We are familiar with public health’s concern over the medical problems that have been imposed upon it by present-day programs. Here we see some of the beginning steps by which pioneering public medical care programs are assuming their logical preventive functions.

Labor’s Horizon for Health*

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The Brooklyn Tuberculosis and Health Association’s invitation to a labor organization to present its point of view on health care is a measure of its broad understanding of labor’s role in medical care programs today.

Klem, McKiever, and Lear have stated that in 1949, 58,000,000 persons in this country were included in the civilian labor force. The New York Times recent figure for the total employed and unemployed was 61,744,000. If the nonworking family dependents were added to this figure, it is probable that the labor force affects about two-thirds of our total population. It is evident that Labor is People. Each gain made by labor affects a large group of individuals. It is, therefore, no more than a matter of reality to learn what labor seeks on the horizon for medical care in order to develop the theme of this forum, “Profit from Health.”

Labor’s awareness that it has unmet medical needs is not of recent moment. Proof of this is found in the history of the pioneer days of our country when mining, lumber, and railroad camps in the vast unpeopled and underdeveloped areas had difficulty in inducing men to work or to stay at work because of the lack of physicians’ services. Owners of these enterprises found it necessary to assure physicians’ services in their camps. Workers also found it necessary to organize fraternal and other social organizations to establish benefits so that they would have some forms of protection against the inroads of disease, injuries, and also the ultimate effect of death of the wage earner.

As the workers unionized to become coherent vocal forces, first things were looked at first. Labor recognized that the human body should not be subjected to long unnatural hours of work; the focus was therefore on a shorter working day and week. Since the standard of living could only be increased with additional purchasing power, it sought better salaries. In time it has included in its demands development of labor-management grievance machinery, expansion and strengthening of workmen’s compensation and safety laws, eradication of child labor, unemployment insurance, paid holidays and vacations, hospital insurance coverage, retirement and pension plans, sickness and maternity leave benefits. With job and other social securities gained, greater emphasis is now being placed on acquiring health and medical care benefits. This movement is progressing from the stage of covering only the worker to that of including the worker’s dependents.

The workers are reaching out for more

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and more medical security. They wish to make the wondrous modern medical knowledge and skills available unhindered by the specter of unpredictable costs and other financial barriers. Louis Hollander, co-chairman of the New York Joint Board of the Amalgamated Clothing Workers of America, has said:

Labor views the whole matter of a worker's health fundamentally as an economic problem. The efficacy of even the most perfectly planned and most perfectly administered system of (industrial) medicine and hygiene is necessarily limited by the economic level of men and women who are potential patients of the (industrial) physician. I need not cite the statistics showing the coincidence of a high rate of mortality and morbidity with a low income level.1

Furthermore, as an outgrowth of labor's increased knowledge of the quality and adequacy of medical services and technics, it is seeking comprehensive medical care rather than limited types of care: programs which assure a high quality of service by general physicians and specialists qualified in accordance with acceptable professional standards; and service plans rather than those offering indemnification. Experiences with the latter type of benefit has demonstrated that on the average, the patient has only a moderate part of his medical and hospital bills covered, and the fear of the unpredictable additional costs remain as a deterrent to the acquisition of much needed medical care. Labor knows that medical services should be available when needed, for the catastrophic and the day-to-day care, without limitation as to the number and type of services rendered; that the services must made available to the workers and the dependents without regard to race, age, sex, and other similar artificial barriers.

Last on this list of desirables, but far from the least, labor has learned from community organizations such as the Brooklyn Tuberculosis and Health Association and from other agencies and sources of the value of preventive health services as exemplified by periodic health examinations, immunizations, laboratory screening examinations, etc.; and it insists that these play as an important a part of the medical program as do the curative modalities in medicine.

Medical and other social benefits are no longer looked upon as fringe or luxury benefits. These benefits have become necessities in the rising standard of living and have been included in collective bargaining discussions.

In order to achieve better health, workers have taken steps to organize medical care programs, often limited in scope, with the thought that their action was one of expediency, and that with time these goals might be reached. Examples in New York City are the Union Health Center of the International Ladies Garment Workers Union and the health centers of the Hotel Workers and the New York Joint Board of the Amalgamated Clothing Workers of America—the latter, the Sidney Hillman Health Center, was opened on April 16, 1951. In Philadelphia the Sidney Hillman Medical Center was opened in May of 1951.

