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RUSSIA AND AMERICA COMPARED: HOW HEAVY IS OUR WELFARE BURDEN?

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ABSTRACT

A non-Western comparative model, totalitarianism, has conventionally been employed to describe qualitative differences between the United States on one hand, and the nations of the Communist world on the other. This paper explores welfare-related aspects of Communist (USSR) - Western (US) differences: First, the quantity of welfare and second, the mode of welfare distribution. In measuring the volume of welfare as the proportion of the state welfare expenses to the GNP or NMP respectively, the Russian proportion from 1958 (USSR 18.8%, U.S. 10.6%) until the latest available comparative figures (USSR 23-24%, US 15.2%) remains substantially greater. In terms of welfare distribution, the Russian emphasis on distributing welfare services to a broad catagory of citizens without regard to need, that is, the subtle distribution of welfare, has markedly different social consequences than the American emphasis, usually demanding the eligibility of the client. American-style distribution produces a never-ending process of stigma and fraud, and contributes to the break-up of the family. Finally, it produces the silent suffering of the poor since, with all of the programs available in America, there are more 'below-poverty line' families in the U.S. that receive neither food stamps, public housing, or social assistance as there are poor that do receive these services.

A non-Western comparative model, totalitarianism,[1] has conventionally been employed to describe the qualitative differences between the United States on one hand and the nations of the Communist world on the other. This paper will explore other qualitative alternatives in Communist-Western differences, and by concentrating on the Soviet welfare system I hope to introduce material in a way that is not conventionally included in this type of comparative analysis.

Welfare practives have, of course, often been cited in the literature on totalitarianism: Mark Field's (1957) study of Soviet medicine, based on interviews with those who had left the country after World War II, illustrates the unfortunate medical consequences that come about when a doctor's allegiance is to the state rather than to the patient. Fainsod and Fisher, to choose two examples, have written on the Soviet youth organization, the Komsomol, to illustrate that the Soviet educational system is dominated by the Communist Party in a manner that goes far beyond biased textbooks and party-line teachers, and actually involves the direct group-psychological manipulation of children (Faisod, 1961; Fisher, 1959). Family services, too, are another area where the state literally invaded the private lives of individuals through welfare for the purpose of directing mass efforts towards the satisfaction of state needs (Geiger, 1968: 265-291).

Oppressive control has been part of the stark reality of Soviet life, but the survey of totalitarian practices, followed[2] by a rosy picture of life in our own pluralist society, contains so many major faults that it is now scarcely possible to accept 'totalitarian' theory at face value as the major basis for capitalist-Communist comparison. The specific problems are two. (1) First, by concentrating on oppressive control rather than on welfare services, the theory indicated the absurd conclusion that individual freedom was the central issue, and that the actual provision of welfare services was a secondary matter. Nothing could be farther from the truth; the welfare services were enthusiastically received and have played an important part in post-revolutionary Russia, perhaps even as important as political control, if the full 1917-74

Table 1: Social Welfare Expenditures Under Civilian Public Programs - United States
(includes federal, state and local programs - rounded to the nearest million dollars)

Year	Social Insurance	Public Aid	Health & Welfare	Other Welf. Services	Education	Veterans' Payments	Public Housing	% of GNP	% to Previous Year
1955	Statistical Abstract, Table 256, page 244								
1937	473	3450	724	116	2527	485		9.0	
1938	791	3266	751	116	2740	494		9.3	3.3
1939	1115	4253	807	127	2741	513		10.9	17.2
1940	1215	3701	799	132	2780	535		9.6	-11.3
1941	1268	3483	755	155	2873	535		8.2	-14.6
1942	1314	2739	791	160	2970	538		6.1	-29.9
1943	1208	1484	805	156	3041	556		4.0	-34.4
1944	1240	1036	898	180	3041	623		3.5	-12.5
1945	1316	1038	996	214	3393	914		3.6	2.9
1946	2576	1149	1103	246	3711	3014		5.8	61.1
1947	2655	1440	1191	278	4290	4689		7.5	29.3
1948	2864	1700	1144	327	5465	6980		7.7	2.7
1949	3632	2087	1930	371	6355	7009		8.2	6.5
1950	4727	2586	2187	462	7289	6525	x	9.0	9.8
1951	4762	2582	2396	533	7827	5506	x	7.6	-15.6
1952	5664	2584	2617	695	8354	4720	x	7.3	-3.9
1953	6588	2767	2836	708	8872	4221	x	7.2	-1.4
1957	Statistical Abstract, Table 258, page 314								
1954	8245	2787	3002	994	10007	4115	65	8.1	12.5
1955	9894	3001	3334	924	10854	4369	87	8.7	7.4

