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THE FUTURE IN RETROSPECT

We have been able to discern many of the earmarks and directions of movements in socialized medicine, and we have been able well in advance to advise those in positions of responsibility in the profession. Our advice has not always impressed those in authority. At times it has been discounted as a bugbear. Yet, our then prophecies are today's facts. Whatever digressions or omissions there have been on the part of those in authority, have proportionately robbed the public and the profession of the protection expected. The time has come to view and to prepare for additional problems. Is the past to be redeemed, or will history repeat itself?

A few months before the Social Security Act was introduced in Congress, President Roosevelt let it be known that although health insurance has its proper place in a rounded out social security program, consideration of that phase would have to wait until after legislation on unemployment insurance and old-age pensions. When the Social Security Act was introduced, it contained an express provision directing the Social Security Board to investigate and recommend legislation on health insurance. As the Act was finally passed, health insurance was removed from the list of the specific subjects to be investigated, but it was generally conceded that that did not divest the Board of authority to investigate and recommend legislation on health insurance. An advisory body set up by the Committee on Economic Security was able only to make general recommendations at the time the Committee made its report to the President, prior to the introduction of the Social Security Act, and was given additional time to complete its studies and report.

Among the preliminary recommendations made at that time by the Committee on Economic Security to the President was the following: "The role of the Federal government is conceived to be principally (a) to establish minimum standards for health insurance practice, (b) to provide subsidies, grants, and other financial aids or incentives to states which undertake the development of health insurance systems which meet Federal standards." Organized allopathy in its

own conclaves condemns health insurance, but at the same time sits in government and private councils planning the advent of health insurance systems on a national scale. The allopathic platform for health insurance contains the significant plank that "Patients must have absolute freedom to choose a legally qualified *doctor of medicine* who will serve them from among all those qualified to practice and who are willing to give service."

Another problem is present in the suggestion of Senator O'Mahoney for national incorporation of concerns doing interstate business, which if carried into effect is expected to amount to a revival of the salient features of the NRA. Health provisions incorporated in codes under NRA did not discriminate against the employment of osteopathic physicians in cases of industrial medicine. Organized allopathy attempted to have written into the codes that only M. D.'s would be permitted to attend industrial cases or practice industrial medicine.

Health insurance and compulsory health provision are on foot. State maternal and child health plans, state crippled children plans, state child welfare services plans, and state public health work plans *have arrived*. Allopathic committees recommended to the states that osteopathic physicians be banned as state and municipal health officers, and be denied participation in state plans furnishing professional services to crippled children and needy mothers and children, and organized osteopathy in a number of the states has let those boycotts be written into law.

It is the duty of organized osteopathy to insure the availability of the benefits of modern-day osteopathic practice to everyone in the community, regardless of income group, employment status, or station in life. Osteopathic physicians are called upon to take stock of the modern social aspects of private and community health. Officers of divisional (state) societies are recognized leaders in their profession. Their stewardship extends to the public as well as to the profession. Let there be state and local plans for osteopathic health education, and health publicity, and performance.

C. D. SWOPE