The trend toward positive action in this field is multiplying. The New York Joint Board of the Laundry Workers, an affiliate of the ACWA, has purchased land and is planning a medical center for its membership. In San Francisco, the Labor Council of the American Federation of Labor is surveying the present medical programs of its union locals in order to determine the necessary features to be included in a comprehensive labor health program, possibly for the entire membership of the Council. The Amalgamated Clothing Workers' unions in Rochester, Cleveland, and Chicago, have also taken steps to determine ways of organizing medical services for their members. All these and many others in existence and to be conceived are mani-
festations of labor’s restiveness with the lack of a solution to its unmet health needs. Workers found that they could not and should not wait for the medical profession to find a solution of the problem. Medical care is too urgently needed. Excellently trained men and modern facilities are available. In many instances with the help of employer-contributions, made possible through collective bargaining, medical care programs were established. In others, unions obtained the necessary funds from their own membership. Labor will continue to be dissatisfied with the health and medical situation until medical security is acquired.

Some of the principles laid down for a health program by the ACWA-CIO² call for:

1. Establish a coördinated and integrated national health program, including national health insurance which will give all Americans, in health as well as sickness, access to the highest quality of medical care
2. Aid the professional schools through grants for training health personnel, including scholarships to students
3. Aid in the building of hospitals and group medical practice clinics with a minimum of state and local matching funds
4. Aid the extension and expansion of state and local public health services
5. Aid maternal and child health services and expansion of programs for physically handicapped children
6. Develop a mental health program to improve our mental hospitals and for the training of psychiatrists and other mental health personnel
7. Aid in the understanding and prevention of chronic diseases and in increasing facilities and services for care of the mentally ill
8. Extend rehabilitation services to provide aid for those who become disabled each year

Along these lines, an indication of labor’s appreciation of modern medical technics is found in its participation in mass surveys. The Brooklyn Tuberculosis and Health Association undoubtedly has a record of the many times it has conducted chest x-ray surveys in union halls and shops. Labor, in conjunction with this and similar agencies, has used every means to acquire the benefits of medical care.

Because it has been shown by the use of this technic that countless lives were saved, innumerable persons spared complications of disease and chronic disabilities, loss of wages, and possible debts for medical expenses reduced, screening technics are incorporated in many union programs for better health.

It is true that sharp discussions are in progress today as to the ultimate value and effect of mass screening procedures as isolated technics to detect suspicious or active disease processes. However, Dr. Petrie’s results in Georgia³ where multiple tests were performed for over 1,000,000 persons indicate the benefits that can accrue to individuals and communities when such procedures are made available and placed in the proper perspective.

Out of 213,488 patients receiving the 70 mm. photofluorograms, 1,648 (0.77 per cent) had evidence of tuberculosis. Of these, 267 were active, 794 of questionable activity, and 567 were inactive. Of added importance here was that of this group, 81.5 per cent did not know of the presence of this condition.

Also, as a result of the screenings by Dr. Petrie and his staff in Atlanta, Ga., 2,400 patients with definite or suspected cardiovascular lesions observed in the photofluorograms and 666 patients with other types of chest conditions were referred to private physicians—a total of 4,714 chest lesions. Of 228,024 serological tests for syphilis, 22,348 gave positive results and of these 11,671 were referred for treatment for the first time and the contacts investigated. Hemoglobin studies gave abnormal results in 9,749, or 5.4 per cent of those tested, and 1.55 per cent of the persons tested for diabetes were confirmed or suspected of having this abnormality, but only 8 per cent of this group knew that they had diabetes.
Dr. Leo Price, director of the Union Health Center said: "The routine miniature roentgenogram of the chest is essential to a worker's health program since it dramatically uncovers conditions which may be overlooked in a larger and active clinical service." 4

The Sidney Hillman Health Center has made available to its 40,000 members, in addition to the usual curative services rendered by 25 general physicians and 50 specialists, preventive measures such as the periodic health examination, a photofluorogram of the chest, urinalysis, hemoglobin determination, and the serological test for syphilis. Within the next month cytological examination for cancer of the uterus and cervix will be instituted.

