

HEALTH, EDUCATION, AND WELFARE

9 October 1950

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Mr. Oscar R. Ewing was born in Greensburg, Indiana, on 8 March 1889. He received his A.B. degree from Indiana University in 1910 and his LL.D. degree from Harvard in 1913. From 1913 to 1914 he was an instructor at the University of Iowa Law School. During 1915-1916 he was a member of Weyl, Jewett and Ewing of Indianapolis, Indiana. Later in 1916 he was assistant counsel for Vandalia Railroad Company of St. Louis, Missouri. In 1917 he became assistant to the general counsel of Pennsylvania Lines West of Pittsburgh. He was a 1st Lieutenant in the Signal Corps and later promoted to Captain in the Air Service in World War I. From 1920 to 1937 he was a member of Hughes, Schurman and Dwight of New York and its predecessor firms. He is now a member of the law firm of Hughes, Hubbard and Ewing. In 1931 on behalf of American manufacturers he attended the Conference for Limitation of Manufacture of Narcotics at Geneva. He was assistant Chairman, Democratic National Committee from 1940 to May 1942 when he was appointed special assistant to the U.S. Attorney general to prosecute Silver Shirt Leader William Dudley Pelley for sedition. Later in 1942 he was appointed vice-chairman of the Democratic National Committee. He is a member of the American and New York State Bar Associations and the Association Bar in the City of New York. In August 1947 he became the Federal Security Administrator.

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## HEALTH, EDUCATION, AND WELFARE

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GENERAL HOLMAN: Gentlemen, today we continue our "Manpower" studies with a lecture on "Health, Education, and Welfare." The interest of the military commander in these matters is readily understandable. To him falls the responsibility of mobilizing, training, and committing to action our military manpower. Our ships, tanks, and planes are becoming more intricate and complex with every new addition to our forces. The military requirement for alert, healthy, and intelligent personnel at every battle station has never been greater than it is today.

On the industrial side, the men and women in the factory or shipyard must be equally as well educated, well organized, and well trained to do their jobs as our men at the front. Were this not true, many of our greatest technical and scientific resources would be misused or wasted.

Our speaker, Mr. Oscar R. Ewing, has held the post of Federal Security Administrator since August 1947. During this time he has been most active in presenting to the public the importance of improving the individual capacity and stamina of our population.

Mr. Ewing, we feel greatly honored to have you address the Industrial College again this year. It is a pleasure and a privilege to welcome you here today. Mr. Ewing.

MR. EWING: Gentlemen, I greatly enjoyed coming here last year. I was complimented to find out that the people in charge of the Industrial College appreciate the intimate connection between our problems and their part of the defense effort.

Something like eight months ago—in January of this year—I was asked to speak to the class then at the Industrial College of the Armed Forces. My subject was the same as it is today—"Health, Education, and Social Welfare as they Relate to National Defense," and I tried to outline what I considered the basic strengths and weaknesses of our national economy in terms of these factors.

At that time, none of us, I am sure, believed that within five months we would be fighting a bloody action in Korea—or that a general world conflagration would be hanging so precariously in the balance. Tragic as this Korean action has been, we may at least be grateful that it has swept away the somewhat easy-going attitude

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of the Nation toward the whole problem of defense and when we speak of a defense economy, we are acutely conscious that overnight it may be turned into a full-fledged war economy.

I should like therefore to devote at least a part of my talk today to explaining how the Federal Security Agency and its programs fit into this immediate defense picture.

One of the toughest defense problems of the Nation is going to be that of manpower. We shall not only be taking an increasing number of young men out of the industry to go into uniform; but shall also have substantially to increase our labor force to meet the stepped-up demands of defense production and to train large numbers of workers for these specific defense jobs.

The employment situation, of course, is radically different from what it was in 1940. At that time there was a large mass of unemployed workers eager to undergo specific training that would enable them to get defense jobs. Today, we have nearly full employment. Most of our workers are earning comparatively good wages in comparatively stable jobs. There is practically no surplus of young people on our farms. Any sharp increase in the labor force to meet our defense needs will probably require the training of a very much larger number of women than in World War II. It will be necessary to put a greater emphasis on the training of the physically handicapped and the 4-F's; and we shall have to draw more heavily on the services of the older and retired workers than we did in the last war.

