STATIONARY BRIDGEBROK THAT IS BEAUTIFUL AND DURABLE

In the construction of our fixed bridgework is employed the same care and skill that has been identified with our intricate partial restorations. The inlays are anatomically carved and finely finished. The bridge presents a minimum display of metal. Where porcelain is desired in contact with the tissue, the pontics are neatly carved and highly glazed.
THE AUTHORS - WHO THEY ARE

ALFRED J. ASGIS, D.D.S., M.A., Ph.D., FAPHA

Dr. Asgis is internationally known as educator, lecturer and active participant in progressive professional, educational and health movements in America and in other countries. He has wide experience as lecturer and founder of many professional-scientific societies devoted to social insurance. He is Chairman of the Health Council sponsored by the American Labor Party and trade unions. He is one of its founders. He has devoted much time to educational, legislative and administrative work in the period of negotiation and to create a proper understanding of its own problems.

DR. VLADIMIR V. LEBEDENKO

Dr. Lebedenko is Professor of Surgery at the First Moscow Medical Institute in Russia and the official representative of the American Dental Association in the U. S. A.

Prof. Lebedenko is the first important Russian Medical representative to be sent to this country in many years. He arrived on our shores about five months ago and has spent his time lecturing to medical and lay groups.

Since the beginning of the last war, Dr. Lebedenko has filled outstanding positions in the Russian Medical World. In the Moscow Medical Institute, the oldest hospital in Russia, he is not only chief surgeon, but is also a Professor of Surgery and gives instruction in his science to undergraduates. Many of his books on the subject are the official textbooks for medical students.

Dr. David S. K. Dai

Dr. David S. K. Dai was born in China and received his D.D.S. degree from the West China Union University. He is a member of the American Dental Association and the Chinese National Dental Health Board, with headquarters at Chongqing, China.

Dr. Dai has thrown all of his energies and dental skill into the health programs of China which have been going ahead with stronger impetus under the leadership of Generalissimo Ching Kaishek.

Dr. Dai came to our country in 1943 and studied at the University of Michigan from which he received his M.D. degree. He returned to China in 1944, was working under a Carnegie Research Fellowship at the University of Rochester in New York.

VITO MARCANTONIO

Congressman Marcantonio was born December 15, 1903 on East 110th Street. He was educated in the public schools of New York City and attended New York University. At the University he was active as a student leader of Italian cultural organizations. From 1928 until 1932 he worked on the congressional campaigns of our present Mayor, Fiorello H. LaGuardia. During a part of this period he served on the Assistant United States Attorney under George M. Medill. In 1932 he resumed his law practice and in 1934 he ran for Congress and was elected.

He served in Congress during the 73rd, 74th and 75th Congress and was reelected last year, after having won nominations in the primaries from the Republican, Democratic and American Labor parties.

Dr. George F. McCleary

Dr. George F. McCleary is a graduate of Trinity Hall. He was Principal Medical Officer of the English National Insurance Commission and Deputy Senior Medical Officer in the Ministry of Health in London. He has served in the ministry and child welfare movement as Vice-President of the first International Congress on Infant Welfare, and Chairman of the British Council for Maternity and Child Welfare.

SOVIET UNION

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FOOD FOR THOUGHT

The health professions, in their opposition to compulsory sickness insurance, must not underestimate the strength of supporters of this legislation. They must be particularly careful to maintain public sympathy while in the period of negotiation and to create a proper understanding of its own problems.

The American Medical Association, deliberately or otherwise, has been pictured as a reactionary, stubborn group. Those who support compulsory sickness insurance, cite the A.M.A.'s opposition to the plan and emphasize that it has also impeded the development of voluntary programs.

Organized dentistry has been represented by the American Dental Association has not acquired this popular disapproval. Two reasons can be cited for the more favorable position of the American Dental Association. Little publicity has been given in the press to its position. Public indifference towards dentistry minimizes the importance of its official resolution.

Recently the writer attended a labor health security meeting sponsored by the Health Council of the American Labor Party. The papers presented at the meeting were so unusual that we arranged for their publication in this and succeeding issues of TIC.

The publication of these papers must not be understood as a reflection of the opinion of Ticonium or that of the Ticonium Laboratories. The information is presented because it is pertinent to the future welfare and administration of dentistry. Dentists must know the opinions of other groups and be made aware of the reasons which they cite for compulsory sickness insurance programs. They must have this knowledge to plan public relations more effectively.

