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**ED ESHLEMAN'S
WASHINGTON REPORT**

spent. But, the higher the figure the less helpful the program is for low income families.

The other question is how such a program should be financed. I am doubtful that the Social Security System, which is having financial difficulties anyhow, can assume the burden. Therefore, it may have to be paid for out of the General Fund meaning that the budget must be adjusted accordingly.

One of the first items listed by President Ford as a priority for this Congress to finish was national health insurance. He asked Congress before we adjourn this year "to sweat out a sound compromise" among the various plans offered.

But even this Presidential call to action does not change the controversial nature of the national health insurance concept. There is still much argument about whether the results of such a program would be better or worse health care for Americans. There is also a lack of agreement on whether the

result would be better delivery of health care to American families.

The whole area of cost is one of the bigger stumbling blocks. The Administration has submitted a plan that would require employers to offer employees insurance programs covering standard health benefits, provide Federally subsidized coverage to the poor and restructure the Medicare program for the aged. The estimated cost of this proposal is \$6 billion.

There is a Senate bill proposing a much more extensive health care program that basically has the Federal Government picking up the health care tab for everyone. The cost is correspondingly greater - estimated at \$61 billion.

Those are more or less the extremes that must be compromised if congress is to adopt a comprehensive health care plan. However, I am doubtful that a satisfactory comprehensive program can be developed before the end of the year, and there is considerable

question whether one should be developed.

Rather, it appears that because the costs are so great and the controversy so important to our medical future that anything done by this congress should be a modest start toward meeting the real fears of people regarding health care needs. Instead of a comprehensive health program, it appears more likely that we will act on a catastrophic health care plan.

The chief fear of many people is that they will be faced with a serious illness where the costs of treating it wipe out their savings and burden them with a huge debt. Congress could act, and in my opinion should act, to protect Americans from this kind of problem - catastrophic illness.

The main question here is just what represents a catastrophic illness. Do annual health bills of \$2000, \$3000, or \$5000 represent the unbearable burden? Naturally the higher the figure, the less cost there will be in terms of tax dollars

**CATTLE ON FEED
DOWN 25 PERCENT**

Cattle and calves on feed September 1 for slaughter market totaled 6,855,000 head in the 7 States preparing monthly estimates, down 25 percent from a year earlier and 21 percent below September 1, 1972 according to the Crop Reporting Board.

August placements on feed in the 7 States totaled 1,140,000, down 22 percent from the number placed in August last year and off 26 percent from 1972.

Fed cattle marketings from these States during August totaled 1,292,000 down 8 percent from August last year and down 27 percent from August 1972.

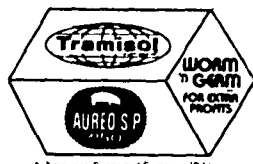
Marketings of fed cattle were below a year ago in all States except Arizona which was up slightly.

August marketings of steers and heifers sold out of first hands for slaughter at 7 markets totaled 177,203 head of which 113,868 were steers and 63,335 were heifers. Average live weight of steers was 1,124 pounds down 9 pounds from last year while heifers averaged 940 pounds, 10 pounds below last year.

The average price of \$44.70 per hundred pounds live weight for steers was down \$8.16 from a year ago but up \$2.89 from July. Heifers averaged \$43.68, down \$7.59 from August a year ago but up \$2.69 from the July average.

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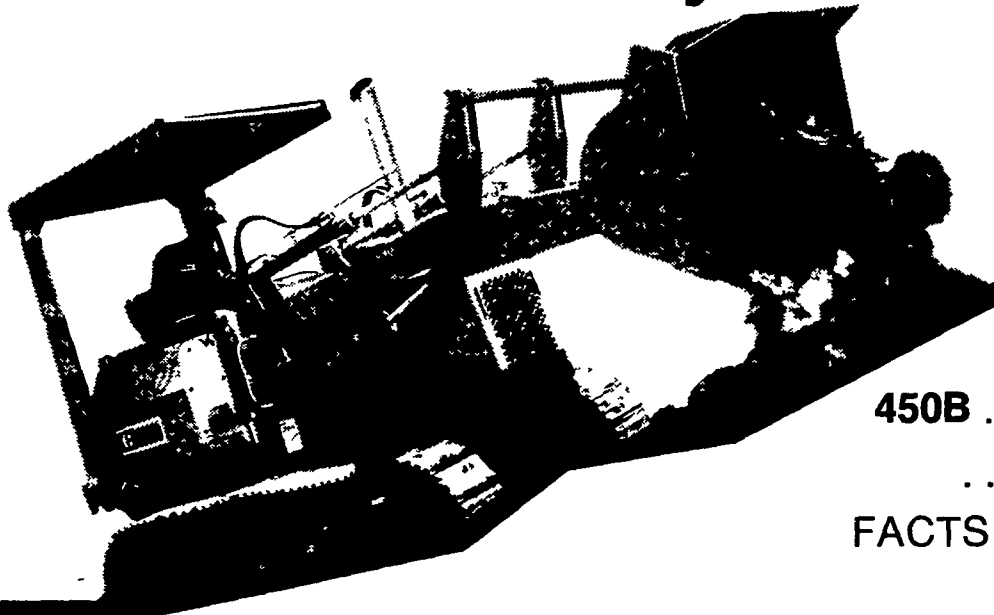
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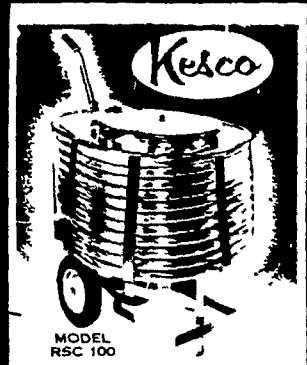
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