Table 1 (continued)

Year	Social Insurance	Public Aid	Health & Welfare	Other Wef. Services	Education	Veterans' Payments	Public Housing	% of GNP	% to Previous Year
1963	Statistical Abstract, Table 373, page 282								
1956	10642	3115	3107	699(xx)	12315(xx)	4619	111	8.5	-2.3
1957	12464	3308	3533	783	13897	4691	120	9.0	5.9
1958	15953	3615	3842	908	15449	5006	134	10.2	13.3
1959	18245	3998	4088	1022	16570	5094	156	10.5	2.9
1960	19292	4101	4342	1161	18166	5091	177	10.6	1.0
1961	22357	4441	4757	1248	19585	5278	196	11.5	8.5
1965	Statistical Abstract, Table 384, page 282								
1962	21482	4931	5222	1621	20950	5390	217	11.6	0.9
1963	25590	5275	5608	1761	22767	5585	251	11.8	1.7
1964	28646	5565	6078	1935	24647	5667	271	11.8	0.0
1973	Statistical Abstract, Table 451, page 278								
1965	28123	6238	6246	2066	28108	6031	318	11.8	0.0
1966	31934	7301	6938	2309	32825	6358	335	12.2	3.4
1967	37339	8871	7628	2848	35808	6898	378	12.9	5.7
1968	42739	11092	8459	3285	40590	7247	428	13.8	7.0
1969	48765	13445	9004	3803	44306	7934	518	14.2	2.9
1970	54653	16476	9568	4606	50332	9018	697	15.2	7.0
1971	66075	21819	10620	5305	55542	10420	971	16.9	11.2

NOTE: (x) Public housing programs began in 1950, and were budgeted at $12.0 million. They were obviously included in another category, but the amount is too small to significantly affect other column totals.

(xx) Starting in 1956, some programs grouped under 'other welfare services' were shifted to 'education'.

Information on the programs included under these categories can be found by consulting the Statistical Abstract under "Social Insurance and Welfare Services", e.g., 1973, pp. 275-78.

period is considered.[3] (2) Second, those who followed the 'totalitarian' theory closely have also generally concluded that current welfare failures in the West will be resolved in the near future.[4] Even a cursory view of services in the United States demonstrates that a more critical perspective must be followed if a truthful portrait is to emerge.[5]

-- Table 1 about here --

Given the general popular support for state welfare services in most industrial societies, given America's affluence, and given the decades that have passed since the onset of the depression, the weakness of American welfare in quantitative terms is surprising - I will demonstrate this in the following paragraphs. One explanation for this weakness is that the 1950's represented a virtual welfare depression for the United States, with welfare services and social insurance taken as a proportion of the GNP growing at an annual rate of 1.9% (Table 1). In the 1960's welfare assumed a large and ever-increasing proportion of the national energy and taxes. The average rate of growth in proportion to the GNP for the 1961-1971 period was 4.4% and in the last years of the decade the annual increases were twice as high as the figure (Table 1).

The most favored institutional recipient, on a consistent basis, has been education, and America is virtually alone in the world in the scope of its expansion in higher education. In the 1940's, education, veterans' payments and social security were expanded, and many of the veterans' benefits went directly to educational institutions; by 1950 more money was spent yearly on education than on social security, and more than on health and welfare, other welfare services, and public housing combined. By the end of the 1950's, education and social security were still expanding, and all other public welfare services were declining. Less money was spent on public aid in 1957 than in 1937, less money was spent in 1957 on veterans' payments than had been spent in 1947, and health, allied welfare services and housing combined received barely one-third of educational funding. In an amazing fashion, educational growth kept this same pace in the 1960's. This was the decade for the creative use of welfare. Public aid was expanded as a means of dealing with civil disturbance, and the operational and policy reforms from 1964-1971 brought the first large public

Table 2: Soviet Welfare Expenditures - Osborn
(1968: Table 2-3, page 39)

Expenditures from all sources for items in the 'social wage' compared to national income (in billions of post-1960 rubles)

Year	Social Wage Expenditures A	Income (x) B	A/B
1958	23.8	127.7	18.6
1960	27.3	145.0	18.8
1965	41.5	192.6	21.5
1968	55.0	237.0	23.2
1970(xx)	8.5% increase		roughly the same, 23-24%

NOTE: (x) For national income, Osborn uses the Net Material Product, which excludes salaries for services that are included in the U.S. Gross National Product.

(xx) Using the same sources as Osborn, Pravda's reports on plan achievement, there are the comparisons of January - June 1970 to the first six months of 1969.

