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**Cover Page Footnote**

An address delivered at the meeting of the National Gastroenterological Association, in Boston, Mass., October 24, 1949.

## On the National Health and Socialized Medicine

**His Excellency, the Most Rev. Richard J. Cushing, D. D.  
Archbishop of Boston**

*An address delivered at the meeting of the National Gastro-  
enterological Association, in Boston, Mass., October 24, 1949.*

IT WAS suggested that I might talk to you tonight about some of the problems you and we—the medical and the moral advisors of the community — have in common. One such problem is the question of “socialized medicine.” It is of particular interest to you because it is concerned with medicine and medicine, its theory and its practice, is your business. It also pertains to the area of philosophy and ethics, which is the concern of the moral teacher, because it involves a definite theory of the nature and functions of society and of society’s relationship to the individual person.

Socialized medicine in anything like a full sense of the term would profoundly influence the present status and future development of your profession; it would no less certainly create new and complex problems for the hospitals and other institutions which fulfill the religious obligation of the Church to practice the spiritual and corporal works of mercy. Hence the instinctive reaction of disfavor in both our camps toward proposals for socialized medical programs which might result in a strictly Socialist state. We think that such a state would mean the paralysis of professional and personal progress; we know it would be the death of freedom.

But I do not propose to denounce the Socialist state tonight nor to discuss the problems which might come with socialized medicine. I am persuaded that the so-called “welfare state” need not evolve here in America if certain real and present problems are met alike by ourselves and by proper government action. The very real and pressing problem of pertinent interest to you and to me tonight is that of national health.

Whatever your opinion of socialized medicine or of any specific national health program, the fact is that there does exist a national health problem. The further fact is that this problem is social. Tuberculosis, polio, contagion of any kind is a social problem; it is not merely personal to the individual who is afflicted by it. The causes of many diseases are beyond the control of the individual; so is their cure way beyond his personal possibilities. Hence the social nature of the problem of disease and of the correlated problem of health.

The health problem in the United States is neither established nor stated in terms of draft rejection statistics. Critics of compulsory health insurance, for example, are on good ground when they challenge the arguments for socialized medicine based on reports growing out of draft board rejections. Rejections during World War II amounted to thirty-six percent of the men called for duty. If the figure were an accurate index of our public health, we would really be in a bad way. But that is not the whole truth by any manner nor means.

Many rejections were for non-medical causes. Others involved conditions which could not have been prevented by any form of medical treatment. Men were eliminated for illiteracy, mental deficiency, and insanity—for minor difficulties such as eye trouble, defective hearing, and even for flat feet. There was quite a bit of venereal disease, and that is a moral before it is a medical problem. These items covered sixty percent of the rejections in some places.

Moreover, the army examinations were for combat duty—not to determine whether the men were in good general health, nor even whether they were fit for civilian employment or for life in a normal society. They do not provide a fair picture of national health.

But nonetheless there is still a very real national health problem. The real problem can be stated in terms of the tremendous number of the chronic sick for whom there are no proper places at any price or who cannot pay the prices of the only places that there are. It can be stated in terms of the high cost of maternity which for millions means the high cost of morality. It can be stated in terms of the high cost for many and the limited facilities for all in the fields of preventative and diagnostic medicine. It can

be stated in terms of the almost prohibitive cost of certain forms, even common forms of surgery.

Last week a national magazine carried a clever but not entirely funny cartoon. A doctor is advising a patient—and he says: “You are faced with long hospitalization and a serious operation. My advice to you is to resign your job, sell your property, abandon your family, go to England, become a British citizen and fall in line outside the Ministry of Health.”

Silly—but sometimes illogical lines of reasoning run from not-so-silly problems to worse-than-silly solutions. The solution of socialized medicine is unwelcome—but so is the situation at which that solution is aimed.

And so, as a dispassionate and objective basis for the discussion of socialized or other medical programs I propose an honest appraisal of the real health problem in the United States and I leave to you the question of what the profession is doing about it.

The first and fundamental consideration in approaching the problem of the Nation's health is to determine definitely and clearly the shortages which now exist in terms of institutional facilities, personnel and technical services required to meet an adequate standard of health and physical well-being. The second consideration is to work out a program which will eliminate the existing shortages most effectively without violating sound social principles. Many surveys have demonstrated these shortages. For example, the Ewing Report on “The Nation's Health” as of September 2, 1948 states that our country needs at the present time 90,000 more hospital beds for the care of acute sickness in general hospitals; a large increase is also critically needed to meet the shortage of beds in our chronic hospitals which serve the mentally afflicted, the tubercular, orthopedic, and similar categories of the disabled and the afflicted.

The same Report also states that whereas there are 190,000 physicians qualified to practice medicine at present, the number actually required to meet the needs of the American people within the immediate future is 254,000, provided the same ratio is maintained for the country as a whole which now prevails in the top level states. It must be remembered furthermore, that only 5,600

graduates become available each year from our medical schools, whereas 4,000 retire from practice, because of death, disability or transfer to other activities. Clearly something systematic must be done about this, and if not by the profession then by whom?

