873 Broadway
2nd Floor South
New York, N.Y. 10003
January 20, 1970

TO ALL ORGANIZERS AND CAMPAIGN DIRECTORS

Dear Comrades,

Enclosed is a letter examining the issues of health and poverty from Marvel Scholl to comrade Shinn in Seattle for use in their election campaign. We think it will be of use to branches running election campaigns.

Please send us any research material you have which could be used by our state campaigns.

Comradely,

Joel Britton (NL)

Joel Britton
National Office

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January 20, 1970

Dear Comrade Shinn,

Recently four panels reported to a White House conference on Food, Nutrition and Health. These four panels said that the problem of hunger was so widespread and so serious that President Nixon should declare an immediate state of national emergency.

The strongest statement came from the panel representing community organizations which said, "All other problems of nutrition...fade into insignificance beside the fact that 25,000,000 Americans, or more, are living on an income that prevents them from getting enough to eat."

This panel also argued against the federal government wasting any more money on more new studies. "Considering the food emergency we face...it is imperative that any increased funds go primarily to the poor and not merely to professionals for more studies or to the food industry for more research."

The community organization panel also argued that it was poverty, not ignorance (of how to prepare nutritional meals with none of the basic ingredients) that was the main cause of hunger and malnutrition. It said "The most efficient way to provide nutrition education is to provide food."

Figures vary as to actual number of Americans who live at or below the poverty level, just as that figure varies depending on who is estimating. Twenty-five million people, thirty-five million -- men, women and children, who go to bed each night hungry.

This fact, in a nation with the highest gross national product in the world which must be kept in mind in evaluating health standards.

On a world scale, a nation's health standards are judged by two basic statistics -- infant mortality and longevity.

Infant mortality rates in the U.S. rank us 15 on the world scale, according to the 1970 World Almanac -- or 21.2 deaths for every 1,000 live births. However, this figure is a composite which really means nothing. Among non-whites the death rate goes all the way up to 44 (Harlem, N.Y.) but is not far off for Third World people in all central cities.

The basic reason for the high rate of deaths of less-than-one-year old babies is poverty. Poverty which determines all environmental conditions into which they are born -- bad housing, lack of medical facilities and personnel, lack of educational opportunities, low paying or non-existent jobs for parents, lack of birth control information and contraceptives which result in too many babies born too close together, bad diets for prospective mothers -- anything and everything which affects their lives.

Poor or non-existent pre-natal care for pregnant women is another important factor in high infant mortality and although to a much lesser percentage, maternal mortality. In many places in the country, especially in the South and Southwest, but even in smaller towns and cities in the north, there are no clinics or health centers for pre-natal care. The terrible shortage of doctors is one reason for this medical lack, but there are many others.

Another contributing factor is poor, low-protein diets for pregnant women. It is necessary that a woman have a balanced diet including meat, vegetables, fresh fruit and milk, in order to come through her term in good condition herself and to bear a strong, healthy baby. Yet the poor have to exist on diets high in carbohydrates -- filling bulk foods like rice, beans and corn.

Poor pre-natal care and bad diets are not the exclusive proglems of poor people in rural and small communities. Most large cities have such clinics to take care of welfare clients but many women who can make use of these facilities do not do so. Many to to the clinic only once, to find out if they are pregnant. They do not go back until they reach the end of term because of the way they are treated -- forced to wait long hours, sitting on hard benches, amid crying and quarreling older children brought along because there is not any money for baby sitters. Then a quick examination by an indifferent doctor, a different one each time, and advice that they cannot follow anyway -- plenty of rest, a balanced diet, etc. It is estimated that there is a drop of 4 percent per year of women who actually visit clinics throughout their terms. This means, of course, that when labor begins the doctor faces a patient about whom he knows nothing. All of the troubles which can arise during pregnancy may be present. The result is often a dead baby and a dead or badly damaged mother.

It is not only infants who die an early death or live a life of ill health, among the poor. Consider the following facts put forth by Joseph T. English, M.D., Assistant Director, Office of Health Affairs, Office of Economic Opportunity, published in The Bulletin of National Tuberculosis and Resperatory Diseases Ass'n (Jan.-Feb., 1969).

* 70 percent of the poor are white, 45 percent live in rural areas, 40 percent are children, 25 percent are old.

* 50 percent of poor American children still have not been immunized against polio, and 64 percent have never been to a dentist in their lives.

