

The Growing Medical Cost Squeeze

Anyone who's had major illness in the family involving hospitalization recently is acutely and painfully aware of the rising cost of medical care.

Unfortunately, cost of living studies indicate that hospital care will continue to be one of the fastest rising cost areas in our economy. Why? The September issue of Report to Business by the Pennsylvania Chamber of Commerce carried this revealing hospital cost breakdown:

What's happening to hospital costs and hospital utilization? The Insurance Economics Society of America, which recently scored today's hospital costs, came up with these results:

A special report by the New York Hospital determined that the wage and salaries portion of its budget rose from \$12.4 million in 1960 to \$33.8 million in 1970.

X-ray exams increased 150 per cent in the last 10 years, bacteriologic tests almost doubled, chemical laboratory tests nearly tripled, and tests using radioisotopes quadrupled.

In 1960, the hospital employed a house staff equivalent to 2.4 employees per patient. This rose to 4.6 in 1970.

In 1952, an intern received a stipend of \$240 a year. By 1963 it was \$2,700, and today it is \$10,500. In 1952, the number of physicians on the house staff was 162; today it is 312.

In most industries, there are some major areas of rising costs; but these usually are offset by some other areas of relative stability or even declining costs; the net result is usually a modest overall increase.

But look again at the hospital tally sheet! Costs shooting up in every direction. More employees, including doctors; sharply rising salaries; greater use of costly equipment.

We feel certain that the higher cost is at least partially offset by better medical care. Still, hospitalization is one of the areas in our economy which accounts for the growing squeeze on the average wage earner's pay check.

The Chamber of Commerce's startling statistics are followed by another report explaining why the concept of "preventive medicine" is becoming increasingly popular:

According to the Insurance Economics Society of America, health care authorities are turning to one of the most basic health care concepts to help stem the nation's health care crisis. And it's so simple that it might have been conceived by a junior high school student. It is called "preventive care" and is based on accentuating early detection and treatment.

An early approach will cost less in time and money than late treatment. Health care experts put it this way: while we usually provide adequate medical care, too often we provide it too late.

Here's what G. Frank Purvis, Jr., Chairman of the Health Insurance Association of America — whose 308 member companies account for 80 per cent of the health insurance written by insurance companies in the United States — has to say: "Very simply, we have grossly distorted our priorities. Only in very rare instances has medical treatment, or even cure, ever controlled a disease in a population. At best, treatments and cures have made possible only modest reductions in the incidence of disease. Unfortunately, curing a disease doesn't control it, but prevention can."

This point is emphasized by public health officials. Polio, diphtheria and smallpox, the experts point out, have been turned back by immunization, while cholera, typhoid and much infant mortality have been overcome by proper sanitation.

Still, the value of preventive care, especially through regular health examinations, has been difficult to communicate to the general public. But now the economics of the situation are beginning to be felt more keenly, and more people are beginning to listen. For instance, with average hospital expenses well past \$79 a day, and costs in many large cities more than \$100 a day, people are anxious to try new methods which promise to reduce these costs.

Statisticians of the Health Insurance Institute estimate that if only one day could be cut from the average length of hospital stays, the public would save some \$1.7 billion annually. Preventive care could help to accomplish this.

Mr. Purvis, who is also chairman of the Pan-American Life Insurance Company of New Orleans, explains: "It is time we and the nation became more aware that the point of no return has been reached by treatment and cure and that, in fact, severely diminishing returns have begun to set in. If private health insurers help foster a greater understanding of this concept through the emphasis of health maintenance and disease prevention, we could achieve some truly spectacular health gains."

While Purvis, as an insurance executive, has a more direct interest in keeping hospital costs within bounds than most of us, we should realize that we as consumers always pay.

While our insurance may pay a particular hospital bill, the insurance must eventually rise to reflect rising payouts.

Or, if we succeed in making costs too high and driving the insurance company out of business, we'll probably have some type of governmental substitute, financed by ever rising taxes.

No matter how it's handled, we'll pay if hospital costs are allowed to get out of hand.

While there may be some drawbacks in implementing the concept of preventive medicine, it certainly deserves our backing as a step in the right direction on an increasingly important problem.

NOW IS THE TIME . . .