The Ewing Report reveals further that whereas we have at present 75,000 dentists, we need within the immediate future 95,000 in order to meet adequate health standards for the American people. The present ratio is approximately one dentist for every 1,850. Unless the number of dentists graduating annually from our dental colleges is increased, we shall have a worse shortage in the years to come.

Finally, the Ewing Report states that our present supply of nurses is only 318,000 for the nation, whereas 443,000 are needed in the immediate future. The American Nurses' Association has estimated the current shortage of nurses at 42,000. Many more thousands will be needed by 1960 to staff the many new hospitals and local health centers which must be built. Built by whom?

Critics of "socialized medicine" proposals which would empower the State to solve all these problems by direct action are persuaded that such proposals run counter to long-tested American social principles. They are also persuaded that these proposals fail in practice to solve the shortages—the real heart of the health problem. For example, I earnestly commend for your study the observations on this shortage problem made by the health bureau of the National Catholic Welfare Conference in their booklet entitled: "A Voluntary Approach to a National Health Program." This report is critical of the proposals for national compulsory health insurance—but it offers a constructive alternative approach to the problem, an approach which in very great measure depends on our doctors and hospitals as well as on the government for its ultimate success.

There are many and prudent reasons for a cautious, critical attitude towards political proposals which might establish a "welfare state" here in America. All state socialism, however mild, sooner or later creates serious problems for independent, private interests. It becomes impossible for programs supported by what is sometimes called the charity dollar, the dollar freely given by private persons to support independent organizations, to compete

with the so-called tax dollar, the dollar raised by taxation and spent by Federal or other State agencies for organized social service agencies, for hospital programs, or for education schemes which are state-supported and state-controlled. The charity dollar cannot long compete with the tax dollar once the tax dollar becomes a weapon in the hands of a socialist state. In the first place, it is very easy to collect tax dollars. All the prestige and the police power of the state is behind their collection. It is always harder to collect charity dollars—and it becomes increasingly hard, almost to the point of impossible, to collect charity dollars in a socialist state when so many tax dollars are being collected from the same people to finance increasing state-subsidized and state-controlled community works which, as they multiply, require yet more taxation.

In the case of Socialist programs for health there are added reasons for caution and concern. The late "Al" Smith used to have a formula for riveting attention on a question which called for honest appraisal. He used to say: "Let's take a look at the record!" Well, political programs of socialized medicine have a certain amount of history behind them—and that history deserves careful study before we decide too definitely one way or another.

Bismarck introduced an exclusive State medical program in Germany in 1883. He had no interest in the common man as such nor in social reform for its own sake. But he was interested in socialized medicine because it would strengthen the monarchy by making the people dependent on the State. The German system spread to Austria in 1888. It was introduced in France in a modified form in 1918.

Under this essentially German-Nationalist program medical care was free—at least it was free in the sense that the patient made no direct payment for the service. The entire cost was paid by the State. It came out of a fund raised by general taxation.

When the French took over that system with the Province of Alsace after World War I, they found it involved in huge deficits and widespread corruption. They substituted a medical reimbursement plan under which the patient paid the bill and then applied for a refund from the State. The service did not improve. Deficits continued. Medical care was free. The people abused their privilege

and took advantage of the system. That seems to be its history in New Zealand, too. I think Americans will prefer something else here.

In any case, I am only contending this evening that there is needed honest talk, great prudence and sincere study before we decide for or against any program for solving the national health program. For my own part, I believe the Bureau of Health and Hospitals of the National Catholic Welfare Conference has offered a plan of positive merit in its booklet on the voluntary approach to the problem. I have brought a number of these booklets for your study if you care to take them with you. I will be glad to supply others to any who write me.

The national Catholic health and hospital groups have given careful consideration to the varied phases of a national health program, and in formulating their conclusions they approach the problem not from a negative but from a positive viewpoint. They emphasize the right of private initiative and professional independence, but they also insist on the responsibility of private initiative to help solve the other fellow's problems, and they are anxious that the profession keep its ancient reputation for the special care of the poor. They recognize the existence of government responsibilities but at the same time they reject the concept of an exclusive state responsibility for the health and physical well-being of the American people. They are as suspicious of an exclusive State health program as they would be of an education program totally and by universal compulsion in the hands of the State.

Steering a sane middle course between State socialism and irresponsible liberalism, the Catholic group takes the position that a partnership between the state and voluntary associations provides a solution which is practical and also consistent with Christian idealism and American tradition. It is the function of the democratic state to help—not to monopolize—to assist where assistance is needed, not to "take over." State monopoly means control—and political control, however kindly, means despotism. Partnership means freedom—and both doctors and patients desire the greatest measure of freedom consistent with God's Law and man's need.