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The health of our people is the concern of society. The protection of the health of our citizens is a responsibility of government, which is the democratic expression of the wish and the will of our people. I am, therefore, very happy to participate in this Wartime Conference on Labor Health Security, sponsored by the Health Council of the American Labor Party and to congratulate you on the splendid work you are doing, and for calling public attention to the health problem at this time.

Momentous decisions are about to be made in the near future that will affect the course of the war and the impending peace. I feel that altogether we have paid too little attention to the health question as a factor in the defeat of Fascism and the building of an enduring peace. It is now common knowledge that we suffered considerable setbacks in the mobilization of our youth for the armed forces due to neglect in maintaining higher health standards for our people in peacetime. Whether for defense, for maximum production or just plain increased happiness, I am arriving at a point of view on matters of national health where planning must be undertaken now; health planning by the people, the professions and the government.

Let me stress two points that have been brought home to us in the well attended panels this afternoon. It was pointed out by various professional men that from the health viewpoint, we must consider the worker as a human being living in an environment that is conducive to health and happiness. The worker needs a pleasant home to live in, he should be properly nourished, he should work in sanitary and hygienic surroundings, and he should have available all the basic health services that make up modern scientific medical care. He need not suffer toothaches, etc. We must have the cooperation of all the licensed health professions if we are going to provide the people with a real high-grade American health service.

The records show that about 40% of our youth were rejected from military services because of various physical defects. It is reliably reported that the annual loss to the nation in productive time due to illness is equivalent to the full-time services of over 1,000,000 workers. Figured in dollars, the loss to workers is about $2,000,000,000 annually. The estimated annual medical bill is over $3,000,000,000. Is this not too high a price to pay when with rational health planning we can enrich our nation in wealth, increased production and human happiness?

The second point I wish to stress is the need for cooperation between the professions and labor to adopt a rational health plan that will be mutually satisfactory. In a democracy, there is room for differences of opinion and I can readily see why, due to misunderstanding, the medical and dental professions would not wish to embark on anything new that seems likely to jeopardize the welfare and freedom of the professions. Those who know me, know well that I have fought against Fascism, foreign and domestic, and I would certainly not want to see the scientific standards of American medicine and dentistry lowered, or professional men regimented. On the other hand, I cannot see why our people should be deprived of the fruits of American science because of misunderstanding or an attempt to adhere to outworn, out-lived health practices that no longer are suited to the needs of our times.

Let us, therefore, work together to evolve an administrative mechanism that can be made to function for the good of the largest number of our people. Let us expand our public health services to meet the needs of our people in urban and rural communities, let us build a democratically sound health security system to provide high quality health services to the people, and let us see to it that practitioners are provided professional and economic protection.

My colleagues, Senators Wagner and Murray, and Representative Dingell, have made a start . . . and a start in the right direction to achieve real social security. Let us all cooperate with them to bring to fruition the efforts of all progressive forces for a better, happier and healthier America.
It is no accident that the American Labor Party and the trade unions endorse and support our efforts. Health is politics. Health has an economic base. It is now realized, especially as a result of the impact of the war, that organized labor must take a direct hand in making health protection in America a reality. Progressive professional groups, social economists, legislators, and philanthropic organizations and groups have made their contributions to the health security movement. It is now up to labor to assume leadership and push this work to its logical conclusion; in no other way will we go beyond the talking stage in this field. We have reached the point where legislative action is imperative. We believe that the worker should receive medical, hospital, dental, optometric, podiatric, nursing, and other basic health services, whenever and wherever he needs them. The 1943 Wagner social security bill is a great forward step in the right direction in its health proposals.

We have pursued a consistent policy since 1938, when members of the health professions in the American Labor Party, in response to a long-felt need in the labor movement, established the Committee of the Medical and Allied Professions, which later became the Health Security Council. Our aim was and is to stimulate social health planning in the trade union movement under present conditions and after health insurance has become one of our social inhibitions. The Health Council is sponsored by the American Labor Party; serving on its Advisory Board are labor leaders representing a membership of more than two million trade union workers. The aims of the Health Council are directed toward achieving the following specific objectives:

1. To point out to the people and to labor through education the need for health security in a democracy in wartime and in peace.
2. To extend health security as an indivisible part of social security by initiating, sponsoring, and supporting appropriate social legislation.
3. To safeguard the professional, social and economic interests of the health professions in order to protect the quality of services rendered under a system of health security.
4. To extend social security benefits to all professionals in the health service fields.
5. To sponsor and to aid research projects related to labor, health and welfare.
6. To serve as an organized medium for the promotion of the social and economic welfare of health service professionals within the framework of the labor movement.

