Medical Care: Changes in the Political Terrain

With the return of Congress this week, some notable changes were becoming apparent in the strategic outlook for what the Administration has designated the major domestic issue of the current session—medical care for the aged, financed through the Social Security system. Briefly, these involve developments outside Congress which hearten the backers and developments inside which do likewise for the opponents.

The issue is a long-standing one, dating back to New Deal days, but achieving its greatest intensity in recent years in the struggle over the Forand Bill and its direct successor, the King-Anderson Bill. The congressional opposition, supported by the skillful lobbying and public relations campaigns of the American Medical Association, has in the past handily defeated the Social Security approach. But in the impending renewal of the struggle, several new elements have been added to the balance, and for the first time in their long campaign, the backers of the Social Security approach are displaying considerable optimism. The source of their cheer is a series of developments which they, as well as their opponents, regard as adding up to the best chance that the proposal has yet had.

The most basic of these developments is the continued ripening of the issue through the experience that persons of all political persuasions have had with the costs of medical care. The AMA has argued that this is a subject in which misinformation has come to dominate the field; that medical care is a bargain in terms of what it delivers; and that no one in this country need go without medical care for lack of funds. Whether or not this is the case, it is probably safe to say that vast numbers of citizens, on the basis of personal experience, think it is not. Despite the AMA's arguments to the contrary, it is also widely believed that the economics of medical attention affects the elderly most harshly—that the elderly require the most attention, while they, as a group, are least able to afford it and, further, find adequate health insurance most difficult to obtain. In testimony before the House Ways and Means Committee last summer, the AMA argued that "studies indicate that most of the aged are in reasonably good financial circumstances. Similarly, most are in relatively good health." These observations do not conform to the experience of a vast number of Americans, many of whom took advantage of their Congressmen's visits home between the sessions to give them an earful on the need to do something for the old folks.

Some of this pressure is undoubtedly spontaneous, but a great deal of it emanates from a resurgence of organized political activity among the nation's elderly citizens. With much the same enthusiasm—though with far different goals—of the Townsend movement of the 1930's, great numbers of elderly persons are banding together for political action in support of the Social Security approach. Their leader is former Congressman Aime J. Forand, author of the bill on which the issue was borne in the late 1950's. Forand's organization, the National Council of Senior Citizens for Health Care Through Social Security, has been recruiting from the 5 million members of the various senior citizen organizations throughout the country, as well as from the public at large.

A spokesman for the organization reported last week that total membership has passed 1.3 million and that, in various regions of the country, senior citizens' organizations are banding together through joint councils to promote Social Security financing for medical care for the aged. A number of Congressmen who returned to Washington recently have attested to the pressures of their elderly constituents, including some members who generally take a conservative line but who now say they see considerably more political travail in opposition than they had previously encountered.

In addition to the development of considerable popular support for the Administration's medical care plan, a shift of position has brought the American Hospital Association into line with the Social Security financing method. The Association, representing some 90 percent of the nation's 7700 hospitals, has been moving for some time away from the AMA's adamant opposition to deeper government involvement in the economics of medicine. Its movement, to a large extent, has been in proportion to the increased economic difficulties encountered by hospitals, a large part of which involve financial losses incurred in the care of elderly, indigent patients. Last week, the Hospital Association's House of Delegates voted to approve the Social Security financing of care for the elderly, provided that the program would be administered through Blue Cross.

King-Anderson Bill

Up for consideration in the newly opened session of Congress is the descendant of a long line of Social Security-financed medical plans, the King-Anderson bill (H.R. 4222), which would be financed by raising Social Security contributions ¼ of 1 percent each for employers and employees and increasing the amount subject to contributions from the present $4800 a year to $5200. Under present Social Security rates, this would raise an individual's maximum contribution to $175.50 a year.

The benefits provided under the bill would be available to all persons over 65, regardless of need, who are eligible for Social Security benefits. It would pay for hospital and nursing home care for a total of 150 "units" annually (a day in the hospital is one unit, and a day in a nursing home is half a unit); in addition, coverage would include 240 home nursing visits and outpatient diagnostic services. There would be a deductable hospital fee of up to $90 and $20 for each diagnostic study. The bill would not pay for medical or surgical services, other than those routinely provided by hospital staffs, such as radiology and anesthesia.

The Administration, for its part, finds the medical care issue rich in advantages for a variety of reasons. On the domestic front, there was probably no issue on which Kennedy as a candidate was more solemnly pledged. A determined effort to bring a bill through Congress will pay off either with a victory which can be displayed to the voters next fall as the validation of a promise, or a defeat which will support Kennedy's campaign for a bigger Democratic majority. And happily, in the view of the Administration, the medical care issue has none of the sticky religious complications of the general aid to education bill. For campaign purposes, it is a nice cleancut issue: are you for or against giving the nation's elderly citizens proper medical care. In a speech last week, the President demonstrated the effective line open to him when he declared that the nation's families were worried about lots of things, including the health bills of their aged parents.

"The parents themselves cannot pay

the bills," he said. "Three-fourths of our older people have money incomes of less than $2000 a year. Only one-half have any kind of hospital insurance. Only 30 percent have three-fourths or more of their hospital bill paid by insurance."

