MORRIS BRAND, M.D., Medical Director, Sidney Hillman Health Center, New York, New York; WILLIAM S. HOFFMAN, M.D., Medical Director, Sidney Hillman Health Center of Chicago; JOSEPH A. LANGBORD, M.D., Medical Director, Sidney Hillman Medical Center of the Male Apparel Industry of Philadelphia; JULIUS SCHWIMMER, M.D., Medical Director, Amalgamated Laundry Workers Health Center of New York.

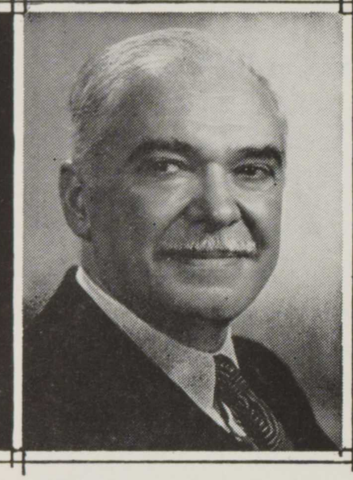
The undersigned, medical directors of the four health centers affiliated with the Amalgamated Clothing Workers of America and serving 110,000 members and spouses, strongly recommend passage of the Forand bill.

In our daily activities we are frequently confronted with the necessity of hospitalizing retired members and their spouses for surgical and nonsurgical conditions as ward cases in municipal and voluntary hospitals because they have not been able to afford hospital and surgical insurance coverage. We have cases on record to prove that retired members who have been advised to be hospitalized for such serious conditions as impending gangrene of the toes, acute thrombophlebitis of the lower extremities, and cancer of the colon were turned away by the hospitals to which we had referred the members. Such situations would not have occurred if these members had adequate personal funds or insurance coverage.

We know of no adequate remedy for this gap in our medical coverage except an equitable system of national coverage, paid for by the worker during his years of peak earning power.

In spite of the American Medical Association's official attitude, many physicians like ourselves support the principles of the Forand bill and want it passed.

LEO PRICE, M.D.



Director, Union Health Center, International Ladies' Garment Workers' Union

Diplomate, American Board of Preventive Medicine

Member, Commission on Medical Care Plans, American Medical Association

Associate Clinical Professor of Industrial Medicine, New York University

The union health center in New York, owned and operated by the ILGWU . . . serves 140,000 workers in the metropolitan area, providing ambulatory care for them.

As a rule, garment workers are not large wage earners. Our experience among our patients is that the majority earn between $2,500 to $3,500 a year because of the seasonal nature of the industry.

Social security and union pensions are almost the sole sources of income for retired patients. Due to their low earnings in past years, their social security benefits do not reach the maximums and their union pensions are only $50 to $65 a month. Obviously, this is not enough to provide even the bare essentials of daily living, much less any additional cost for medical care. We have had evidence of their financial difficulties in medical problems by their inability to pay for low cost drugs at the center which are priced on a cost basis.

Only a small number of people manage to carry hospitalization insurance on an individual basis after they have retired from the industry where it had previously been provided on a group insurance plan.

Many patients are reluctant to go to municipal hospitals because of the charity atmosphere and the means test.

FRANK F. FURSTENBERG, M.D.

Medical Director, Sinai Hospital Out-Patient Department, 1951-

Director, Sinai Hospital Medical Care Clinic, 1947- Administrative responsibilty for the program of medical care for Baltimore's public relief clients assigned to Sinai.

Physician, Allergy Clinic, Johns Hopkins Hospital, 1939-

Instructor, Medicine, Johns Hopkins School of Medicine, 1939-

Fellow, American Academy of Allergy and American Public Health Association

In my function as medical director of an out-patient department we see OASDI beneficiaries when they cannot get adequate medical care. I would like you to take the necessary steps to add out-patient service and comprehensive care for the beneficiaries so that the need for hospitalization will be minimized and the patient will be given preventive diagnostic service outside the hospital.

Much depends on the rate at which you get medical care. If someone comes to an outpatient department or to a hospital emergency room and is in cardiac failure and needs to be hospitalized right away, there are no questions asked.

But suppose the person comes with hypertension and incipient failure, and it looks as though he needs medical care but he is a transient and there is a question of indigency. There are many hospitals that will not take care of such patients until they establish eligibility, go through a means test so that the hospital can collect.

It does not seem fair to me that OASI beneficiaries should have to be pauperized in order to get medical care or that they should have to undergo a means test to obtain medical care.