I recommend our pamphlet "Labor Health Security." The scope of our activities and policy should make it clear that as an organization, we are not a political party; we have as members professionals representing all shades of political opinion. Nor is the Health Council in any way engaged in functions performed by the professional scientific societies in medicine, dentistry, optometry, podiatry, nursing, public health, etc. We consider the services of each of these professions of equal value in the aggregate to the health of the worker. We, therefore, invite members of these professions to join with us in promoting our purposes. Like other organizations of professional workers in the trade union movement, we have the support of organized labor.

THE WARTIME CONFERENCE ON LABOR HEALTH SECURITY

The primary objective of this Conference is to rally support of the public, professionals, and workers in and out of the organized labor movement in support of President Roosevelt's win-the-war policies as an assurance of post-war social security. At the same time, the Health Council proposes to enlist the cooperation of professionals and union members in promoting our program of health security for labor under a tax-maintained national system.

To my knowledge this is the first time that trade unions and professionals have presented an integrated labor approach to the problems of health security. The secondary objective of the Conference is to restore the problems of health security in
the light of recent developments due to war conditions and labor's participation in post-war planning for health security. The war has focused public attention on the important bearing of health problems on peace-time. Abstainers from illness directly affecting the war effort became a national problem. The war also necessitated the utilization of our personnel and facilities for military purposes, giving rise to many health problems on the home front. It showed more clearly and vividly that the health problem is closely interwoven with our social and economic life and that labor has much at stake in its democratization.

In presenting the systems of health care for labor in other countries, it is not our intention to make comparisons with respect to achievement or effectiveness of these systems per se. After all, a system of health protection for the American people, to be effective, must be adapted to the American temperament and harmonized with our democratic ideals. We can, however, profit from the knowledge and experience which other countries have had with their health systems. For example, the two leading patterns, the English contributory compulsory health insurance system and the Russian tax-supported system of state medicine, furnish us some guides as to what to apply and what not to apply to our needs.

China shows the need for an eclectic approach. Familiarity with what is taking place in other countries will prevent us from repeating the mistakes made elsewhere. The experience of more than fifty countries with health insurance practice during the past half century provides us with a fund of knowledge unexcelled in any other field of social planning. We must take advantage of it.

The individual's right to health, like other American ideals such as freedom and liberty, is too often taken for granted. This right must be realized in our democracy. Not only do we want a free medical profession, we want also all other health professions free. It is now more generally acknowledged in informed circles that Americans do believe in social security. Social insurance is an established principle and no longer needs any defense. Health insurance is also an established principle in the United States and we can look toward greater social security should be looked upon as the outcome of public demand for the greater enjoyment of the fruits of our industrial civilization.

Health security includes medical and other forms of health care. Health care is only one aspect of the broad health problem. Health care is now provided through services rendered by six major institutions or agencies: (1) individual or so-called private practice, (2) the Public Health Service, (3) the school health service, (4) industrial medicine and industrial dentistry, (5) educational institutions, and (6) hospitals.

Most of the people do not receive adequate health care. Some method, therefore, be devised to coordinate these agencies, so that the health needs of the people may be met. We need a system of health security which with which the Health Care Service and the other agencies can cooperate.

A system of health security to be considered functionally adequate should protect the quality of health service and the security of living of the health personnel, and provide an integrated health service to the worker and his family. A national tax-maintained system of health security for all the people meets the above requirements. While no details are here given on how to establish such a system in America, the following 7-point health program is submitted as a guide to minimum essentials: (1) a central policy forming body, (2) a salaried, full-time or part-time physician, (3) social security for professionals, (4) a tax-maintained system of public health insurance, (5) government subsidies for students in the recognized health fields, (6) government subsidies for educational institutions and research, and (7) special emphasis on maternity and child care. Such a system could be effectively operated.

A discussion of the fundamentals of the proposed tax-maintained system of health care for the American people and the 7-point labor health program will appear in the author's paper "Labor Health Security in Post-war America," to be published in another issue.
The pharmaceutical, medical, and dental industries are also under the direct supervision of the People's Health Department. Thus is insured the quality of medical, dental, optical and other instruments, appliances and equipment.

