— a process now called the "monetization of the debt."

By this chain of events a revolution was brought to pass, almost unawares. Many people are still dim about it. The revolution was that for the first time in our history the government was *free*. Formerly free government was understood to mean the government of a free people. But now that meaning changed. The government itself was free. Free from what? Free from the ancient limitations of money. It no longer had any money worries; it had no longer to fear a deficit because it could turn a deficit into money; the bigger the deficit the richer the government was. It had only to think billions, and behold! the billions were in the Treasury.

After that it was merely nostalgic to talk any more of controlling government or limiting its powers of self-aggrandizement. What had limited it before was the public purse, which the people filled. Now, by this new magic, it could fill its own purse, and scatter beneficence not only at home but throughout the world. If it had not possessed the wand that could command billions at will, the story of this country's relations to the rest of the world during the last twenty years might have been very different; and indeed one might almost say that for want of dollars World War II would have been impossible.

But if dollars made it possible, still dollars did not do it. The American mind had to be reconditioned for intervention a second time in the quarrels of the world.

After World War I American feeling soured on Europe. To President Wilson's impassioned question, "Shall we break the heart of the world?" — the American people said, "Even so," and refused to join the League of Nations. In the resolve to keep out of another world war they went so far as to scuttle their ancient tradition of neutral rights, and passed a neutrality law forbidding the sale of arms and ammunition to any combatant nation and — remembering the "Lusitania" — forbidding American citizens to travel abroad in wartime on any but neutral vessels.

Such was the state of feeling when in 1937, with the New Deal at a low ebb, President Roosevelt made his startling "quarantine speech" in Chicago, aimed at the German aggressor. This was a sign of release for the intellectuals, whose evangel of nationalism until then had been hindered by its unpopularity. They went to work for the second crusade. Both their convictions and their political ambitions harmonized perfectly with the new foreign policy of intervention.

In the orchestration of this policy the intellectuals had the drums, the percussion instruments and the brass; the Administration played the strings and the woodwinds. To the science of propaganda a new book was added. Never before in a free country, with no actually imposed forms of thought control, had the mind of a people been so successfully conditioned. In three years "isolationist" became a smear word, supposed to be politically fatal, and to say or think "America first" was treason to mankind. Nine months before Pearl Harbor the country, actually and illegally, was at war with Hitler.

MORE MEDICINE FOR LESS

By OLIVER CARLSON

IS A socialized, government-operated national health service the only road to low-cost, effective and efficient medical care for our population? Is the medical profession unable or unwilling to cope with this problem?

Every wage earner and almost every salaried employee is acutely aware of the increased burden of medical care to himself and his family. The five-dollar office calls, the ten-dollar home calls, plus the high costs for X-rays, drugs and penicillin shots, outweigh the publicity and advertising blurbs of the AMA to "keep politics out of medicine." The average man, though he may be mistrustful of politicians and fed up with the red tape of governmental bureaucracy, might choose state medicine because it appears to cost him less than private medicine.

To more than a hundred thousand people in and about Los Angeles the heated debates on the merits or dangers of socialized medicine are largely academic. Their medical needs have been solved by the unique 22-year-old Ross-Loos Medical Group. This highly successful organization is a pioneer in low-cost group medicine; but even more important is its ownership, structure and outlook.

Ross-Loos is *not* a charitable organization. It has *never* been assisted in any way by any philanthropy or Foundation. It has never asked for — nor has it ever received — financial or other aid from any unit of government, federal, state or local. It is not a cooperative. The Ross-Loos Medical Group *was* and *is* privately owned and operated. From its modest beginnings in April 1929, when the founders, Doctors Clifford Loos and Donald E. Ross, had fewer than 400 doubtful subscribers, the medical group they founded has grown and prospered. Ross-Loos has made money for its owners by giving high-quality, low-cost medical care to those groups and individuals who *voluntarily* subscribed to its services.

Today this organization has more than 40,000 subscribers (who, with their dependents, number about 125,000 persons). There are 150 physicians and surgeons on its staff — of whom about 20 have been made partners in the enterprise. Some 3000 office or home calls are handled each day of the week. Nearly 5000 operations are performed each year. The Ross-Loos Medical Group owns a thirteen-story office building in downtown Los Angeles and a dozen smaller buildings in outlying communities. It operates its own pharmacy. It possesses some of the finest and most up-to-date medical and surgical equipment in all the West.

The hundred-fold growth of Ross-Loos can not be attributed to high-powered publicity and advertising campaigns. *The organization has never spent a cent for advertising in its entire history. It has never employed a public relations man or agency to sing its praises.* Quite the contrary, Doctors Ross and Loos have discouraged newspaper and magazine writers from telling the story of their organization, because they felt it wasn't ethical to court publicity.

Certainly the charge can not be made that the spectacular increase of Ross-Loos subscribers was due to pressure imposed by governmental agencies, labor unions, employers' organizations or other groups. True, many groups such as teachers, firemen and policemen belong, but no member of any group can be forced to become a subscriber. No subscriber is compelled to belong for any stated time. He can drop out whenever he pleases, and without having to make any explanation of his decision to anyone.

