THE CHARLOTTE NEWS

THOMAS L. ROBINSON, PUBLISHER

Better Health Edition

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This The Picture

IN these pages the assembled health and medical authorities of North Carolina in many fields have spoken. They have not all said the same things. They do not even agree as to what should be done in detail, nor as to the pride—or shame—we should feel from a candid examination of the facts. But here their voices are overwhelmingly one voice, and they sound a clear call to the people of the state, who are already aroused.

In scores of different ways they have pointed out the tragic waste of human life going on in North Carolina day after day, generation after generation, because we have failed to tackle on a grand scale the job of guarding the health of all our citizens. What they have to say literally thunders, even when they are citing statistics in a most matter-of-fact fashion. It drowns out—or should drown out—all the lesser controversies over men and methods.

To many North Carolinians who have heard the hospital and medical care program debated privately, the whole affair has become a complex and mysterious political dogfight. To us, it is not that at all—and if it becomes that it will be to the lasting detriment of every North Carolinian. You start from the facts, with which these pages are filled, and you must conclude that something is so badly wrong in the state that we must act immediately. Facts like these, for example:

In 1940, 31,904 people died in North Carolina. More than half of them were **preventable** deaths.

There is **one** Negro dentist in rural North Carolina.

More than one of every four babies born in the rural areas of the state is born without a doctor in attendance. In some counties more than a tenth of them die at birth.

There are 10,000 active cases of tuberculosis in the state, 100,000 of syphilis, over 100,000 people are deaf.

You can't make a political argument out of facts like those if you have an interest in North Carolina and its future. There are dozens of other facts, even more dramatic, which have been made familiar through the intensive campaign of recent months. We must not allow them to become catchwords in a struggle between groups which disagree on any particular point. No one can argue that the state's health or its health facilities are good, whatever his approach. It behooves North Carolina to act in unity on this common problem.

What we can do is surely limited by our resources. And North Carolina's low standing in most forms of wealth undoubtedly colors our health accomplishments. But we can't afford not to try to produce the doctors, nurses, dentists, hospitals and health centers needed to start on this program. The method of doing this is up to the people, and their leaders have already set a pattern. It is only natural that there should be debate over the best method. It will be tragic if this debate lingers long and divides the state into camps while disease and death continue to take their incredible toll.

Tar Heels Always Do

NORTH CAROLINA has always been, by Southern standards, a progressive—even a liberal—state. Almost every generation of its citizens, called upon to face some major problem on the path to better living, has responded magnificently. This spirit accounted for the sweeping campaign to build a sound educational system, dating from the days of Aycock. It accounted for the drive to build colleges and a university system second to none in the entire region. It accounted for the vast continuing program of road building. It will, we believe, mean an eventual solution of our pressing problems of public health.

Radicalism has not thrived in North Carolina. There have been no sudden surges of public action. Progress has always come after deliberation, and then it has come gradually. But it remains that North Carolinians have always been able to envision their problems, once they arise. They see them clearly, and it is, we think, a Tar Heel trait to examine most matters thoroughly. There has been little inclination to gloss over our shortcomings. The intensive campaign to educate ourselves as to our poor health is an example. Certainly no other state has ever examined itself so ruthlessly and proclaimed the unpleasant facts so loudly.

It is characteristic of North Carolina, too, that once it sees the problem it moves to action. It moves within a framework, to be sure. It has been reluctant to gamble, either with money or old institutions, and it makes its investments in its future in strict accordance with its resources—which are poor by national standards. Its handiwork may not be perfect, but it is there to be seen.

In the end, North Carolina will decide that it can no longer afford the poor health that cripples its citizenship, depresses its standards and undermines its natural and financial wealth. When that decision is reached, the program begun by the General Assembly of 1945 will be set in motion.

BELIEVE IT or NOT by Ripley

After The Drive Is Over

SUPPOSE that, by some miracle, North Carolina could have an ideal hospital and medical care program going full blast within five years. Suppose that every county had its hospital, or its health center, that we had four beds for every 1,000 people. Suppose we had our 1,300 doctors we need so badly, and our dentists and nurses and medical students in training. We would scarcely have begun.

For in the end North Carolina will discover that it can't achieve good health for all its people by appropriating a sum of money and building some hospitals. It will discover that the battle for health is endless—and that it costs a great deal of money. We have talked about the cost of building hospitals, in all kinds of counties, but we haven't talked about the cost to the State, local and Federal governments of running them through the years. And many of our hospitals won't be money-makers, especially in the first years.

The state will discover that it did not fully understand some of the facts stressed in the current campaign. Not that they have been exaggerated, or twisted, but they are so complex that they have given thousands of people the idea that a one-package health program will put a doctor within call of every one, and virtually wash out all health and medical problems. It won't be that simple.

Take the doctor problem, for example. It has been hammered home that North Carolina has 2,300 doctors, and needs 1,300 more to bring us up to a certain minimum. We've used those figures ourselves, because they can't be helped. But of those 2,300 doctors now practicing, the majority are concentrated in urban areas, where only a fourth of our people live. And no one knows how many of them are highly specialized doctors—but many of them are, and what we need now is general practitioners. Further, about half of our doctors are over 55, and their average age is rising. Thus our production of doctors must be really stupendous, if we are soon to catch up with the demand.

Consider hospital beds. The state has about 8,000. But those, too, are concentrated in the more populous areas, and their very concentration, coupled with shortages, has brought about conditions under which certain doctors have a virtual monopoly over hospital beds in many communities. Under overcrowding, this condition was inevitable. Many a community, though it boasts a public hospital, sees outside patients come in to visit specialists, and take many hospital beds. Such problems will continue as long as the unprecedented use of hospital facilities lasts, and the new health program will only serve to increase their use.

Today hospital and medical costs are very high. Perhaps they will go down in the years ahead. But it will remain that the average North Carolina farm family, with a cash income of some $600, can't afford the minimum of $125 a year needed for such care—even at prewar prices. Many of the people may have gotten the idea that the program already outlined will put these services within the reach of all. It will help, but it won't do that. The $1 per day for each indigent patient will help hospitals, and thus patients themselves, but it won't assure cheap medical care.

Hospitalization plans, particularly the Blue Cross, are becoming steadily more effective in the state. They offer broader protection at still-low rates, and the Blue Cross plans alone now cover almost half a million Tar Heels. But coverage is largely in the urban areas, and the greatest need, apparently, is in the rural areas. There is plenty of hard work to be done in extending that program. And in these times many a family with a higher-than-average income, though protected by insurance and using public hospitals, is hardly able to pay the bills when struck by serious illness.

This is not to suggest that the task is hopeless at all, but merely to point out that we won't solve our problems overnight. The program of The Medical Care Commission, worked out by men of long experience, vision and unquestioned integrity, will soon begin to better our health record. But it will take many long years of hard, expensive work, plus the continuing development of all other health agencies in the field, to give all our citizens the kind of service and facilities they deserve. In the end it will pay handsome dividends, even on a dollars-and-cents basis.

But more than one more generation will wrestle with this problem before the task is finished. It will be with the great health program as it has been with education, with roads, with the mental institutions: the job is never really done. Once started, we can't quit.