number of orthodox capitalist economists and sociologists are beginning to argue that the solution to the health problem of America's poor and near-poor does not lie with an increase in doctors and hospitals, anyway, but in an improvement of living conditions. An article in *The New York Times* of Feb. 26, 1971, cites the opinions of several of these "experts" and suggests:

"...in the modern world, housing, nutrition, accident prevention, sanitation — clean water, food, streets and homes—have produced more health than all the doctors and hospitals combined. Recognizing this, the Community Medicine Department of Mount Sinai Hospital is developing a corps of 'super' superintendents to repair toilets, clean out rat and vermin infested basements and maintain deteriorated housing in the slums. These men, it is felt, will produce more health than an equivalent number of doctors and nurses."

THE SITUATION AS-IS IN AMERICA

Be that as it may — and it is difficult to dispute the principle other than that programs such as cited will find it all but impossible to succeed, under capitalism—it is still important to consider the situation as it exists throughout America, today, in the area of health and hospitalization facilities for the working class poor.

In 1971, the cost of in-patient hospitalization in America averages $100.00 per day. According to Selig Greenberg, author of *The Quality of Mercy: a Report on the Critical Condition of Hospital and Medical Care in America,* the cost by 1980 will be $350.00 per day. He cites Dr. Knowles, General Director of Massachusetts General Hosptal, as authority for this estimate.

Now it stands to reason that few Americans can pay even $100.00 per day for hospitalization. The fact that hospitals are always filled is due to the considerable percentage of working people who are covered by one type or another of medical insurance by their employers or their unions. The big city and county hospitals are also filled to — and beyond — safe capacity with the poorer and poorest of the workers. The bill for this more unfortunate section of a generally-unfortunate class is picked up by state and Federal governments under the Medicaid and Medicare programs. But the extent of difference in treatment afforded semi-private patients over ward patients is debatable and, at best, a question of degree in inadequacy. For the basis of the problem is the high cost of producing doctors and medical equipment. So, at worst, the multitude of patients who occupy the municipal and county hospitals as Medicaid and Medicare beneficiaries must suffer the consequences of a virtual absence of necessary equipment together with a shortage of doctors and nurses to care for them; while, at best, the more fortunate workers who can enter the better equipped and staffed hospitals wind up with an inadequate amount of better attention. In fact, costs being what they are and complete coverage all but impossible, any sort of lengthy illness can easily result in the average better-fixed worker landing in debt for the rest of his life.

But the question of inadequacy in the area of health for millions, if not for the majority, of American working class families should not be understated. It is a horror to contemplate. One could cite examples from Boston, one of the world's leading medical centers, New York, Chicago, Los Angeles, or any other large center of population in the country as illustrations of the horror. Take, as example, the following excerpt from a study entitled *Sickness and Society* by Duff and Hollingshead:

. . . the ward accommodations for indigent patients are in a building characterized by hospital authorities as obsolete. The halls are narrow and the rooms are dark. There are no private toilets or bathrooms and no clothes closets. The floors are worn in uneven ripples by the many feet that have traversed them over the years. The halls are cluttered with trolleys of equipment, baskets of dirty linen, boxes of supplies, and well-worn stretchers on trucks. The rooms are filled with beds which show the years of hard usage they have received. Noises and smells of the sick room and the human animal in distress pervade the atmosphere. (Quoted in a report in *THE NEW PHYSICIAN* for October 1970, entitled *Los Angeles Lawyers & Doctors Sue County For Better Health Care.)*

The same issue of the above-cited medical journal gives reports on similarly horrendous conditions in New York, Chicago, and San Francisco. And a hair-raising article by Selig Greenberg, adapted from his *Quality of Mercy,* published by *The Progressive* for February 1971, lays bare the situation in the poorer working-class districts of Boston, much of which lies in the shadow of three of America's outstanding teaching hospitals: Harvard, Boston University and Tufts. As Mr. Greenberg puts it:

". . . health conditions (in this area) are fully as abysmal as in some of the most abject black poverty pockets in Mississippi."

And he cites the following facts, culled from official government statistics:

". . . Among the poor, the incidence of such chronic conditions as heart disease, high blood pressure, arthritis, and visual impairments is four to eight times as high as among higher-income people. Their rate of orthopedic impairments is more than twice the national average."

The article ends with the observation:

"Many of our doctors may be the best in the world. But in health we are still a backward country."

THE "NEW PHYSICIANS"

There is another development, though, in medicine for the poorer members of the working class in America that should be dealt with, even though briefly, at this time, because it supposedly holds hope for a growing number of workers — especially the more militant varieties — of more adequate attention to their medical needs. We refer to that new breed of medical doctors, the young militants who are products of the era of civil rights and the anti-Vietnam War Movement. These young "new physicians," generally in open opposition—even hostility—to the staid and reactionary American Medical Association, many of them refusing to join it, are engaged in confrontations all across the nation with hospital administrations and with local and state politicians. They sue hospitals—as in Los Angeles—in the courts because of inadequate plant, equipment and care for the patients; they threaten "job action" as in Boston, unless the city administration comes up with necessary funds for improving facilities, pay, etc.; and they get involved in the areas of group medicine with organizations such as the Black Panthers and the Young Lords. Or they frequently set up their own free clinics where hippies and other down-and-outers can get needed help with a minimum, if not a complete absence, of red tape and without embarrassment.

Writing of the militant young house officer doctors in an editorial in *THE NEW PHYSICIAN* for October, 1970, George Flesh contends that these

". . . new cadres of politically conscious medical graduates . . . know something that medical schools do not teach: political decisions can affect medical practice as much as clinical knowledge."

And it is at this point that we wish to interject, to make some observations of our own, because political science is the particular discipline of scientific socialists and because we believe that the "new physicians" would do well to spend some of their spare time diagnosing the structure of capitalism, itself. To know their patient would help in their prescribed treatment and a proper diagnosis of capitalism would indicate a chronic disease that calls for a new system of society, entirely. A chronic ailment in the human animal may call for the application of salves and ointments. But more drastic and effective method is indicated in the case of a chronically diseased social system.