Now, in all these our local schools and colleges play a vital role. During World War II--under the national defense programs administered by the Office of Education in the Federal Security Agency--over 14 million persons were given training to fit them for defense jobs. This tremendous effort was credited with breaking the bottleneck in production of war materiel and it gave industry the skilled workers required to build the necessary ships, planes, tanks, and guns. This over-all effort was carried out under three general headings:

The first was the Vocational Training Program for war workers, operated in the public secondary schools under the state boards for vocational education. During the five years from 1940 to 1945, this program enrolled nearly 7.5 million persons. Nearly 5 million were workers employed by war industries, and received supplemental training during their war employment. The other 2.5 million received specialized training prior to their employment in the war industries. Of those 7.5 million, about 1.5 million were women with no previous industrial experience.

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The second was the Rural War Production Training Program, also operated in the secondary schools under the state boards of vocational education. This program had a total enrollment of over 4 million. Around 1.5 million of these received training in the operation and maintenance of farm machinery. Farm machinery was so scarce and at such a premium that it had to be conserved to the greatest extent possible. Over 1.5 million were trained in food processing and food conservation. Something like 750,000 were trained for employment in war industries.

The third of these programs was the Engineering, Science, and Management War Training Program. This was operated in some 240 colleges, universities, and technical schools under plans approved by the Office of Education. Our job there was to meet the shortage of engineers, chemists, physicists, and production supervisors in fields essential to national defense. The total enrollments were nearly 1.8 million and 10 types of courses were offered, with chief emphasis on electrical engineering, engineering drawing, and industrial engineering.

To a large extent these programs were started from scratch. We had little or no experience to draw on. Many of the techniques had to be developed as we went along under the increasing pressure of more manpower. Today, however, our school plant facilities available for the vocational training of war workers are far more extensive and better equipped than they were in 1940--or even at the end of the war in 1945. There is a large body of experienced personnel in our state boards of vocational education and in our local schools. We can move rapidly to set up the required programs with a minimum of waste motion.

Since the last war, we have greatly expanded our facilities for training the physically handicapped. In the Federal Security Agency we have the Office of Vocational Rehabilitation, which stands ready to concentrate its efforts on making a tremendous number of physically handicapped workers available for defense jobs. As I have already pointed out, our physically handicapped constitute a very important segment of our labor resources. I shall have more to say about our rehabilitation program later.

In addition to all this, the Office of Education has been asked by the National Security Resources Board to establish a national roster of scientists--the highly important job of conducting inventories and making studies of the Nation's supply of scientific manpower. Certainly, the wartime utilization of American scientists and technologists represents a particularly critical area in our mobilization planning.

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But there are other vital areas in which the Federal Security Agency can and inevitably will, play an active part in defense planning. During World War II we were assigned the task of coordinating all health, medical, welfare, nutrition, recreation, and other related fields of activity affecting the national defense.

I might say here in passing that until one stops to think about it, it is difficult to realize the effect that large movements of population have on morale. You can have a new factory go up out in a cornfield; you have a housing development around it. There immediately come all the problems of sanitation, sewage, garbage disposal, streets, and telephone service. Then soon come your social problems--prostitution, venereal disease, and sanitation of shops. Even such a small matter as telephone service may be vital. Our working population lives today on a scale at which they just won't put up without certain inconveniences. Lack of a telephone, so they can't get hold of a doctor when they need one, often causes workers just to move out and go to some other places. Someone must be responsible for all those problems, someone must find out what is wrong and what can be done about it.

Under this assignment, the Public Health Service carried a particularly heavy responsibility. It worked with state and local agencies in providing health and sanitation services in many defense areas. It recruited and assigned professional personnel to critical war areas. It did a spectacular job of controlling malaria in war areas, employing as many as 8,000 persons in this effort alone. It administered a comprehensive venereal disease control program, not only in communities close to military establishments but in industrial areas throughout the United States.

Beyond this the Public Health Service carried on a program for the recruitment and training of nurses, under which something like 175,000 cadet nurses were enrolled. It also worked to establish badly-needed hospital facilities in war areas. There was a long list of other services vital to our defense program.

Again, on the home front, there was the whole problem of congested areas following the rapid expansion of defense industries. The mass influx of new workers into our industrial centers imposed a critical strain on the housing, medical, recreational, school, and other facilities of these areas. To deal with these matters, the Federal Security Agency organized a unit known as the Community War Services.