A/B: Social wage, that is, welfare spending, taken as a proportion of the net material product; this is comparable to social welfare in the United States taken as a proportion of Gross National Product.

aid increases since 1939. Urban renewal funds increased at a ten-fold rate following strong grass-roots demands from unions, the construction industry, local politicians, and real estate developers; the funds were not used for low cost housing, of course, but for profitable middle-income housing, shopping malls and administrative buildings (Anderson, 1967; O'Connor, 1974). Nevertheless, schools became a major recipient of poverty program funds, and the increases nearly matched, dollar for dollar, the enormous cost of the entire medicare program contained under social security (whole paragraph - see Table 1).

-- Table 2 about here --

At this point, a quantitative comparison with the Soviet Union has some merit, because it does illustrate what was called earlier the "weakness" of American welfare. Although we lack the detailed figures that are available in the United States, it is obvious that Soviet welfare expenses for the last fifteen years assume a higher proportion of their national income than the 1971 American figure of 16.9% (see Table 2); this proportionally heavy welfare spending spending went back into the 1950's and has gone forward into the 1970's. Using this inexact comparative standard, welfare expenditures as a proportion of the nationally defined national income, the Soviet-American comparisons are these: 1958 U.S.S.R. 18.8%, U.S. 10.6%; 1965 U.S.S.R. 21.5%, U.S. 11.8%; 1968 U.S.S.R. 23.2%, U.S. 13.8%; 1970 U.S.S.R. 23-24%, U.S. 15.2% (see Tables 1 and 2). This comparative standard is flawed. (1) The American GNP includes welfare and service costs, but the Soviet net material product excludes these salaries. If the social wage were added to the net material product for the U.S.S.R, the proportion of the social wage to the higher figure would be smaller, hence closer to the American figure. (2) There is another distortion involved in economic comparison. Since it is generally agreed that welfare expenses rise as the national income rises, it is worthwhile to note that the national income of the Soviet Union, although the second largest in the world, is half that of the U.S. (see Table 3a). Welfare dollars are the last allocation of industrialization, and if this pattern has any meaning for the U.S.S.R., welfare spending should increase as the country approaches the American level of affluence. At worst, if the net material product is increased by the social wage,

Table 3: Taylor-Hudson (1972) International Rankings

(a) Gross national product in millions of dollars

Rank	Country	Recent Growth Rate	Years	Long-term Growth Rate	Years	GNP
1	U.S.	4.6%/year	1960-65	3.7%/year	1950-65	695500
2	U.S.S.R.	6.4%/year	1960-65	6.2%/year	1953-65	313000 (NMP)

(b) Enrollment in higher education (Table 4.4 page 229)

1	U.S.	28400 students/one million inhabitants
2	N.Z.	21000 students/one million inhabitants
3	U.S.S.R.	16740 students/one million inhabitants

(c) Physicians per one million population (Table 4.12, page 259)

Rank	Country	Physicians per one million population	Date
1	Israel	2393	1964
2	U.S.S.R.	2053	1964
3	Hungary	1795	1964
4	Austria	1772	1964
5	Czechoslovakia	1754	1963
6	Italy	1635	1964
7	Bulgaria	1628	1964
8	New Zealand	1493	1964
9	Argentina	1466	1960
10	Switzerland	1460	1964
11	West Germany	1445	1963
12	United States	1439	1963

the U.S.S.R.'s proportional spending is 36% greater than America's spending rather than 68%.[6] At best, the potential for Soviet welfare spending is enormous when compared to the U.S., both 'systems' held equal.

-- Table 3 about here --

Quantity can be expressed another way. By comparative standards, the Soviet Union is strong where America is strong and, additionally, it is strong where America is weak. In the field of education, America leads the world in the proportion of students enrolled in higher education per one million population, and the Soviet Union is 40% lower, in third place (see Table 3b). In the field of health, where the United States does not fare as well, the U.S. is twelfth in the world in the proportion of physicians per one million population, 30% lower than the second-ranked U.S.S.R.[7] In terms of on-going programs, the United States is no match for the Soviet Union. The U.S.S.R. has extensive day care, completely socialized medicine, full paid extensive maternity leaves, mass low-cost housing, low cost vacation areas, full tuition-plus-stipend scholarships for those pursuing higher education, state-funded educational leaves for young workers in industry, and so forth.

If quantitative comparison was the issue, the essay would finish here. The Soviet Union has more welfare than the United States by any conceivable standard of measurement. The American proportion of welfare spending relative to the GNP is rising, however, and may someday equal the U.S.S.R. Again, Soviet welfare expenses come from taxes, they are not 'free'; if Americans prefer to spend their welfare dollars privately, there is no ethical reason to support public welfare over private welfare -- once the treatment of the poor has been provided for. Quantitative comparisons provide no guidance for policy choice or scholarly understanding. The question is: is there a qualitative differences between Soviet and American welfare?

