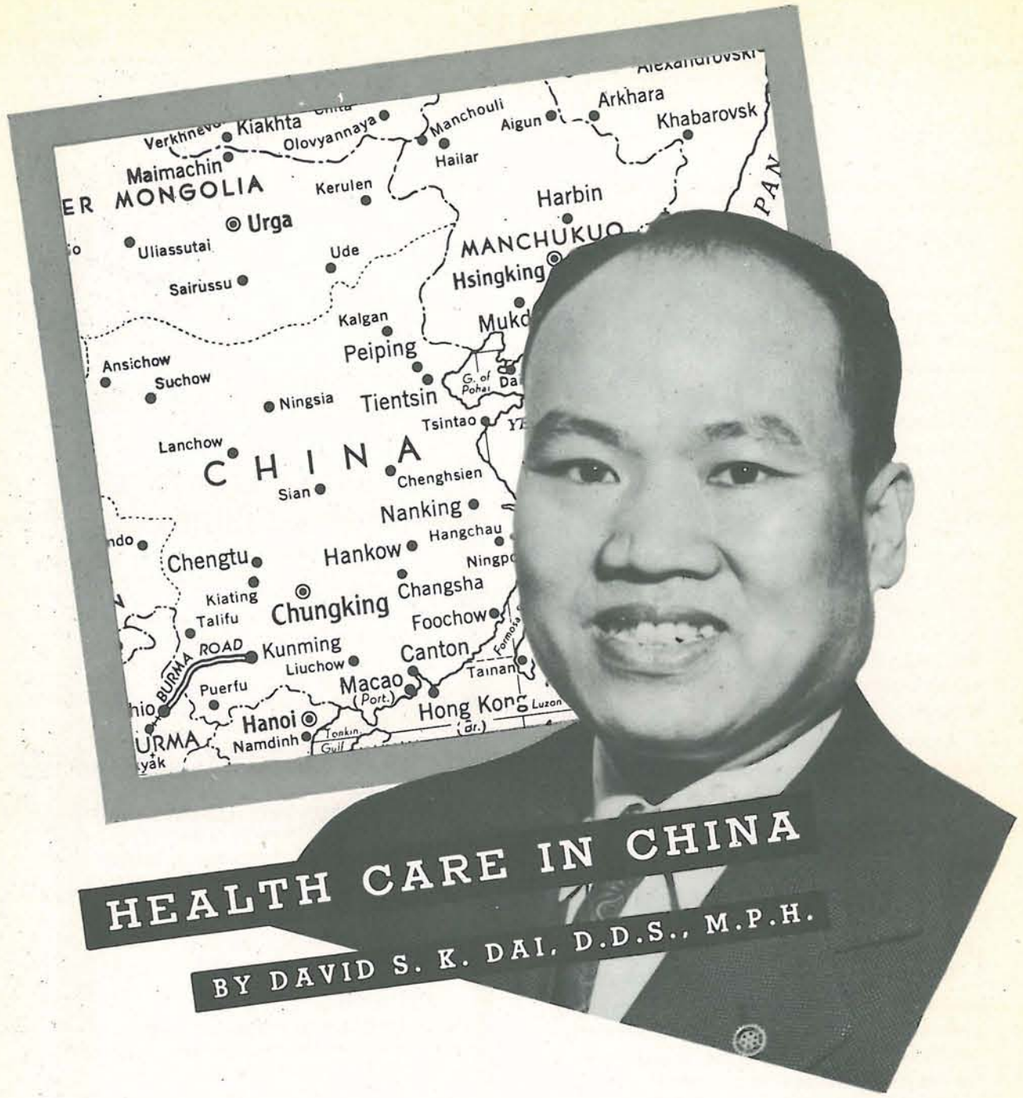

I think you may be interested to know the significance of our word for "labor" in chinese. "Coolie" is the name for labor in Chinese. Coolie is a term combined by two words. "Coo" means bitter, "Lie" means strength. "Coolie" means bitter strength. Coolies work bitterly, but they are the strength of a community.