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Among its many activities was the establishment of day nurseries and child-care centers for the children of women engaged in war work. Here we were able to provide not only the experience and personnel equipment of our Childrens Bureau, but also the resources of our entire public school system. Our Childrens Bureau also administered an emergency maternity and infant-care program which provided medical, hospital, and nursing care for the wives of some 1,223,000 servicemen, and also complete medical care for their infants. There were about a million infants cared for under that program.

These are all functions we are prepared to assume again in the agency. Not a small part of our ability to handle these jobs is due to the fact that with our various programs we have a solidly established relationship with state and local agencies throughout the Nation. Through our 10 regional offices and some 850 field offices, scattered throughout the country, we can get more or less instant action on any defense program we set in motion. In addition to that, we have about 2,500 local offices, where the service is not on a daily basis, but our people call at regular times in a small town. So that as a reconnaissance organization in the civil defense field, we have a very elaborate setup.

These channels of communication will be especially important under wartime disaster conditions, that is, in the event of an actual bombing attack on any of our major cities. The evacuation of dangerous areas, for instance, will involve the provision of schools, medical, and health facilities, and welfare services of all kinds. Here certainly all the resources of the agency will be brought into full play.

I shall not attempt to spell out what we must be prepared for if a bombing attack should actually come. You are undoubtedly familiar with the booklet entitled "U. S. Civil Defense," issued recently by the National Security Resources Board, which covers this ground pretty thoroughly. Let me say, however, that during my trip to England last December I had an opportunity of discussing the whole problem of civil defense with the chief medical officer of the Ministry of Health and other officials. Our talks covered plans for the distribution of medical and related manpower as between civil and military authorities in wartime; recruitment, training, and assignment of medical personnel for defense operations and other similar matters. The British learned this the hard way, and we have profited from their experience.

One point should be emphasized. The effectiveness of civil defense has a highly important bearing on the morale of the troops who are overseas doing the actual fighting. In Britain I understand that the reports of the lack of adequate facilities to take care of the injured

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during the first stages of the blitz had a tremendously depressing effect on the troops in Africa. Afterward, when the facilities were better organized and more cheerful letters began to come from the home folks, the morale was noticeably improved.

I am setting forth some of these matters in detail because I think it is important that you understand something of the direct part which this agency plays in defense matters and the extent to which many vital areas in our national defense program rest squarely on our shoulders. But I am also concerned, and I know you are too, with the long-range problems of defense planning as they relate to matters of health, education, and social security, for, to quote from the foreword of our catalog: "If national defense is to be more than a catch word, it must rest on the solid foundation not only of trained military manpower and advanced materiel but also of a national economy capable alike of serving the purposes of war and peace."

Certainly, under the conditions of modern warfare, these factors of social welfare must be heavily weighted by any general staff. The military commander in the field who has behind him a nation of healthy, alert, and intelligent men and women, free from the virus of social unrest, may well prove to have the decisive advantage.

When all is said and done, your job, of course, is to view this problem in terms of potential manpower. In the actual event of another world war, how many divisions shall we be able to put into the field? How rapidly and effectively can men be trained to take over the highly technical jobs in an expanded military establishment? How much strength, stamina, and adaptability will the men in our armed services bring to the business of making war?

Equally important, what sort of a labor force shall we have to turn out the steady stream of ships, planes, guns, tanks, and all the other necessary materiel? For industrial potential, perhaps even more than the size of our armed forces, is today the crucial factor in warfare. Anything which increases that potential increases our chances for an early victory. It is precisely herethat these matters of health, education, and security begin to be of practical importance to you.

During the last war we did a magnificent job. We put some 14 million men into uniform, over ~~three~~ times the number that served in our armed forces in World War I. We established the greatest record for production of war materials in the history of the world. With all that we managed to maintain a level of production for civilian use that no other nation at war found even halfway possible. And, what is more, we came out with our strength and resources essentially unimpaired and ready to move forward confidently.

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But, in spite of all this, there were a great many elements in our wartime situation which, as we examine them now, demand some hard thinking. We found that our resources of manpower were not inexhaustible. Before the war was over, for instance, we had pretty much scraped the bottom of the barrel so far as recruitment for the armed services was concerned. And if the war had continued another year or two, I am told, you might have found it increasingly difficult to put into the field the number of divisions that would have been necessary.

Here we must go back to the report on rejections for military service issued by the Selective Service at the end of World War II. I know that the implications of this report have been thoroughly argued back and forth over the past five years. But, anyway you look at it, those Selective Service figures are pretty devastating. To discover that we had to classify as 4-F nearly 5 million men between the ages of 18 and 37 is shocking, to say the least. An important percentage of these, of course, were occupational deferments with "F" classification, but that doesn't alter the essential story. The fact remains that these 5 million or so represent a ratio of nearly one to three as compared to those who did make the grade and could be inducted into the services.