* 5 percent of the children in this country are born mentally retarded. But by age 13, 9 percent will be retarded. We produce as much mental retardation as is born. 75 percent of mental retardation among children comes from areas of poverty.

* Poor families have 3 times more disabling heart diseases, 7 times more visual impariment, 5 times more mental illness.
* The killer diseases remain (among the poor) tuberculosis, pneumonia and influenza. Last year there were 40,000 new TB cases.
* There is a wide discrepancy in the ratio of chronic diseases per 1,000 population between families earning $2,700 or less and the more affluent.
* In orthopedic impairment the figure is 32 to 1,000 for the poor as against 15 for better income families.
* Heart conditions -- 30 to 12.
* Mental and nervous disorders -- 19 to 4.2.
* High blood pressure -- 17.3 to 4.2.

LONGEVITY

Here again the U.S. has no reason to be proud of its longevity rate which places us between 18th and 21st in a list of 21 countries on a world scale. Since no figures later than 1967 are available, and since there has been a slight increase in the past few years, 18th place is probably more correct. Here are the 1967 figures from the U.S. Statistical Abstract:

White Male	White Female	Non-White Male	Non-White Female
70.05	74.02	61.8	68.2

The U.S. government estimates that there are 25 million people now receiving social security, railroad and/or civil service pensions. At least half of that number live entirely on their pensions, without other income or savings. Since the average pension, before the latest increase which took affect in January, 1970, was $100, it is very safe to say that more than 12 million oldsters live below the poverty level. The 15 percent increase just granted will not bring them anywhere near up to that level. Yet Nixon almost vetoed the whole tax "reform" bill because of the social security benefit increases! The Senate version of the bill included a minimum of $100 for an individual, $150 for a couple, and this was the "inflationary" bit Nixon objected to. The House-Senate conference eliminated the minimum feature so the president signed the bill.

The Medicare program, fought for for many years by labor unions, older citizens' groups, etc., is falling far short of its purpose in providing adequate health care for the aged. Actually only those older people who can also afford to carry private health insurance to cover the cash payment required actually benefit. For instance:

Medicare is broken into two sections, hospitalization and medical insurance.

Under the hospitalization section a patient is entitled to 60 days an an inpatient after he pays the first $52.

If he has to remain in the hospital long, up to 90 days, he has to pay $13 a day of the bill.

He has a 90 day lifetime reserve which he can use up but he must pay $26 a day!

He is entitled to 100 days in an approved nursing home, after a 3-day hospital stay. Medicare pays full fees for the first 20 days, 80 percent of the last 80 days. (All but $6.50, that is.)

Under the medical insurance section the patient must pay $50 of his annual doctor bill. But this bill is based on what the government considers a "reasonable" fee. Since the medical profession got itself ready for Medicare before it went into effect by raising rates for all services, sometimes double, the patient is not always able to collect 80 percent of his bill. If it is considered too high by whatever government agency or functionary handles it, he gets back only 80 percent of what is considered "reasonable." Most doctors will not bill the government direct. They make the patient pay and then collect. So it is the older patient, not the doctor, who suffers financially. As an example, an older comrade, a garment worker, was covered by a union health plan which was cancelled when he went on social security. His wife had a cataract operation while he was still working. After he went on Medicare she had to have the second eye operated on. She had the same operation, in the same hospital, done by the same doctor -- yet it cost this comrade $40 more cash than the first operation.

Most pensioners cannot afford the private supplementary health insurance. For instance, the Blues cancelled all 65 and overs who became eligible for Medicare and then offered them supplementary politics to cover the cash outlays at the same premiums they had formerly paid for full coverage!

Since one of the benefits of added years (the average life expectancy in 1900 was 46 years) is a wearing-out body prone to the chronic diseases -- heart trouble, cancer, diabetes (with resultant blindness and/or loss of limbs), arthritis, rheumatism, various forms of anemia due to malnutrition, old people spend almost twice as much time in hospitals as their younger peers. If they are unable to pay the cash requirements of Medicare, they must throw themselves on the mercy of charity. When this happens they are relegated to municipal, county or state hospitals where their care is asmost entirely custodial, waiting for death, instead of medical with a view toward a cure or alleviation of their ailmants.

It is not a pretty picture. Nor will it grow any more beautiful so long as we let capitalism live.

Comradely,

Marvel Scholl