By Max Smith
Lancaster County Agent



To Seal Trench Silos

Many livestock producers store extra silage in some type of trench or horizontal silo until the upright silo is partly emptied; this practice is very common where mechanical feeding is practiced. If the forage in the trench silo was not too well packed at the time of filling, there will be considerable settling and could be additional air spaces. Where the black plastic is used to keep out the air, and old rubber tires are used to keep the plastic down tight against the silage, it may be necessary to keep tightening the plastic by pulling it down and covering with soil around the bottom. It is not a good practice to have the plastic flapping up and down when the wind blows. It should be tight enough and have enough tires on top to keep it firmly against the silage at all times. To seal out the air will mean reduced top spoilage. The silage from this horizontal silo should be transferred into the upright silo, or fed to livestock as soon as possible, or at least before warm weather arrives next spring.

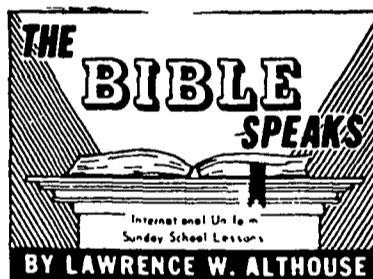
To Reduce Volunteer Corn

Corn picking is in full swing and we urge all growers to make every effort to harvest the maximum amount of their crop. Corn left in the field is a loss and according to last year's experience may be the start of serious southern corn leafblight infection. If the fields cannot be gleaned by hand or livestock,

then the corn should be disced or plowed this fall; every effort should be made to keep this corn from growing next spring. When it is disced this fall, or plowed during the winter, it should rot and not be able to germinate. Even though we are expecting all resistant supplies of seed corn next spring, it is still good management to harvest all of the crop this fall. It may not be worth the price of a year ago, but it will still make good feed for milk or meat production.

To Manage Cattle Carefully

Many feeders are buying cattle to consume the current corn crop; with the prices of grain it continues to appear that marketing the grain crop through livestock this fall and winter is the thing to do. Extreme care should be used in handling these newly-purchased cattle; they should be segregated from the acclimated cattle and observed very closely for the first several weeks. Plenty of rest, quietness, fresh air and water, and plenty of roughage will get them off to a good start. They should not come into contact with or eat or drink from the same trough as other cattle. Animals that are sick or "slow" should be separated into sick pens and treated for their infection. Chutes and a catch-gate are very important in order to treat the animals with a minimum of excitement. Plans for this equipment are available at our Extension Office.



NEVER TOO BROKEN

Lesson for October 24, 1971

Background Scripture: Isaiah 61, Ephesians 2:11-19, Colossians 1:21-23
Devotional Reading: Isaiah 42:1-9

"It cannot be fixed"

These are usually very disheartening words. A valuable vase has shattered into many pieces, a favorite coat has been badly torn, a once-dependable machine will perform no longer—all of them beyond repair.



So it is with life too. There is much brokenness within and between people. Relationships seem irreparable, lives seem ruined, communities seem torn asunder—all too broken to mend, it appears. There is a dramatic scene in John Masfield's poem, *The Window In The Bye Street*, with a widow present at the execution of her son. Deeply moved, she prays, and in her prayer she speaks of eternal life as "a rest for broken things too broke to mend."

It is true there are some things that have become too broken for men to repair. Some people are like "Humpty Dumpty" in that "all the king's horses and all the king's men" can't put them together again." Often the most tragic consequences of sin is the knowledge that we cannot do anything to "make up for it." Though

men are capable of destroying almost everything, there are many things they cannot repair.

The beauty of the Gospel of Jesus Christ is its word of hope and promise concerning all the brokenness of life. Jesus came to heal our brokenness, to make us whole again. He came as the fulfillment of Isaiah's ancient promise of a divine Healer:

... the Lord has anointed me to bring good tidings to the afflicted; he has sent me to bind up the brokenhearted, to proclaim liberty to the captives, and the opening of the prison to those who are bound . . . (Isaiah 61:1).

"Holy" and "whole"

Christ's whole purpose in coming, said Paul, was to: "present you holy and blameless and irreproachable before him . . ." (Colossians 1:22). To be "holy" is to be "whole." Both of these terms as well as "healthy" are derived from a common Old English word, *hal*, which means complete. Thus, the Gospel proclaims to us the assurance that things are never too broken that, by the power of Christ, they cannot be made whole.

We often make the mistake of giving up on that which is badly broken. There are some situations that leave us hopeless. We must remember there was never a situation so hopeless, never a man so helpless, never a cause so doomed as on Good Friday. Yet, says the Easter faith, life is never too broken to mend.

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