I. SUBTLE AND CRUDE WELFARE

This essay will explore only one qualitative standard, the fact that American welfare is dominated by crude techniques and Soviet welfare is dominated by subtle techniques. As Gilbert Steiner has said, these form two

principal styles of public subsidy to the poor. "The crude technique limits benefits to those who establish need through disclosure of their income and resources to an administrative official, and also explicitly pinpoints the benficiaries. The subtle technique spreads benefits across a broad spectrum of the population, subsidizing many without need as well as those in need" (Steiner, 1971:2).

The most controversial issue in the United States since the end of the depression, the program that offers public aid to dependent children of essentially female-headed families (AFDC), illustrates the value of the distinction between subtle and crude welfare. In the United States, as those familiar with child welfare know, there are a wide variety of services in existence - they include homemaker service, day care, foster care, institutional care, therapy, financial assistance, job training, etc. (see, e.g., Kadushin, 1974) - but few of these services are available to mothers that need them and many are not available/not used by the mothers on public assistance that qualify for them. For example, over 3,000 agencies in the U.S. provide homemaker service, yet it was estimated that they reached only 3700 children in a given day in 1967, 50,000 children a year, or 1% total. Homemaker services in England and Sweden, countries with much smaller populations, serve more children than this: so there must be a greater need for this service (Kadushin, 1974:300). Job training is another example. Part of the welfare reforms under Nixon involved the establishment of job training programs enforced on mothers. Although the WIN (Nixon's Work Incentive program) program was coercive, although it was designed to promote workfare rather than welfare, it still failed to provide jobs for recipients. Only 129,000 out of an eligible pool of 1,478,000 were enrolled, and only 22,000, 2% of the original total, found any jobs (Steiner, 171:73). The programs eventually become so narrow and provide so few services that they rarely achieve any important goals. In the U.S.S.R., on the other hand, a broad variety of nearly free services are available and used by women with children. In 1965 Soviet pre-school institutions took care of 6.2 million children (Osborn, 1970:57), while licensed day care facilities in the U.S. in 1969 handled 518,000 (Steiner, 1971:52). In the U.S. children often stay with sitters, but a large proportion, perhaps more than 100,000 are simply locked day after day in apartments, or cared for by other children

(Pines, 1971:223). The Soviet mother has easy access to medical facilities, transportation, cheap housing and job training. Although the Soviet mother in most cases is not paid to stay home and take care of her child, women who work and women who do not are freed from enormous emotional problems.

Another example can be found in public housing. The unpopularity of public housing can be supported by testimonies from Moscow to San Francisco. The housing crisis has been so serious in the Soviet Union that one Western expert summarized the poor conditions as "...a source of a great deal of human misery" (Morton, 1974:167), while Russian experts agree that it is a primary cause of extremely low population increases (Morton, 1974, 187). Similar complaints about sub-standard conditions and lack of public facilities exist in the United States; when surveyed, a large portion of poor people in San Francisco, Philadelphia, Boston, and San Juan, Puerto Rico avidly disliked public projects, and tenant complaints are voluminous (Steiner, 1971:127-128). In the Soviet Union all classes occupy these houses, and there is every indication that, building for building, these are also class-integrated (Osborn, 1970: 259). American public housing, on the other hand, is a ghetto of aged people, welfare mothers, and low-income families (Steiner, 1971, 122-124), far away from shopping, good schools, and adequate transportation facilities. Residents in American public housing are terrorized by every sort of criminal, since the residents are known to be virtually defenseless. Juvenile gangs control stairways and parking lots; old people are forced to carry enough cash to pay off muggers, who will severely beat anyone they stop who has no money.[8] The Soviet Union has its full share of crime, but the American case is distinctive due to the social effects of crude welfare.

Even the American programs designed in a subtle fashion have interesting limitations. Social security programs serve almost everyone, but they serve clients at a financial level lower than subsistence, and this is the reason why so many older people are on welfare. Soviet pensions are geared to half-salary and, since 1956, the pension has had a 'floor' so that the old may keep pace with inflation (Osborn, 1970:68-76). The system of higher education is an excellent example of subtle welfare since state and federal govern-

ments subsidize all students through the financial support of these institutions. By steadily increasing fees and by not offering stipends to all students, the educational system limits the potential for advantages that subtle techniques of welfare can offer citizens.

To sum up, then, these are the immediate disadvantages of crude welfare. First, it isolates the poor and allows them to be victimized by that isolation. Second, it deprives those immediately above the needy level, certainly a large population, by making them ineligible for services for which they have a genuine need and for whom the deprivation of these services causes serious harm. Third, in practice (as in services for needy children), it encourages agencies to continually limit the programs and narrow the recipients. With this framework, the discussion of crude and subtle welfare can continue.