In some big cities of China, laborers have unions. However, they do not have a health council as you have here. That does not need to imply that Chinese labor is healthy simply because they are poor and ignorant. Such conditions are the reasons why Dr. Keh Mo-Jo, a very famous writer, gave up the medical profession. As is known, Dr. Keh studied medicine in Japan and secured his M.D. degree there. As soon as he returned to China, he changed his mind about being a doctor. He said: "What is the use of being a doctor in China. The Chinese people are so poor and ignorant. If I save the lives of those poor and ignorant people, that means I prolong their suffering. If I save the lives of the rich, I increase their time to squeeze the poor." Nevertheless, this famous writer did not recognize that a man, if he is handicapped physically must be affected emotionally and disturbed economically. As a rule, the poorer he is, the more ignorant and more unhealthy he is. It is a vicious circle.

It is realized that China must be industrial-

concept of health care, let me cite to you an interpretation by Dr. Thomas Parran, Surgeon General of the United States Public Health Service. In a recent discussion of health care in America, he reminds us that "the right to the enjoyment of health is a subdivision of the right of personal liberty, one of the absolute rights of persons." It is apparent that the aims of health protection in all democratic countries is to provide all the people with the services and facilities they need.

Wartime needs were made possible by our system of health care established in time of peace. All health care is under the supervision of the Commissar of Health who is in charge of the People's Commissariat of Public Health of the USSR. He is a member of the Federal Cabinet, known as the Council of People's Commissars of the USSR. This is the highest executive and administrative body of the Soviet Union corresponding to our Congress. The Commissariat of Public Health was established twenty-five years ago, on July 11, 1918, upon the recommendation of Lenin. Dr. N. A. Semashkon was its first Commissioner. Although after the First World War a number of European countries established Ministries of Health, they were not as broad in scope as planned in our country. Inasmuch as the Soviet pattern of health care was different from prevailing plans, our system developed as it evolved in our own country. The present Commissioner of Health is Dr. Meterev, whose book "Twenty-Five Years of Public Health" may be familiar to you. In this book you can find the answers to many questions with which your Congress is concerned. In addition, I would like to point out that in addition to the Health Commissariat of the USSR, each of the individual Republics have their own National Commissariat of Health, modeled on the Commissariat of the R.S.F.S.R., which is guided by Dr. Trotyekov.

Mention may be made of the fact that in the beginning the activities of our public health system were confined to immediate tasks of reconstruction following the civil war and foreign invasions, to providing the Red Army with medical care and to fighting epidemics. After December 30, 1922, when the Soviet Union was formed as a Federation composed of the socialist republics, each constituent Republic established its own Public Health Commissariat (as provided in the Constitution of 1923.) Thus was the principle of decentralization of authority with coordinated Federal supervision applied to our system of health protection. Power was vested in the central or Federal government to establish national policies in charge of the Commissar of Public Health of the Soviet Union.

ADMINISTRATIVE FUNCTIONS OF THE HEALTH COMMISSARIAT

The All-Union Commissariat of Public Health establishes the health policies for the country as a whole, supervises and directs the work of the departments of member Republics, and deals with every aspect of health that affects the welfare of the Russian people. Its functions also include the provision of facilities, services and personnel.

Accordingly, it is responsible for the adequate supply of hospital facilities in urban and rural areas, the various kinds of health centers, dispensaries and clinics; it must provide medical care, dental care, eye care and all other health care essential to an integrated health service; it is also in charge of education and research in all areas of health endeavor. It is apparent, that its scope is all-embracing and its approach to health problems is broad enough to include preventive and curative goals, depending upon immediate needs and limitations.

The line of demarcation between prevention and cure, between one kind of service and another, between personal and environmental factors in health and in diseases, is not so sharply drawn in our comprehensive program. Thus sanitation and control of epidemics and communicable diseases, as well as the provision for all kinds of facilities and services are integral functions of local community and Federal health departments.