The principal barrier for the Administration at this stage is the House Ways and Means Committee, presided over by Rep. Wilbur D. Mills, Democrat of Arkansas, who, along with a majority of his committee, has opposed the Social Security approach in the past. Democrats dominate the committee, 15–10, but previous attempts to win the committee's approval have won no more than 9 Democratic votes, and no Republican support at all. Kennedy reportedly has gone to considerable lengths to woo the recalcitrant members, but his efforts to budge them any considerable distance from their traditional positions are complicated by the fact that the Ways and Means Committee has jurisdiction over three other high-priority Administration measures: reciprocal trade, tax reform, and welfare reform. While members who have hewed to a conservative line may vote out of character on one issue in response to the Administration's appeals, there is little likelihood that they will suddenly become Kennedy Democrats on four major issues.

Further complicating the prospects—and offering considerable cheer to the opponents of the Social Security approach—is the new House Democratic leadership, which they regard as far from formidable. Though the new speaker, Rep. John McCormack, exceeded his predecessor in dedication to the Administration's medical care plan, his ability to rule his frequently unruly party is generally doubted.

In the debates which will be carried on over the bill, in and out of Congress, considerable attention will be given the Kerr-Mills program, which was passed in the politically charged special session of Congress that preceded the last national election. The Kerr-Mills bill, which was adopted as an alternative to the Social Security plan which Kennedy pushed in the dual role of senator and candidate, developed from campaign pressures on both parties to legislate something in behalf of medical needs. The result was a bill which provides for an expansion of federal aid for the medical needs of federal-state welfare recipients and a new program of federal aid for the "medically indigent," those who are not on relief but who are unable to meet their medical bills. The program, which the AMA supports as filling in what it regards as one of the few gaps in financing medical care for the aged, has been implemented so far by slightly fewer than half the states, with the benefits varying considerably according to the contributions that the states make in matching the federal portion. While the Administration sees a role for the Kerr-Mills plan as a means of providing the needy with assistance beyond the scope of its Social Security approach, it fails to share the AMA's warm regard for the plan as the end-all of government involvement in medical financing.

Underlying the conflict between the views of the AMA and the Administration are markedly different ideas of what constitutes suitable medical care. The AMA argues that medical care is available to all in this country, regardless of ability to pay. For the needy, it says, the care is provided through a combination of public and private welfare efforts and donations of physicians' services. The Administration has countered that, first of all, there are serious gaps in the services for the needy, but that even if they were filled—as it is agreed Kerr-Mills could fill them—the level of medical care is held down by economic factors.

The Administration points out that when financial considerations exist, preventive medical services are least sought after, and that regardless of the delicacy that is employed in determining need, substantial numbers of persons are going to shy away from any medical services that smack of charity or welfare. For political purposes, in generating public support, these are compelling arguments, and they are being thrown into the balance by the Administration to counter the AMA's charge of socialized medicine. The AMA has tended to softpedal the charge in connection with the specific plan involved in the King-Anderson bill, but it argues that the plan would inevitably grow and open the way for putting the nation's doctors on the federal payroll. The latter charge is regarded as absurd by the bill's backers, but many of them concede that the bill is not the last word in federal aid for medical care, and that if it worked reasonably well, there would inevitably be considerable pressure for expansion of its benefits and a downward adjustment of the age requirements.—D.S.G.

Announcements

The AAAS Council has voted the formation of a **Section on Information and Communication**, which will focus on the problems of communication among scientists and between scientists and the general public. The new section, headed by George L. Seielstad of Johns Hopkins' Applied Physics Laboratory, will provide a formal platform for the discussions of science communication problems, replacing the informal conferences held at the AAAS during the past few years.

The following awards were presented during the annual meeting of the AAAS, held from 26 to 31 December in Denver, Colo.:

The $1500 **AAAS-Campbell Award** for vegetable research was shared by D. J. Hagedorn, of the University of Wisconsin, and R. T. Sherwood, of the U.S. Department of Agriculture.

The $1000 **AAAS Socio-Psychological Prize** for a meritorious essay in that field was awarded to Morton Deutsch and Robert M. Krauss, of Bell Telephone Laboratories.

The **AAAS Industrial Science Achievement Award** was presented to Martin Marietta Corporation's Aerospace Division in Denver for the advancement of technological knowledge and the practical application of science through research.

The $1000 **Newcomb Cleveland Prize** was won by Halton C. Arp, of the Mount Wilson and Palomar Observatories, for his report on a more precise method of determining the age of a star.

The 1961 **William Procter Prize** was presented to Edward R. Weidlein, former president of Mellon Institute in Pittsburgh, for his achievements in industrial research.

A collection of articles on **Soviet space medicine**, translated from the Moscow periodical *Znaniye*, is available through the U.S. Department of Commerce. (Office of Technical Services, USDC, Washington 25, D.C. Order No. 61-31585. $1)

A **management council for manned space-flight programs** has been instituted by the National Aeronautics and Space Administration to hasten development of spacecraft, boosters, and necessary support equipment. The