I know that many people try to alibi these figures by pointing out that they reflect the superhigh standards set for military service in the United States. But that is only a partial answer. The blunt fact is that the figures for rejection represent pretty much a cross section which involves men, women, and children of all ages; and they have a social and economic significance quite as much as a military significance.

There are in this country around 26 million persons, one out of six in our entire population, who are victims of some specific chronic disease or who have some well-defined mental or physical impairment. Around 8 million of these 26 million people are suffering from some sort of mental illness. And not only is mental imbalance increasing in this country, it is increasing so rapidly that competent authorities say that one out of every ten children now in school will during their lives spend sometime in a mental institution.

From here we go to the problem of actual disability. The Bureau of the Census estimates that on any given day of the year from 3.5 million to 3.75 million workers under the age of 65 who otherwise would be on the job are totally disabled and unable to continue at their regular employment; and the period of their disability continues for an average of two months. Only about one-tenth are disabled because of accidents—industrial or otherwise. The rest are

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out of the running because of disease or some form of congenital injury or mental disturbance. Moreover, millions of workers suffer partial disabilities which prevent them from working and earning at full capacity. And it is probable that the production of most of them is consistently under par.

Now, let us try to translate all of this into concrete terms. Suppose that at the height of a national emergency, which is another way of saying, when the Nation is at war, we found that over 3.5 million workers were continuously on strike and another 3.5 million, say, were committing acts of industrial sabotage. I think, to put it mildly, we should all be concerned for our national safety. Yet where is the difference in terms of manpower? These disabled workers of course, are not on strike, nor are they in any sense guilty of sabotage; but the net loss in terms of industrial production is precisely the same.

That, roughly, is your health picture, at least in terms of outright disability. And it is disability to which you must give due weight in making your calculations on the size of our armed forces or the strength of our industrial potential. Now what, as a nation, are we doing about it?

For one thing, through medical research we are making an all-out attempt to get at the root causes of chronic disease. Over the past 15 years the activity of the Public Health Service of the Federal Security Agency in this field has undergone tremendous expansion. And millions of dollars in government funds have also been placed under its direction to underwrite similar research in universities and private institutions.

Beyond this we have developed State-Federal programs throughout the Nation for the control of heart disease, cancer, arthritis, tuberculosis, venereal disease, and others. We have an extensive program to take care of our 1.5 million crippled and handicapped children. And also have a rapidly expanding program of vocational rehabilitation for civilian adults which over the past five or six years has put more than a quarter of a million men and women back on their feet and enabled them once more to earn their own living.

But all these public services, plus all our privately financed research and medical services, are still touching only the fringe. In vocational rehabilitation, for instance, there is a backlog of some 1.5 million disabled persons who could make effective use of these services if they were available. And same applies to our program for crippled children and other health services.

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I might say that there is absolutely no program conducted by the Federal Government that is as profitable as vocational rehabilitation. Our figures actually show that for each dollar of Federal money spent on vocational rehabilitation of the physically handicapped there are more than 10 dollars paid into the Federal treasury in the form of income taxes out of earnings of those people in later years. Anyone who can get 1,000 percent on his investment should not hesitate to invest heavily in the project.

Generous as Congress has been in appropriating funds to maintain these programs, they are still insufficient to make any really big dent in the problem. Even more important is the fact that there aren't enough doctors, nurses, and hospitals to take care of the health needs of the people. The medical services we do have are chiefly in the larger cities. Most of our small towns and rural areas are getting the short end of the deal.

Through a nationwide hospital construction program under the Hill-Burton Act, supported in part by Federal funds, we are trying to build new hospitals and public health centers as rapidly as possible with particular reference to the small towns and rural areas. We are making good progress, but at the present rate it will still be a long time before we shall have the full number of hospital beds we need to meet even our minimum requirements. Under our appropriation Congress stepped up the Federal contribution to the hospital construction program from 75 to 150 million dollars a year. But then under the 10 percent across-the-board cut that they enacted, we had to reduce that again to 75 million dollars.