PROFESSIONAL EDUCATION AND QUALITY OF HEALTH SERVICES

One of the primary goals set in all health care is the attainment of the highest quality in terms of scientific standards. The supervision of professional education for health service is entrusted to the Commissariat of Public Health. The requirements for admission and the content of the curricula for the various Health service professions are more or less uniform for the country as a whole. A feature in the protection of the quality of services is the requirement of practitioners to pursue post-graduate work every year, which is furnished free by the Government.

An equally important function of the Health Commissariat is to provide a sufficient number of the auxilliary personnel (middle medical personnel) to assist the practitioners. These assistants-feldshers (medical assistants), midwives, nurses, dental and pharmaceutical assistants receive training in over a thousand training schools.

HEALTH CARE IN THE SOVIET UNION

By Professor Vladimir V. Lebedenko, M.D., Professor of Surgery, First Moscow Medical Institute; Official Representative of the Russian Red Cross and Red Crescent

In accepting your kind invitation to address your meeting, I did not realize the difficulties I was going to encounter in performing the task assigned to me in a satisfactory manner. As medical scientist and surgeon, I was naturally delighted with the opportunity to relate before your Wartime Conference on Labor Health Security the achievements of Soviet wartime medicine as one of the leading factors in the steady defeat of our common Fascist enemy. I am happy to note that Soviet medicine is also becoming a topic of general public interest because it opens up another avenue through which the cultural relationships between our two peoples may be established more firmly. We have known how essential adequate health care for the people is for national defense; we have therefore provided the necessary personnel and facilities as best we could to meet that need. I can say with some degree of pride that our health weapons were at all times in readiness and sharpened to meet the enemy.

However, my assignment this evening is not to tell you about the achievements of Soviet medical science in wartime. Reports in the professional and lay press are here to give you a from-day-to-day account of what is taking place on the Soviet health front. Your interest, as described by Dr. Asgis, Chairman of your Conference, lies in the organization and function of our system of health care for the people in normal times, what has been accomplished, what the shortcomings are, and what improvements we propose to make after victory, preparing for Global peace. It is not within my province to cover all these phases of the Soviet health system, nor is it feasible to deal with these important problems in fifteen minutes. I will confine my remarks to a brief statement of our aims in the care of the health of the people and the provisions made to realize these aims.

HEALTH A RESPONSIBILITY OF THE INDIVIDUAL AND THE COMMUNITY

The Soviet health program is based upon the broad concept that each person is entitled to free health care as one of the citizen's rights, as provided for in the new constitution of the USRR adopted in 1936. With reference to this

ized and capital must be provided. Thus, we might say that industry requires two kinds of capital: Material capital, funds, and machines; manpower capital, engineers and labor. We think sincerely that material capital depends on manpower capital and manpower truly is much more important than material. Since manpower capital is a very complicated machine which needs the regular care of physicians as well as dentists, obviously industrial hygiene is of the greatest importance to the future of Chinese industry.

Since in China, 85 per cent of its population at the present time are agricultural laborers, and there will be a great number of industrial laborers in China in the near future, we cannot separate labor from the masses. In other words, the health problems of labor are the problems of the masses.

It is realized generally that a scientific doctor must not give any treatment to a patient unless he has a full picture of the case, based on a careful examination and a reliable diagnosis. A country may be considered as a patient. Each country has its own syndromes. China certainly is a peculiar patient. She needs special treatment and a national program. Her health problem also requires special treatment. The following conditions must influence all consideration of the Chinese health problem.