II. CRUDE WELFARE: SOCIAL CONSEQUENCES AND PHILOSOPHICAL UNDERPINNINGS

Social Consequences

(a) Eligibility and role theory - the non-recipient poor

Why is it that there are so many poor people eligible for public assistance who do not choose to take it? Why is it that, given the fact that the programs are in existence, legislatures enact a law to prevent new recipients from joining the program?[9] It is easy to say that there is a social stigma to welfare, and that there is no stigma to receiving a social security check. Similarly, legislatures do not enact a freeze on taking advantage of capital-gains provisions for stockholding taxpayers. To appreciate the term 'stigma' and its place in role theory, its roots must be found in Goffman's comments on asylum inmates (1961) or in Laing's observations on schizophrenia (1967). Labeling, the presence of social stigma, affects both parties in a relationship. The 'dominant' or 'normal' party sees the other in a different, perhaps sub-human fashion, and the stigmatized party sees the other as a dangerous adversary. This process is so well established that, by now, it should be familiar to anyone with a layman's understanding of the literature. It should be no surprise, then, that the wel-

fare relationship in a crude-stigma setting works against rational need and policy purpose.[10] A crude program has its usual, needy clientele and, in addition, it attracts chislers and liars and repels some honest needy people. Those who enjoy seeing the eligibility case worker as an adversary will enjoy beating the system, and those who respect their own privacy or fear a powerful antagonist (in all likelihood, the aged) will refuse to participate. The only people harmed are those in need, the silent poor.

(b) Eligibility and disfunction - the Negro family

One celebrated social consequence of America's peculiar system of welfare eligibility has been its contribution to the breakup of the Negro family. Daniel Moynihan, writing for the Department of Labor, revealed the tangled relationship between public policy and the family by developing a thoroughly falacious conclusion based on the statistical relationship between AFDC, unemployment, and the increase in the number of Negro female-headed households. Essentially, Moynihan argued that there must be a Negro family pathology because welfare cases from 1962-64 rose while unemployment fell, reversing the stable positive unemployment-welfare correlation that existed from 1948-1962 (Department of Labor, 1965:13). Given the enormous pool of welfare-eligible families outside AFDC, there was no reason to expect that this correlation would continue, especially in a decade in which the poor's sense of its own rights changed dramatically. It was also clear, as Moynihan argued, that by refusing public assistance to stable low-income families, the welfare system directly caused family break-up. Rule-making policies such as these strict eligibility regulations applied by AFDC officials inevitably produce comparable social disfunctions. Welfare recipients, for instance, could not work since all rewards from employment were entirely deducted from public assistance. Although the 1969 reforms were intended to eliminate this problem, the maximum income provisions set for eligibility were so low (Steiner, 1971:12) that family break-up, fraud, grievances over part-time work, night raids, elimination of welfare chislers, etc., are still commonplace problems for the AFDC system.

(c) Eligibility and its discontents

"Eligibility" has played a central role in contemporary

American welfare. An entire social movement has grown up around issues surrounding welfare regulations, namely the National Welfare Rights Association. This is an organization manned largely by social work professionals and welfare recipients; it is amazing that public welfare has been so clearly etched on the consciousness of those involved in it that they form, as a living counterpart of the Three Penny Opera, a modern social community like criminals, students, or those of special ethnic-racial origins. On one side the NWRO has demanded a minimal set of subtle reforms such as day care, a low guaranteed income, respect for legal rights of recipients, and so forth. On the other hand, the NWRO demands changes on eligibility rules. The organziation complained about the man-in-the-house rules, the violation of privacy, prohibition on earning additional income, residency rules, higher furniture and clothing allowances (Trattner, 1974:262), obviously their popular organizing demands. If social protest informs us about the character of a society, then it is no error to focus on eligibility as a substantive comparative criterion.

Philosophical Underpinnings

This essay was not written to contribute to the vast literature arguing that contemporary liberals have betrayed the poor. It is evident, however, that the philosophical justification for crude welfare rests on the way we perceive those who need welfare. Consequently, by carefully defining who is poor and by concentrating on the personal characteristics of the poor, we finally deal with a limited section of the population rather than a broad category of human needs.

(a) Rose Friedman and Milton Friedman - How many poor are there?