Research in every phase of health care and medical public health problems is supervised by the Health Commissioner. The All-Union Institute of Experimental Medicine (VIEM) is leading research center among the 26 All-Union Scientific Research Institutes with clinical and laboratory departments is well equipped and well staffed with a specially trained group of research workers. In 1941 the war broke out, it supervised 72 medical schools, with a student body numbering 120,000 and 223 Medical Research Institutions. There were 100,000 doctors working in government health service.

Health education is part of the health care program. It is carried out jointly by the health departments and the health committees of the factories and the farms. In this way, workers and farmers directly participate in the health program. It is not imposed upon the people, but is part of the people’s daily activities. The people through these committees take an interest in the work, register complaints when called for and suggest improvements where indicated.

HEALTH SERVICE BENEFITS

It must, of course, be recognized that health protection means more than providing facilities and equipment. It includes all the other social and commercial factors that contribute toward health are complementary to an all-embracing program. Annual vacations, a reduction in working hours, sanitary conditions in factories, health resorts for those in need of resting periods, maternity homes, creches for infants and children are all contributory to health efficiency. The blending of health and working conditions to produce the maximum of health results on a broad mass basis have brought the health agencies and labor organizations into harmonious functioning relationships. They work together. The trade unions, which are represented by the All-Union Council of Trade Unions (which corresponds to your Depart­ment of Labor) cooperate with the Health Commissioners in all matters of health planning and practice.

All health services come within the scope of health protection for the people. Health services are rendered at the office of the Health Center or in the home, depending upon the case and conditions. The protection of workers against accidents, the early treatment of occupational diseases and periodic health examinations is a responsibility also assumed by the trade unions in securing health benefits for their members. Note should be taken of the fact that the periodic health examinations is compulsory for all the more hazardous industries workers under health examinations two and three times each year.

THE TRADE UNIONS IN THE HEALTH PROGRAM

In addition to the above functions performed by the Trade Unions, their activities reach out in other directions in health protection. For example, specially trained labor inspectors work together with sanitary inspectors and jointly take charge of labor health inspection. The trade unions support over 40 research institutes with laboratory and clinical divisions, spending over ten billion rubles ($5 billion dollars) annually.

Another important function assumed by trade unions in their participation in an advisory capacity in the work of the health bureaus of the local Soviets, in hospitals, clinics, health centers and medical institutions. They examine and report on the activities and efficiency of these institutions. The workers themselves not only derive the benefits from the fruits of medical science, but learn to share in the responsibilities for labor health protection.

FINANCIAL SUPPORT OF HEALTH CARE

The Trade Unions collect both social insurance funds and finance the system of health care and health projects. Approximately 5 per cent of the total labor income is spent annually on national health, including physical therapy in the Soviet Union. In 1840 the sum spent for the health of the people amounted to over 9 billion rubles (4½ billion dollars). This investment may be considered a profitable one in the light of the satisfactory returns expressed in terms of a higher level of labor productivity, an increasing birth rate, and a declining death rate. If the morbidity and mortality statistics for the past two decades are any indication of what can be accomplished in the early organizational stages of our health program, then the promise in social returns from a well planned and properly functioning system of health care is beyond our immediate practical calculations.

Health services and facilities are therefore provided for everybody without additional contributions other than those collected by the Trade Unions for the Social Insurance intended either through “Industrial Integrated Health Units” or “Community Integrated Health Units” or both (a unit would include a health personnel of various services operating on a group basis with preventive and curative objectives). These are essential criteria because our experience with health insurance in America has been limited in scope and coverage, and has been mainly of the “commercial” and so-called “voluntary” variety, which have been inadequate for labor. We recommend a social system wide in scope and all-embracing in coverage.

Health protection for all the people requires adequate health personnel and facilities. The recent N. Y. Times survey reveals the plight of the millions of white-collar workers due to low incomes. Health professionals belong in the white-collar group; they should be assured economic protection and professional security.

As for financing such a system, I believe our social economists and financial engineers would find a way: Americans have “found a way” before. Health security is a social enterprise, not a “budget balancing” scheme. The net beneficial results in increased production, in national wealth and in human happiness will far outweigh any possible deficits in dollars (if any) that may be anticipated.

The Wartime Conference deals with these fundamental problems facing labor and the professions; namely, the nature of existing health security systems of the United Nations, the services that are considered basic to a satisfactory labor health program, and the part labor and the professions should play in the administration of a health security system. The resolutions tell us of the results and conclusions arrived at by the Conference.