1. The huge size of the country and its enormous population.
2. The large percentage of her population without any medical and dental facilities.
3. The inadequate means of communication.
4. The general illiteracy.
5. The inability of a very large portion of the people to pay for any medical and dental service.
6. A death rate of 25 per 1000 of the population means that no less than 10 million persons die each year even in peace time. Any death rate of over 15 per 1000 of the population is generally regarded as excessive. On this basis, China has some four million unnecessary deaths each year.
7. Lack of personnel, probably is the most acute problem in China's development of a public health program. In the whole country, there are about 12,000 physicians and 312 qualified dentists.

However, public health activities have made rapid progress in recent years in China. The Chinese government realized that conservation of the health of citizens is an important function of the government. The benefits of health services must be assured to all classes of society and institutions. The cost of maintenance of a health service must be within the ability and means of society to pay. The Generalissimo wishes to train and graduate 230,000 doctors in the coming ten years to meet the health needs of the people. Because of China's national policy and the peculiar situation in China, it is agreed generally that State Medicine and State Dentistry are the logical solution of China's great health problem, and the Chinese National Health system will attempt to put such a completely socialized system into effect even in war time.

The National Health System was originally planned as a network of district health centers, grouped around a series of provincial hospitals and was based on the government's policy to organize each province into units of local government according to districts. Each district was made up of four or five counties which, in turn, consisted of twenty or so villages.

The program of this system is localized in principle. The administration is, however, centralized. The National Health Administration supervises the provincial health administration; the directors of the provincial health administration are appointed by the National Health Administration. The district units are under the administration of the Provincial Health Authority.

We think sincerely that such a social system will be much better developed after the war, and at the same time, fit health service into its proper place in the national welfare program of China's new social order.

Confucius said, "When the great way prevails, the world is a common state. The old are able to enjoy their old age, the young are able to employ their talents, the juniors are free to grow, the lonely orphans and cripples and deformed are provided for. Men have occupations and women have homes. Wealth is not to be thrown away, nor is it to be employed for personal advantage. This is the age of the great commonwealth."

The greatest teacher of China certainly considered the state as an institution which should provide a maximum basis of security for all citizens and the problems should be considered from a world-wide point of view.

Let us believe that the world is a common state. Let us work together to win the peace for the world and work together to obtain security for all the human beings of the whole world.

BRITISH NATIONAL HEALTH INSURANCE

BY G. P. McCLEARY, M.D., D.D.H.

The British system of social insurance consists of three parts:

(1) Insurance against sickness and accident, or Health Insurance;
(2) Unemployment Insurance;
(3) Insurance against old age, widowhood, and orphanhood, or Pensions Insurance.

Health Insurance and Unemployment Insurance came into operation in 1912 on the initiative of Mr. Lloyd George; pensions insurance came into operation in 1926 on the initiative of Mr. Winston Churchill.

Though these three schemes of social insurance are separate financially and administratively, all three have certain important elements in common. All three are on a compulsory basis. The persons insured under each scheme are required to be insured, and their employers are required to see that they are insured. All three are contributory. The insured persons pay a weekly contribution, their employers pay a weekly contribution, and the National Exchequer contributes sums which in the aggregate amount to about 50 per cent of the combined contributions of employers and employed in the unemployment and pensions insurance schemes, and to about 25 per cent of the combined contributions in the health insurance scheme.

Objections have been raised to the contributory principle in British social insurance. It has been contended that the insurance contribution is in effect a tax, a tax upon industry, and that the levying of such a tax is not the best way of raising funds to pay the cost of social insurance. The weight of opinion in Britain is, however, in favour of retaining the contributory principle. Sir William Beveridge retains it in the extensions of social insurance recommended in his Plan.

He says:

"The insured persons themselves can pay and like to pay, and would rather pay than not do so. It is felt and rightly felt that contribution irrespective of means is the strongest ground for repudiating a means test." (Beveridge Report, paragraph 274.)