Social evolutionists to the contrary, most societies have recognized the ethical necessity of helping their less fortunate citizens, if only because the more fortunate fear that they may be reduced to poverty. America's conservatives are no different; the most famous of them, Milton Friedman, concedes that poverty has a negative neighborhood effect on the community, although he criticized state programs designed to alleviate poverty (1962:177-189). Instead of discussing welfare needs, the emphasis is on poverty lines: shall

it be $3000 dollars (Ibid., 193). If it is $3000 (1960 dollars), then in 35 years, if present trends continue, there will be no poor at all (Rose Friedman, 1968:38). Poverty lines based on income pay no attention to needs, so why would anyone pay attention to statistically defined homogeneous income groups? Basically, for Milton Friedman, two moral principles are at odds, the free enterprise system and the needs of the poor, and unless the poor and the needs of the poor are carefully limited, welfare measures may infinately expand.[11] This, in one sentence, is the philosophical justification for crude welfare. Milton Friedman and Rose Friedman have reminded us that social welfare is not a band-aid for the poor, not simply a humanitarian ideal, but a threat to free-market capitalism.

(b) Galbraith - Small pockets of poverty

Liberal proponents of the welfare state have no such fears of welfare measures, yet in one respect their argument scarcely differs from that of Milton Friedman and Rose Friedman. Galbraith wrote that in an affluent society, poverty is specific to unusual communities such as marginal farmers, or individual cases such as female-headed households, the handicapped, etc. (1958:252-254); a decade later, he wrote that discrimination against Negroes is not a product of the industrial system, but of a prior disadvantage in schools and environment (Galbraith, 1967:250-251). Although state services are nothing to be feared per se, Galbraith's point is that American society is essentially so well off that the shortage of state welfare measures is not a pressing issue to most people. It is a justification of crude welfare in that it argues that the critical problems are those of various small groups and that, for the rest of the society, reforms will come when and if they are politically feasible, thus accepting the limitations imposed by crude welfare.

* * * * * * * * * *

All of the discussion associated with limited welfare - the stigma, the fight over eligibility regulations, the statistical income lines, the family pathology - exist because social scientists believe that there is some particular group that desparately needs services that everyone else in American society enjoys. In welfare terms, the second lowest income fifth is not much better off than the lowest earning

group. For some unrealized welfare needs, an enormous proportion of the people may be in dire straits. When Steiner discusses the issue of public housing (1971:122-191), these are not simply the problems of black people, old people, or female-headed households. A large percentage of the American urban population is faced with high rents and deteriorating conditions, and the policy of separating out the very poorest and packing them into high-rise apartments does not speak in any way about high rents and the worsening quality of urban life. As for medical attention (see footnote 7) or day care - there is no special poverty group when it comes to these services, there are no $3000 lines that can be drawn and there is no way to meet these needs without major policy changes. Poverty is a valuable subject in the debate of academic ideas, but when it is translated into welfare policy it becomes, in the elementary sense of the word, propaganda.[12] The distinction between crude and subtle welfare is essentially whether or not the needs of a specific number of poor people are separated from the needs of the much larger group of lower and lower-middle income families, with proponents of a crude welfare system claiming that they can be separated, and proponents of a subtle system claiming the reverse.

III. CONCLUSIONS AND CONTRADICTIONS

Subtle techniques of welfare have their drawbacks, and the most obvious one is the cost of these programs. America's only two examples of subtle welfare, social security and education, consumed the lion's share of welfare costs even before health services were included in the social security administration. In order to cut costs, the Soviets have been led to employ steps that would concern some Americans.

What has happened to Soviet doctors is exactly what has happened to American public school teachers and social workers, and what American doctors, therapists and counselors, and college professors fear may occur. The Soviet doctor is paid the salary of a skilled worker, has few special privileges associated with professionalism, and has had her time allocation and movements limited by organizational, hospital, demands. After professional expenses are deducted, the median income of American general practioners was $37,400 in 1970 (Statistical Abstract, 1973:68). That sum of money is the salary of three American skilled workers, and would

pay three Soviet doctors. High paid, high status independent professionals in the United States, doctors, dentists, academic scientists-consultants, psychiatrists and highly paid professional therapists would have a lot to lose if their income and work duties were administratively defined. Those who believe that only independent professionals can set standards of quality will see this as a severe defect in subtle welfare policy. Those who feel that such professionals are motivated by selfish interests with no concern for the public will be less concerned about their losses.

The cost-cutting that is inevitably part of subtle welfare has other consequences. Rather than quality standards of welfare permeating down to the poor, inferior services may prove the general rule. This is precisely what has happened in Soviet housing. As disasters, wars, and massive rural-to-urban migration created housing shortages, nearly every family hd only one or two rooms to live in, most public housing lacked design, imagination or comfort; and getting a place to live has been a persistent difficulty. In education, in day care, in medicine everyone has some quality standards that are jeopardized by mass welfare, and the better off you are, the more you expect special standards.