We need more doctors, a great many more thousands of doctors. But there simply are not enough medical colleges to provide the necessary training. Medical education is a tremendously expensive proposition and few medical colleges have the financial resources to undertake any considerable expansion of their present facilities. Our studies show that today the average cost to a medical school of educating a medical student is about 2,200 dollars a year. On the average the tuition fees received are about 500 dollars. So there is on the average a 1,700 dollar deficit that the medical schools have to make up out of either their endowments or from some other source.

A bill to provide Federal aid for medical education, carefully drafted after consultation with a committee of medical school deans, was unanimously passed by the Senate. But the

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influence of the powerful American Medical Association has kept it bottled up in a committee in the House. Mind you, at a time like this--when our armed forces are desperately trying to recruit medical personnel--the AMA still says that we have enough doctors; we don't need any more.

But over and above all this we have the hard core of the health problem; the fact that most people in this country do not--and cannot under the present system of paying for it--obtain adequate medical care.

According to the best estimates, only about one out of every five families--those with incomes of 5 thousand dollars and over--can meet the costs of serious illness without outside help. And half the population in families earning 3 thousand dollars a year or 60 dollars a week or less--anything remotely approaching adequate medical care is out of the question.

In urging the adoption of a system of national health insurance President Truman is simply attempting to find a way in which adequate medical care can be made available to everyone--through a nationwide system of prepayment with premium costs adjusted to the worker's earning capacity.

One very important aspect of this proposal, from the point of view of our discussion here is the impetus it will give to the practice of preventive medicine. The biggest obstacle to such practice today is the dollar barrier between the doctor and the patient. The most essential thing in all these disability and potential disability cases we have been talking about is to get them to a doctor during the early stages when there is more chance of effecting a cure--to cure the trifling before it becomes tragic. Far too many men and women now put off getting medical advice and treatment because of the expense or what they fear the expense will be. Once the dollar barrier were removed, more people would get to the doctor before it is too late.

Now, along with health you must take account of education when you are working on problems of national defense. You must have workers educated enough to understand the orders that are given and carry out the directions. One of the greatest assets this Nation has is the large number of young men and women with a solid grade school and high school education which enables them to learn quickly the technical demands of military training or of industry.

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Yet today, in our public schools, we are facing a situation of highly critical proportions. The unprecedented number of children born during the war and postwar years is imposing a strain on our public school system that is rapidly reaching the breaking point. And we have neither the class room facilities nor the teachers to deal with the situation.

There is, in fact, hardly a community in this whole country which is not struggling with overcrowded classrooms--or setting up extra classrooms in school basements and corridors or even in churches, empty stores, and garages. Moreover, many of the school-houses we do have are rattletrap structures, many of them lacking in ordinary sanitary conveniences, and many of them literally fire-traps. Others are so obsolete in design and equipment that they cannot possibly serve the purposes of modern streamlined education.

One result of all this is that there are considerably over 3 million children between the ages of 5 and 17 who, today, are not going to any school at all. That is more than one out of ten of all children of school age in the country. Without going into all the whys and wherefores of the matter, the fact remains that these are our potential illiterates--potential "4-F's" rejected for educational deficiencies in peace or war.

The gravity of the situation is underscored by the many serious inequalities in opportunity for education which exist throughout the country. Well over half of all our children are growing up in the areas which offer the least educational advantages. These areas, for the most part, are the predominantly rural states of the South and Southwest. A highly industrial state like New York and New Jersey can afford to spend nearly 200 dollars annually for each child in its public schools. In contrast, Arkansas, for instance, can spend only around 60 dollars and Mississippi under 45 dollars. Yet Arkansas and Mississippi spend on education a larger percentage of their people's income than does either New York or New Jersey.

Now, it is to offset such inequalities that the President has consistently urged Federal aid to education. If we hope to rely on trained and effective manpower from the Ozarks or the bayous of Mississippi as well as from the state of New York and the state of New Jersey, it is obvious that something must be done soon on a national scale to meet this problem. Over the next decade it is estimated that our school population will be increased by over 30 percent. In order to provide facilities equal to those we had even in 1930, we shall have to double the number of classrooms we now have and recruit literally hundreds of thousands of more qualified teachers.

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The total cost of an adequate school construction program alone is estimated at over 10 billion dollars. The bulk of this money is needed in those states and communities where the lag in school construction has been worse. And again these are the states and communities with the smallest per capita income to foot the bill and the largest number of children.

Without some measure of Federal aid, the job simply cannot be done. We may well find over the next 10 years that a large sector of our public school system has been reduced to utter chaos. In that event, the principle of universal public education to train our boys and girls for the duties of American citizenship will become a grim and bitter joke.