The only way to account for the continued growth of Ross-Loos is — *satisfied subscribers*. By word of mouth, they told their friends and neighbors about it, thus recruiting new subscribers. The Ross-Loos Medical Group has succeeded precisely because it has been able to give more and better medical services — and at a lower rate — than could private doctors and clinics.

When I subscribed to the Ross-Loos service nearly fourteen years ago it cost me $2.50 per month. Today I am paying $4 per month. For this monthly fee I am entitled to complete medical and surgical care, including hospitalization. I can make as many office calls as I desire without additional charge. When I am bedridden or otherwise incapacitated from making an office call, I can get home calls at any hour of the day or night without extra charge. All prescribed medicines, drugs and dressings are supplied to me without additional payment. I need pay nothing extra for laboratory tests, X-ray examinations, physiotherapy treatments, eye examinations, or ambulance service to a distance of 15 miles. In short, for my $4 per month I can have anything from a sore throat or a broken toe to a brain tumor treated by the medical group.

My dependents — that is, my wife and children and any other relative who lives with me — get the same services at greatly reduced rates. An office call costs them $1.25; a home call (daytime) $2, and (night) $2.50. Minor operations, such as a tonsilectomy, cost them not over $20. A confinement case, including delivery as well as prenatal and postnatal care, costs $50. These fees are so reasonable that I try to have myself and my dependents looked after at the first signs of illness — not to wait till we are seriously ill. Furthermore, Ross-Loos encourages me to follow that practice — which brings me to another unique feature of this group.

The underlying philosophy of Ross-Loos differs fundamentally from that of almost every other medical insurance or group plan. Most of these, including that now in force in Great Britain, as well as the plan so ardently advocated by Social Security Administrator Oscar Ewing and the Truman Administration, are based upon a fee-for-service to the doctor, who gets a fee each time he visits or is visited by a patient. It is, therefore, in the direct economic interest of the doctor to keep his patients coming back to him as often as possible. An overwhelming mass of testimony to substantiate this charge has been appearing in British newspapers and periodicals for the past two years.

The Ross-Loos system, on the other hand, may be said to be based upon the old Chinese system; a doctor is paid as long as his patients are well. In other words, the emphasis at Ross-Loos is on *preventive medicine*, with every doctor on the alert to make sure that infections and diseases are treated at their outset. *The continued good health of the patient is of paramount importance to the continued existence of the group.* This has been achieved by paying every doctor an annual salary, plus a bonus at each year's end. Each member of the Ross-Loos medical staff is encouraged to probe for hidden disorders or physical weaknesses which might bring them on. Where general practitioners on the staff are uncertain of diagnosis, they immediately send their patients to the specialists for observation. And subscribers are urged to make use of the full facilities of the organization at all times. In actual practice this has paid off in better health for the subscribers and in bigger salaries and bonuses for the medical staff.

There is no limit to the number or kind of treatments a patient may request. "By seeing the patient freely at his request, even for minor conditions," says Dr. Ross, "we are saved the expense, and the patient is saved the hazard, of serious illness."

All of the doctors at Ross-Loos with whom I have spoken insist that the group does not have more than its share of neurasthenics. Subscribers are urged to seek medical attention whenever necessary, but not to abuse the privileges of membership. After all, they pay for their services, and if an undue proportion of them were to take up the time of the staff for unnecessary calls, the monthly fee from all subscribers would have to be increased.

There is nothing of the public clinic about a Ross-Loos medical center. Offices are spotlessly clean. Nurses and attendants are courteous and efficient. All waiting rooms and offices have been painted in soft, harmonious colors, and are comfortably furnished. Procedures, too, have been streamlined so that patients need wait but a short time to see a doctor.

The renowned Dr. Siegrist of Johns Hopkins University declared after a careful survey of Ross-Loos, "If I were president of a life insurance company, I would not hesitate to grant [Ross-Loos] subscribers special rates." The organization, he found, had been almost spectacularly successful in cutting down illness among its subscribers. When he learned that almost every member of the Los Angeles Police Department was affiliated with Ross-Loos, Dr. Siegrist wrote: "I am convinced that a policeman in Los Angeles has more and better care than many a millionaire." The Ross-Loos organization, from its inception, has insisted that all subscribers pay the same monthly fee and get the same service, irrespective of income.

For many years the Ross-Loos Medical Group did not accept individual memberships because of the additional expense involved in bookkeeping. But for the past ten years individuals have been accepted. Their monthly fee is slightly more than that of group members, to make up for the additional overhead involved. Subscribers' fees are paid in advance, usually on a quarterly basis, to someone designated by the group with which the subscriber is affiliated. That person (or committee) then conducts all affairs for the group with the business office of Ross-Loos. Many of these groups number only a score or so of subscribers; others run into the thousands.