To evaluate any health legislative proposal, we should be familiar with some essentials of the health program which it rests. We should know about its purpose, scope, coverage, health system, finances, administration, trade union standards, and related matters. Drs. D. McClearvey, and Lebendenko present the systems in operation in their respective countries.

Health has an economic base. It is now realized, especially as a result of the war, that the making health protection in America is not an end

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Page Twelve
I think you may be interested to know the significance of our word for "labor" in Chinese. "Coolie" is the name for labor in Chinese. Coolie is a term combined by two words, "cool" and "bitter." "Cool" means strength. "Coolie" means bitter strength. Coolies work bitterly, but they are the strength of a community.

In some big cities of China, laborers have unions. However, they do not have a health council as you have here. That does not mean that Chinese labor is healthy simply because they are poor and ignorant. Such conditions are the reasons why Dr. Keh Mo-Jo, a very famous writer, gave up the medical profession. As is known, Dr. Keh studied medicine in Japan and secured his M.D. degree there. As soon as he returned to China, he changed his mind about being a doctor. He said: "What is the use of being a doctor in China? The Chinese people are so poor and ignorant that means I prolong their suffering. If I save the lives of the rich, I increase their time to squeeze the poor." Nevertheless, this famous writer did not recognize that a man, if he is handicapped physically must be affected emotionally and disturbed economically. As a rule, the poorer he is, the more ignorant and more unhappy he is. It is a vicious circle.

It is realized that China must be industrialized. The central or Federal government and state in charge of the Commissar of Public Health of the Soviet Union.

ADMINISTRATIVE FUNCTIONS OF THE HEALTH COMMISSARIAT

The All-Union Commissariat of Public Health establishes the health policies for the country as a whole, supervises and directs the work of the departments of member republics, and deals with every aspect of health that affects the welfare of the Russian people. Its functions also include the provision of facilities, services, and personnel. Accordingly, it is responsible for the adequate supply of hospital facilities in urban and rural areas, the provision of health centers, dispensaries and clinics; it must provide medical care, dental care, eye care and all other health care essential to an integrated health service; it is also in charge of education and research in all areas of health endeavor. It is apparent that its scope is all-embracing and its approach to health problems is broad enough to include preventive and curative goals, depending upon immediate needs and limitations.

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The line of demarcation between prevention and cure, between one kind of service and another, between personal and environmental factors in health and in diseases, is not so sharply drawn in our comprehensive program. That sanitation and control of epidemics and communicable diseases, as well as the provision for all kinds of facilities and services are integral functions of local community and Federal health departments.

PROFESSIONAL EDUCATION AND QUALITY OF HEALTH SERVICES

One of the primary goals set in all health care is the attainment of the highest quality in terms of scientific standards. The supervision of professional education for health services is entrusted to the Commissariat of Public Health. The requirements for admission and the content of the courses vary from country to country. Although different standards for various health service professions are more or less uniform for the country as a whole, a feature in the program is that the quality of the professional education is a safeguard against the introduction of any kind of medical service that does not provide a sufficient number of the auxiliary personnel (middle medical personnel) to assist the practitioners. These assistant practitioners (midwives, dental and pharmaceutical assistants) receive training in over a thousand training schools.
In accepting your kind invitation to address your meeting, I did not realize the difficulties I was going to encounter in performing the task assigned to me in a satisfactory manner. As medical scientist and surgeon, I was naturally delighted with the opportunity to relate before your Wartime Conference on Labor Health Security the achievements of Soviet wartime medicine, as one of the leading factors in the steady defeat of our common Fascist enemy. I am happy to note that Soviet medicine is also becoming a topic of general wartime medicine as one of the leading subjects between our two peoples may be established more firmly. We have known how indispensable adequate health care for the people is for national defense; we have therefore provided the necessary personnel and facilities as best we could to meet that need. I can say not only that industry requires two kinds of capital: Material capital, funds, and machines; manpower capital, engineers and labor. We think sincerely that material capital depends on manpower capital and manpower truly is much more important than material. Since manpower capital is a very complicated machine which needs the regular care of physicians as well as dentists, obviously industrial hygiene is one of the greatest importance to the future of Soviet industry. Since in China, 85 per cent of its population the present time are agricultural laborers, and there will be a great number of industrial laborers in China in the near future, we cannot separate labor from the masses. In other words, the health problems of labor are the problems of the masses. It is realized generally that a scientific doctor must not give any treatment to a patient unless he has a full picture of the case, based on a careful examination and a reliable diagnosis. A country may be considered as a patient. Each country has its own syndromes. China certainly is a peculiar patient. She needs special treatment and a national program. Her health problem also requires special treatment. The following conditions must influence all consideration of the Chinese health problem.