But if the educational picture is pretty dark, we are making some very real progress in the field of social security. Under legislation passed by Congress, in August 1950, our system of old-age and survivors insurance has been notably strengthened, and certain new features introduced into our program of public assistance.

I might say just by way of explanation of some of the terms I use that "old-age and survivors insurance" means insurance where there is a deduction made from the worker's pay check, with an equal contribution by the employer, both of which go into an insurance fund. When I use the term "public assistance," that means the program which is actually a charity proposition, taking care of the people on a charity basis, with no contribution from the recipients at all.

These changes have long been overdue. Up to now, coverage under old-age and survivors insurance had never exceeded 35 million--less than two out of three of the workers who, by right, should be accorded this protection. Also since 1939 no change has been made in the level of benefit payments. As a result, hundreds of thousands of retired workers and other beneficiaries were trying to make ends meet on an average monthly payment of around 24 dollars; and this was during a period when the cost of living had risen by over 70 percent!

One result of this failure to provide full coverage under the law has been to throw an undue burden on our State-Federal program of public assistance. The insurance program was inadequate, so the fund for relief simply had to be used as a supplement. As originally outlined, public assistance was intended as a purely second line of defense--to meet the residual need not covered by old-age and survivors insurance. Actually, however, the relative importance of these two systems has become reversed. Because of the serious inadequacies

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of our insurance system, public assistance has been carrying by far the greater part of the load.

There is every belief that this situation can now to some degree, be remedied. Under the new amendments, coverage has been expanded to include some 10 million additional persons, bringing the total up to somewhere around 45 million. In addition, monthly benefits have been increased on the average by around 70 percent—sufficient, at least, to restore their purchasing power to the level intended when the original benefit scales were set.

While we do not feel that the system is yet adequate to meet our full social security needs, we do feel that we have a much sounder basis on which to operate. Certainly, the problem of true social security is one which all free countries today are struggling to solve. And here, in the United States, those who are most concerned with the essential strength and morale of the Nation as a whole are those who have been the most active in the struggle to strengthen and expand our social security system.

One serious gap still remains. That is the failure to provide adequate protection against permanent and total disability. In spite of the repeated urgings of President Truman to expand old-age and survivors insurance to cover total and permanent disability, Congress has so far failed to act in the matter. As a consequence, the man who is so incapacitated that he can no longer work is more than likely to be cut off without financial resources of any kind.

Actually, when a man becomes totally and permanently disabled, he is just as much in need of help as is the man who is retired at the age of 65. A worker who at 45 through illness or accident or what not becomes totally and permanently disabled, however, is not entitled to the benefits under the old-age and survivors insurance program; nor is his family. On the other hand, if he just went ahead and died, his family could collect the benefits. That is a ridiculous situation. Under the new amendments, however, Congress did extend Federal aid to the states in public assistance to cover cases of need arising from disability; that in itself is a very important step forward. Prior to this amendment Federal funds were not available to assist the states for permanently disabled persons when they were under 65 years of age. But the imperative need for a nationwide system of disability insurance cannot be underestimated.

In spite of the gaps and deficiencies, the system as it stands today is a sound and substantial foundation for social security. It has proved its worth and is not standing still. We may look for further real progress on this front.

Before I give you a chance to ask questions, I want to add just one point. In outlining what the Government now does for health, education, and family security--and what still needs to be done--I have tried to suggest some of the ways in which it directly affects your immediate concern with national security. These relationships are not dragged in by the heels; they are not farfetched. The strength of the people is, quite simply and literally, the strength of the Nation. But I want also to make it plain that I do not justify these measures solely, or even mainly, on grounds of national defense. They justify themselves--as necessary and practical elements in the kind of government and the kind of peace-loving society we believe in. They represent democratic self-government at work in the best interest of, and by direction of, the citizens themselves.

QUESTION: Mr. Ewing, you have mentioned the amendment of the 1950 act and in a general way have said that the coverage has been broadened. Specifically, what new employee groups have been taken in; whether agricultural and domestic workers, for example, have been included; and whether or not they have upped the contributions of employers and employees?