There are some physicians who are concerned with the performance of multiphasic presumptive tests without the supervision of a personal physician. This is overcome in our Center because each patient is placed under the care of a personal physician. This objection is also overcome in industrial medical services where the tests are part of preplacement or periodic health inventories.

Case finding technics, by use of the x-ray and other presumptive diagnostic measures, have yielded positive community and individual benefits. It is therefore necessary to make these more and more available to the people of our nation and to integrate the results with personal physicians' services.

Also, the exposure of large groups of people to the case finding surveys is a form of mass health education and may be considered a positive force to improve the health of many more persons.

A handful of professional health educators have been working hard to make the public and profession cognizant of the value of these health measures. The changing public attitude and the additional knowledge acquired by the public are proof that the plantings are beginning to bear fruit and the health educators, thereby, should be greatly encouraged to extend their efforts.

At this point let us look at management's role in this rapidly progressing field. Far from the original concept of laissez faire in matters of sanitation, safety and health, management has become increasingly aware and is ever accepting the fact that improving the health of the workers leads to better production, less turnover of employees, fewer accidents, and decreased Workmen's Compensation and sickness disability rates. More and more factories and shops have been installing in-plant medical services. These have expanded from the care of accidental injuries to include preemployment and preplacement examinations, care of on-the-job illness, periodic health inventories, as well as psychological and other forms of counseling. Management has also purchased voluntarily various forms of medical or surgical and hospital insurance for their employees and in some instances paid the full costs. Furthermore, as a result of labor-management contract negotiations, management has contributed in whole or in part to the costs of nonindustrial medical care programs for their employees and even for their families.

Industry acknowledges that it is a good business practice to provide maintenance, repair and preventive services for their workers, as well as to their equipment and buildings. The skilled worker is a good investment at all times, particularly so, when production demands are many and the hours of work loss due to illness and accident must be kept at the lowest level. The costs of providing medical service, industrial and nonindustrial, is offset by the lessened demand on community resources and a decrease in costs to the community.

I am certain that on many occasions employers have been glad that they have voluntarily, or otherwise, participated in medical care programs which have
contributed so much to the health and welfare of their workers and their families. I cite a remark made by the president of the New York Clothing Manufacturers' Exchange at the first annual meeting of the Sidney Hillman Health Center, that his organization "will be pleased to participate through employer contributions in the operation of the Center so that the present necessary practice of charging the members nominal fees for laboratory, x-ray services, and physical therapy would be discontinued."

Since employers have acknowledged the value of incorporating medical care programs in their industries, there is no difference of opinion as to goal. It is now merely a matter of proper timing and rapidity of movement toward the mutually agreed goal.

In addition to the increased span of life and as an outgrowth of better health and medical services, there is another benefit to be gained. I refer to the development of a wider and deeper spirit of brotherhood. You will recall the lines in our stirring hymn, America the Beautiful, "... and crown Thy good with Brotherhood, From sea to shining sea."

It has been appreciated for a long time, and more recently this understanding has been compounded by the psychiatrists, that intolerance, bias, and discrimination are forms of mental illnesses. If I am not mistaken, only recently the president of the American Psychiatric Association stated that hatred directed at others is a symptom of hatred of oneself. Many of the man-made intolerances arise out of lack of security—jobs, welfare, and social situations. With the diminution of these insecurities, man should have fewer reasons for jealousies, anxieties, and the development of neurotic aberrations. It is therefore important, if not urgent, to use every facility about us to develop healthier bodies and minds in our citizens so that ultimately we come as close as is humanly possible to a fuller understanding of ourselves and those about us, regardless of their age, sex, religion, or color; to the realization of happier homes and communities; and a better America which endowed as it is with the richness arising out of its total resources, human and physical, will be crowned with "good and Brotherhood from sea to shining sea."

This is labor's credo. The view of the horizon is clear and the mists, fogs, and storms that becloud it from time to time will be dispelled by natural phenomena. There can be no other view of the horizon by Labor, the People. This large segment of humanity, making up our great democracy, is deserving as a matter of right of all of the positive and good benefits of advanced health and medical care for longer, healthier, happier, and more rounded lives.

REFERENCES