The British Health insurance scheme applies to all persons, male and female, aged 16 and upwards who are employed under a contract of service in (1) manual labour, irrespective of their rate of remuneration, or (2) in non-manual labour at a rate of remuneration not exceeding £420 a year, which at pre-war exchange rates is equivalent to about $2,000. Such persons, who form about 40 per cent of the total population, are required to insure and their employers must see that they do insure. The contributions of the insured persons and their employers do not vary with their rate of remuneration. Neither do their cash benefits. Contributions and benefits are on a "flat rate." Women, however, pay a slightly lower contribution than men and receive lower rates of sickness benefit when incapable of work. The central administration of the health insurance scheme was at first carried out by the National Health Insurance Commission, the government department constituted for the purpose, but when in 1919 the Ministry of Health was formed the Commission became part of the Ministry, which has since been responsible for the central supervision and direction of national health insurance.

The health insurance scheme is administered locally by two sets of organizations: the Approved Societies and the Insurance Committees. The Approved Societies are self-governing associations of insured persons constituted to administer the cash benefits of the scheme and approved by the government for the purpose. The finances of the Approved Societies are strictly controlled by the government. Excess of income over expenditure must either be distributed among the members in the form of additional benefits, or invested for the Society either by the government or by the society in securities approved by the government. Approved Societies have been formed mainly by Friendly Societies, Trade Unions, Industrial Life Offices, and, but to a very slight extent only, Employers' Provident Funds. Insurance Committees consist of representatives of insured persons, of the local health authority, and of the local medical and pharmaceutical professions.

The Approved Societies administer the cash benefits of the scheme, which are of two kinds:

1. Statutory benefits, to which all insured persons are entitled who fulfill the conditions of benefit, and
2. Additional benefits, which are given by those societies with sufficient funds for the purpose, that is, the great majority of the societies.

The statutory benefits are (1) weekly cash payments to insured persons rendered incapable of work by sickness or accident, and (2) a lump sum payment on the confinement of the wife of an insured man; if the mother is herself insured, she is entitled to a second maternity benefit. The additional benefits are of various kinds, the most popular being additions to the sums paid in sickness and maternity benefits and payment of part of the cost of dental treatment.

The Insurance Committees administer medical benefit, that is, free medical treatment and the supply of medicines and appliances. For this purpose the committees enter into contracts with local medical practitioners. Any legally qualified physician has the right to undertake the treatment of insured persons if he wishes to do so, and the insured persons have the right to choose, and change their doctors. The insurance doctors in any insurance committee area are entitled to choose the method of medical remuneration for the treatment of insured perons in that area. The rate of medical remuneration is fixed for the whole country by an independent Court of Arbitration.

In every insurance committee area there is a Local Medical Committee, recognized by the government as representative of the local medical profession and charged with important administrative functions relating to the local insurance doctors. There is also a Local Pharmaceutical Committee similarly constituted, and with similar duties relating to the local insurance pharmacists.

The British health insurance system has two important defects: it provides no specialist treatment or hospitalization, or any treatment for the dependents of the insured persons. On the other hand, it has had the important advantage that it has, since it came into operation, secured the harmonious co-operation of the medical and pharmaceutical professions.

Sir William Beveridge, in his well known Plan for Social Security, recommends that the existing system of social insurance should be extended to cover all the members of the community irrespective of their means, and that the Approved Societies and the Insurance Committees should be abolished and the administration of the social insurance system, together with other functions, be entrusted to a Ministry of Social Security to be constituted for the purpose. Sir William also recommends that the medical treatment side of health insurance should cease to form part of the social insurance system and be merged in a comprehensive national medical service open free of charge to every member of the community. The object of this service, as stated in the Beveridge Report, would be to "ensure that for every citizen there is available whatever medical treatment he requires, in whatever form he requires it, domiciliary or institutional, general, specialist, or consultant, and will ensure also the provision of dental, ophthalmic, and surgical appliances, nursing and midwifery and rehabilitation after accidents."

The national medical service would be organized and administered, not by the Ministry of Social Security, but by the Departments responsible for the health of the people and for positive and preventive as well as curative measures.