MR. EWING: Answering your last question first, there has been no increase. Those automatic increases were provided for earlier and I think until the end of 1953 or 1954 there will be no increases

Of the 10 million that it is estimated will now be given coverage as a result of these extensions, about 4.5 million are self-employed people--small shopkeepers, professional people, barbers, and others. Then there will be roughly about a million agricultural employees. The farmers themselves are not included, but the agricultural employees are. Then I think it is around 8 or 9 hundred thousand, estimated, domestic employees that will be included. There are various classes of municipal employees, employees of charitable institutions, schools, and things like that. So that on the whole about 10 million additional people will be covered now.

QUESTION: A presidential committee that traveled in the Pacific islands, I think in 1948, made a report in which they said that the American community, whether it knows it or not, is developing a movie-going, television-watching, automobile-riding, game-attending type of person, who either cannot or will not think for himself. The report goes on to say that the seriousness of that is

not felt until you remove that individual from that particular environment and put him on a small Pacific island or in Japan, and then he breaks down. In your talk you covered primarily the responsibility of the Government toward correcting this situation. Would you mind discussing the community's responsibility for better developing the youth of the country?

MR. EWING: Practically all the programs that I was discussing are actually operated in the communities by the states. Very, very few of them are Federally operated. The most that the Federal Government does in the majority of those programs is to furnish the money. The old-age and survivors insurance program is Federally operated, but public assistance is not. The Federal Government in that program makes contributions to the states, and it is operated under a matching program by the states and the local communities themselves. Federal aid to the education program is purely a money proposition, for the Federal Government to raise the money and pay it over to the states.

Of the various aids that we have given to research, only a small part of that is done in our institutes out at Bethesda. Our expenditures for research are made mostly to universities or hospitals or medical schools for their research programs. I think on the whole research is being decentralized as much as it can be.

QUESTION: During the past 50 years the average life expectancy of Americans has increased tremendously. I understood you to say that, on the contrary, the mental ailments are on the increase, which would appear to be a discrepancy. Would you care to elaborate on that?

MR. EWING: I don't know the answer, but it is a fact. Apparently the tension and what not of an industrial economy do upset more people than the old agricultural economy that we had. There is no doubt but that mental troubles are on the increase. Furthermore, we have made less progress, I should say, on the whole in our conquests of neurological and psychotic disturbances than we have in other fields.

The big increase in the extension of life expectancy has come about very largely by the elimination of a great deal of infant mortality, by the control of the diseases of infancy, and those types of things. We haven't made very much progress in the control of heart disease and various other diseases of the mature and aged. Of course, by and large, that is the time of life in which there is an increase of mental disturbance.

QUESTION: What would you think of the consideration that psychiatry and neurology have made such rapid advances that now those professions are picking out and diagnosing those ailments which were formerly very often missed and oftentimes ran through the community unrecognized and considered just perhaps sort of queer?

MR. EWING: I think that is true. On the other hand, we don't want them to become so proficient that we will all be regarded as a little cuckoo.

QUESTION: I am quite interested in your remarks, particularly inasmuch as I am one of this profession of medicine. I am wondering under this program just what would be done with the 20 million people in this country who are Christian Scientists, faith healers, and so forth.

Then I have a second thought. Under this program the more air we make available to the public as a whole, the more dependent they become on gratuities. There is spent in this country more money on chewing gum, tobacco, and cosmetics than is spent on health and medical care. In 30 years I have never known a case deserving medical care who has failed to get it if he wanted it. I don't mean by that to imply that there is an adequate number of doctors, but that there is an inadequate attempt on the part of the public to be conscious of their needs. Until we can educate the public as to what there is to offer, you cannot educate the public to accept that which is offered. You can make a pill, but you can't make a man swallow it. Those people who go to doctors frequently go there with the thought that they are being taken to the cleaners, because "it's a racket." Particularly in a group of people, you can give them all the advice in the world, but you can't make them take it. Now, what can we do concerning that?

MR. EWING: Well, for the Christian Scientists and the like, no one has to take the service that would be provided under national health insurance if he doesn't want it. They would have to pay for it, just as Catholics have to pay for the support through taxes of the public schools even though they may send their children to parochial schools.

QUESTIONER: There is a large group with heart disease and the mentally lame and disabled persons as a result of chronic illnesses who trust to God and refuse the doctor's services.

MR. EWING: So what? I don't see your point.

QUESTIONER: I mean, it is all right to say that we have a large percentage of these persons who are suffering from these disabilities. They are found at autopsies. They are not found by the doctor prior to death, because they never get to him. So the statistics in one sense do not reflect the adequacy of the care which is available. They reflect the inadequacy in the thinking of the public as to their needs for that care.