1. The huge size of the country and its enormous population.
2. The large percentage of her population without any medical and dental facilities.
3. The inadequate means of communication.
4. The general illiteracy.
5. The lack of facilities for a large portion of the people to pay for any medical and dental service.
6. The death rate of 25 per 1000 of the population means that no less than 10 million persons die each year even in peace times. Any death rate of over 15 per 1000 of the population is generally regarded as excessive. China's total population is about 185 million, and she has some four million unnecessary deaths each year.

The National Health System was originally planned as a network of district health centers, grouped around a series of provincial hospitals and was based on the government's policy to organize each province into units of local government according to districts. Each district was made up of four or five counties which, in turn, consisted of twenty or so villages.

The program of this system is localized in principle. The administration is, however, centralized. The National Health Administration supervises the provincial health administration; the directors of the provincial health administration are appointed by the National Health Administration. The district units are under the administration of the Provincial Health Authority.

We think sincerely that such a social system will be much better developed after the war, and at the same time, it will serve into its proper place in the national welfare program of China's new social order.

Confucius said, 'When the sky breaks, the world is a common state. The old are able to enjoy their old age, the young are able to employ their talents, the juniors are free to grow, the lonely orphans, and the suffering and deformed are provided for. Men have occupations and women have homes.' Wealth is not to be thrown away, nor is it to be employed for personal advancement. 'This is the age of the great commonwealth.'

The greatest teacher of China certainly considered the state an institution which should provide a maximum basis of security for all citizens and the problems should be considered from a world-wide point of view.

Let us believe that the world is a common state. Let us work together to win the peace for the world and work together to obtain security for all the human beings of the whole world.
The British system of social insurance consists of three parts:
1. Insurance against sickness and accident, or Health Insurance;
2. Unemployment Insurance;
3. Insurance against old age, widowhood, and orphanhood, or Pensions Insurance.

Health Insurance and Unemployment Insurance came into operation in 1912 on the initiative of Mr. Lloyd George; pensions insurance, administered by the Ministry of Pensions, was introduced in 1929 on the initiative of Mr. Winston Churchill. Though these three schemes of social insurance are separate financially and administratively, all three have certain important elements in common. All three are contributory. The insured persons themselves are required to pay weekly contributions to the respective schemes. The employers are required to see that they are insured and their employers must see that they are insured. All three are strictures. Neither do their employees the right to choose, and change their doctors. The health insurance doctors in any insurance committee area are entitled to the central supervision and direction of the National Health Insurance Department.

The health insurance scheme is administered locally by two sets of organizations: the Approved Societies and the Insurance Committees. The Approved Societies are self-governing associations of insured persons constituted to administer the cash benefits of the scheme and approved by the government for the purpose. The finances of the Approved Societies are strictly controlled by the government. Excess of income over expenditure must either be distributed among the members in the form of additional benefits, or invested for the society either by the government or by the society in securities approved by the government. Approved Societies have been formed mainly by Friendly Societies, Trade Unions, Industrial Life Offices, and, but to a very slight extent only, Employers' Provident Funds. Insurance Committees consist of representatives of insured persons, of the local health authority, and of the local medical and pharmaceutical professions.

The British health insurance system has two important defects: it provides no specialist treatment or hospitalization, or any treatment for the dependents of the insured persons. On the other hand, it has had the important advantage that it has, since it came into operation, secured the harmonious cooperation of the medical and pharmaceutical professions.

Sir William Beveridge, in his well known Plan for Social Security, recommends that the existing system of social insurance should be extended to cover all the members of the community irrespective of their means, and that the Approved Societies and the Insurance Committees should be abolished and the administration of the social insurance system, together with other functions, be entrusted to a Ministry of Social Security, constituted for the purpose. Sir William also recommends that the medical treatment side of health insurance should cease to form part of the social insurance system and be merged in a comprehensive national medical service, open free of charge to every member of the community. The object of this service, as stated in the Beveridge Report, would be to ensure that for every citizen there is available whatever medical treatment he requires, in whatever form he requires it, domiciliary or institutional, general, specialist, or consultant, and will ensure also the provision of ophthalmic, and surgical appliances, nursing and midwifery and rehabilitation after accidents.

The national medical service would be organized and administered not by the Ministry of Social Security, but by the Department responsible for the health of the people and for positive and preventive as well as curative measures.