Subtle techniques of welfare are a qualitative alternative to the failings of American welfare. In part, the American system has evolved because of the philosophical assumptions of social scientists and the inherited value of personal independence on the part of the American voters, e.g., we would rather pay educational costs than public assistance. It is no disgrace for a young man or woman to go to college and use up $2500-$3000/year in public funds, but there is a stigma attached to young mothers with dependent children or elderly people receiving this exact amount of money in public funds.

In part, American welfare has been shaped by a force far more powerful than philosophical assumptions and inherited values. The debate over medical insurance and control over medical facilities illustrates who defines services in this area of welfare. Special interests keep hospitals, blood banks, and insurance free of direct government controls, (e.g., Titmuss, 1971:158-172). Real estate developers, on the other hand, learned that the government can be a welcome

friend when funds must be guaranteed and social costs paid for the purposes of private profit (see Anderson, 1964, especially 107-123); there was a five-fold expansion of urban renewal funds from 1960-1971. The fundamental American ethic has defined the welfare system, the ability of those who influence policy to realize personal financial profit.

FOOTNOTES

[1]Models, especially those such a 'totalitarianism', commonly describe differences in kind rather than simply qualitative institutional features. When Friedrich and Brzezinski (1961: 9, 10) cited six general features prevailing in these regimes - official ideology, a single mass party, terroristic police control, etc. - it was understood that variations in control existed from year to year, but that the character of the party, the economy, and the communications system was such that simply a decrease in control would not alter fundamental differences with American institutions.

[2]The most obvious example of this sort of academic propaganda appears in Brzinski and Huntington's Political Power, USA/USSR (1963, 1964). In the chapter on political alienation, certainly the most serious political problem in the U.S. for the last decade, the American phenomena is explained as the personal failings of those who dissented. Meanwhile commonplace events in the USSR and the U.S., white collar crime and embezzlement, are seen as a major failing of the Soviet system.

[3]Those who studied Soviet emigrees after World War Two found that an enormous proportion supported extensive welfare benefits (Inkeles and Bauer, 1968:242), and many cited their unhappiness with American medical services. We would assume that this group would be likely to criticize practices in the Soviet Union and to support those in the United States. Mark Field, who had written a book on the totalitarian aspects of medicine in the mid-1950's (1957) changed his perspective considerably by the late 1960's (1967), apparently feeling that a great deal had been accomplished by the Soviet medical system in terms of greatly improving the health standards of the country.

[4]Reinhard Bendix (1964) developed T.H. Marshall's concept of 'citizenship', presenting the view that welfare deficiencies of the poor have been and will ultimately be resolved in Western society. Bendix is far from idealistic - very naive versions of this view can be found - but Bendix's view unites politics and welfare.

[5]The works of Titmuss (1971) on medicine, Cloward and Piven (1971) on public assistance for family support, and Martin Anderson (1967) on urban renewal contain specific, well-documented arguments about the failure of welfare practices to meet the needs of those it was designed to serve. Also, see footnotes 7, 8, 9 of this manuscript.

[6]If the Soviet national income, actually the net material product, is added to the social wage expenditures the 1968 result is as follows: 55+237=292 billion rubles, 55÷292= 18.8% (see Table 2). The operation is legitimate since most of the social wage expenditures are excluded from the Soviet calculation of net material product. If the original figure from 1968, 23.2%, is compared to the U.S. proportion of 13.8%, the U.S.S.R.'s percentage is 68% higher. If the modified figure is used, the U.S.S.R.'s percentage is 36% higher.

[7]There are two issues at stake here. First, what are the details behind these proportions and, second, does a low physician/1,000,000 population actually indicate that many people lack medical attention.
(1) The Soviet Union educates more doctors, but the time they spend in post-high school training is less than American students, even when it is understood that the last two years of Soviet secondary school may be more comparable to two American college years rather than two high school years. Thus, the Western response to the figures is that "...the final product of Soviet medical education is a 'technical expert' rather than a 'professional with wisdom'"; this is a British view. Dr. John Crenshaw, An American, wrote that physicians "...are not members of a professional class, but rather technicians on a basis comparable with engineers, scientific workers, and skilled mechanics" (see Alt, 1959: 135). The Western reader should have some perspective on this: Soviet general practitioners have less liberal arts training (that is, a few less courses that would correspond to upper division courses), and a few less medical school

courses, and less formal intership practice, given the way that the Soviet educational system is designed. On the other hand, the Soviet doctor practices in a clinic rather than a private office, which carries the potential, perhaps the actuality, of prolonged intership. If the American reader believes that these facts make the Soviet doctor a 'technician' and the American doctor a 'wise professional', fine, since these are the only substantive differences. Perhaps American doctors are impressed by something else - most Soviet doctors are women, earn a skilled workers' salary, and work short hours at a clinic.