MR. EWING: Well, I am not sure that I get what you are driving at.

QUESTIONER: I mean by that, we say there are 20 percent of the people in this country disabled today. Of that 20 percent of the people who are disabled, 18 percent probably are disabled by virtue of never having done anything about it, not because the medical care is not available.

MR. EWING: You mean they are all Christian Scientists?

QUESTIONER: I don't mean that in the least.

MR. EWING: What is the connection?

QUESTIONER: You have a certain group of indigents, a certain group of hobos, a certain group of drunkards.

MR. EWING: Yes. And you have an awful lot of people who can't afford the doctor's bill too.

QUESTIONER: That is true. But that group of people you can see day after day at Gallinger Hospital and you see them in Freeman's Hospital. The police bring them in. They don't come in.

MR. EWING: It is the dollar barrier that keeps them away.

QUESTIONER: During the war you had community war-service organizations operating under the Federal Security Agency, which attempted to help the communities in their various needs. Do we have a comparable peacetime organization which in the stress of an emergency could merely be expanded and would operate pretty much the same organizationally?

MR. EWING: Yes. I would say that our whole setup is really quite capable of doing that. Actually, the problems that would

arise in case of an emergency, an invasion, a bombing, or anything like that, are merely expansions of functions that we are carrying on normally in peacetime. So we can expand these activities very quickly.

QUESTIONS: It is my understanding that the AMA advocates a system of prepaid private insurance for medical care. How does this differ from that advocated by the Federal Security Agency?

MR. EWING: It differs very markedly. Even the voluntary programs which the AMA proposes are those where in a certain injury or operation the sick person can get so many dollars on his insurance, but leaving the doctor entirely free to charge whatever he pleases. Therefore the only programs that the AMA really favors are those that will put more purchasing power in the hands of patients, so that the doctors can get more money out of them.

Now, what we are trying to do is to make certain that the money that patients get on their insurance actually furnishes them the medical services they need. We do not want to leave it entirely to the discretion of the medical profession to say what they will charge.

QUESTION: You refer to the dollar barrier thought. I wonder if there is anything in the program that contemplates an elimination or prevention of this bureaucratic barrier which causes 5 percent error and things of that kind.

MR. EWING: The health program that the President has advocated is to be operated entirely by the states. There will be certain standards set up in the Federal legislation. But really there are only three things that the Federal Government does in the whole scheme as contemplated--one, to collect the money; two, to divide it among the states; and three to approve state plans as conforming to certain general standards prescribed by Congress.

Now, any plan that a state submits, obviously, has to divide its geographical area into health areas. In each of those health areas the operation of the plan would be under a local board composed half of the people who have medical services to sell--the doctors, the dentists, the hospital operators, and so forth; and the other half would be consumers of medical services. They might be picked out from prominent citizens or what not.

There may be some bureaucracy in it. I suppose there always is in any government operation. But I came out of a very busy law practice. My office was at No. 1 Wall Street. I think I had as many prejudices as anyone against bureaucracy. However, in the

three years that I have been down here, I am simply amazed at the intelligence and the devotion of the so-called bureaucrat. I take my hat off to him. I think on the whole the services we get in government are better than industry is getting.

QUESTION: To what extent does your office coordinate, if at all, in the activities of the Community Chest?

MR. EWING: None.

QUESTION: You mentioned the opposition of the AMA to the present proposals of the Federal Security Agency in health legislation. I wonder if there are not some elements in the medical profession that are supporting those proposals.

MR. EWING: Oh, yes. Very substantial elements.

QUESTION: Would you indicate what they are?

MR. EWING: I really don't know.

For whatever it may be worth, the number of doctors, I think it was, in Brooklyn, New York, who refused to pay the 25 dollar assessment was around 40 percent, I don't want to be held to that figure, because I don't remember; but it was very substantial.

I think, in all fairness, that this varies with the locality. In some parts of the country the profession is pretty solidly against what we propose, but in other parts of the country there are larger proportions who favor it. It is not easy to say that there is any definite pattern.

MR. HILL: Mr. Ewing, you certainly aroused a great deal of interest on the part of our students, and they have questioned you far beyond the hour that we should allow you to keep on answering them. I am sure that the health section of your administration will do the best job that it can, and the education section will educate the people to ask for the type of help they should have.

Mr. Ewing, on behalf of the Commandant, the faculty and the students, I thank you very much.

(12 Jan 1951--350)S.