(2) The second problem is more serious. Two approaches to the subject, one by medical sociologists studying poverty and one by medical geographers studying physician distribution, have both concluded that a considerable proportion of the population is not served. Julius Roth, for instance, presents that following study of 4320 families of children in the pediatric age group, but he does not say how and where the sample was gathered. The proportion of families with a regular doctor or pediatrician is quite small, and presumably the rest rely on emergency room care.

Roth (1969:218) Family Income	No/Families	% Having a Physician who Usually Looks After Children
Welfare	621	16
Less than $3000	333	24
$3000-4500	1366	38
$4500-6000	1009	55
$6000-7500	452	62
$7500-10,000	191	63
more than $10,000	75	85

Medical geographers have estimated that "...for good quality primary medical care, approximately 133 physicians should exist for each 100,000 persons. In 1970, the U.S. averaged 52.8 physicians/100,000 with some areas well below average. The East South Central area, for instance, had 39.6 physicians/100,000, the West South Central had 43.0 and the South Atlantic had 46.5 (Shannon-Dever, 1974:37-38). This is a study of primary physicians, general practitioners and pediatricians, whose numbers have been sharply declining relative to the population throughout this century. In critical portions of the population, the rates are quite small; the rate of black physicians/100,000 blacks (page

50), of rural physicians (page 47) and female physicians/ 100,000 women (page 47) show minute ratios. In 1953, the Executive Secretary of the State Medical Association of Mississippi said that there was an over-abundance of physicians (1953 ratio: 70/100,000) to serve the population because "...the Negro constitutes nearly half the total population", and in 1966 (ratio: 37/100,000) the man who occupied the same office said, "It (a physician shortage) never was true and patently could not be true today" (page 41). There is a lower physician/rural population ratio in the U.S.S.R.than exists in urban areas, but it is quite clear from the American data that important sections of the population are not served at all.

[8]The housing of the poor has always represented one of the sore points in the discussion of poverty. Public housing has been the constant subject of casitgation, from Rainwater's study of the Pruitt-Igoe houses in St. Louis to Jane Jacobs' general attacks city planning. Except for Jacobs, most observers feel that the problem of dangerous living conditions and second rate facilities is merely one aspect of the problem presented by the poorer and older urban areas in the United States (e.g., Steiner, 1971:122-153). Silberman, for instance, outlines the urban renewal process: racism and high rents ghettoize the poor; urban renewal projects that have nothing to do with housing for the poor destroy available apartments; overcrowding and rents increase because the poor have no other alternatives for housing; low-income high rises do not even approach public need and suitable standards of living (Silberman, 1964:308-358).

[9]By 1970, 14 million people received some form of cash, food, or housing assistance, and 11 million people below the poverty line of $3700 for a four person family did not take part in these programs. Some of these eleven million were temporarily poor, such as low-income graduate students, some could not meet eligibility requirements or did not have programs available for them, and some were too proud. Cloward and Piven felt that the entire welfare system operated on the assumption that few poor will ask for the full range of assistance that is available (1971), and thus it continues to meet the needs of the poor in a sub-standard fashion.

[10]Goffman makes this point in his well-known attack on the 'medical model' (1961:321-386). The asylum has the form of medical treatment - diagnosis, perscription, and recovery - but the actual treatment produces patent resistance and the deterioration of mental condition, a far cry from the medical prediction. The same situation is common to welfare. A welfare "model" would look like this: the determination of eligibility takes place, and then a case worker provides counseling or refers the client to proper service agencies, and, finally, the client leaves public assistance. At times, the welfare system works this way for recipients, but most of the time it does not.

[11]Milton Friedman's alternative is the elimination of welfare, that is, the elimination of social security, public assistance, and so forth. To help those who would suffer from this, he proposes that every American family receive at least $3000, either by his own efforts or from public funds, and this is the substance of the negative income tax (1962: 177-195). Friedman's idea is that the normal process of welfare is paternalistic, and that a guaranteed income or a negative income tax will increase freedom by allowing those below a given income to get cash rather than 'needed services'. Once the individual or family has more than $3000, his 'needs' are irrelevant, which leaves a great deal of human misery without social provision.

[12]Hyman Lumer (1970) and many others have attacked the study of the poor rather than the study of poverty as in instance where social analysts 'blame poverty on its victims'. Lumer argues that when we concentrate on the personal characteristics of the poor, we invariably comment on their lack of ambition or education (p.208, 209) rather than blame the low paying jobs or the structural unemployment. Lumer's complaint is not so much with Galbraith as with the intellectual and policy-oriented style of analysis that accepted the capitalist status quo while treating the poor as failures.

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