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**WORKERS, OPPRESSED NATIONS AND PEOPLE OF THE WORLD-UNITE!**

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**SPECIAL HEALTH CARE EDITION**

## **A SIGNIFICANT EVENT IN THE HISTORY OF HEALTH CARE WORKERS IN WASHINGTON STATE: THE FIRST STRIKE BY THE REGISTERED NURSES!**

***HAIL THE FIGHTING SPIRIT OF THE RNs!***

At 7:00 am, July 12, 1976, 1800 Seattle Area nurses went out on strike against the Seattle Area Hospital Council. Fifteen hospitals are now being struck in the Seattle Area. This is a significant event in the history of health care workers in Washington State, as it is the first strike of the RNs. This strike will be a great inspiration to other health care workers nationwide as these workers struggle to resist the shifting of the burden of the economic crisis onto their backs.

The RNs comprise a large percentage of the health care labor force which deals with direct patient care. In addition, 99% of the RNs are women, who in addition to being exploited as workers, are doubly exploited as women workers. For example, the RNs are paid \$2.00/hour below what skilled-unionized labor makes in Seattle. The capitalist employers have always promoted that women are inferior to men in order to justify using women as the cheapest source of labor. In addition, nurses more than any other female profession, have culturally been promoted as passive, subservient "angels of mercy." The health care employers would like for the nurses to believe that they are powerless against the employers, and further, that nurses, due to the "dedication-ethic" of their profession, should be subservient to the employers and never complain about their wages or working conditions, as this might interfere with the profit interests of the employers. However, the employers are now witnessing with much nail-biting and duress, that the nurses will not play the role of the subservient "angels of mercy".

The Hospital Council is in such a frenzy that the managements of some hospitals have made empty threats that the striking nurses will lose their jobs. Some of hospital managements have told the doctors whose wives are nurses to ask their wives to come in to work. Thus, while outwardly stating that "business will proceed as usual with only a few inconveniences," the Hospital Council is literally in a panic about how to take care of the patients with unoriented scab labor and supervisory personnel, many of whom have forgotten what direct patient care is. Already many hospitals have cancelled elective surgery, as it is impossible to carry on safe operations with untrained staff. Many other hospitals are severely limiting the elective surgeries. All other areas of the hospitals are suffering from

short-staffing and untrained, unoriented scab labor. Already the strike has struck heavy blows at the profit-hungry health care employers, who simply cannot run the hospitals without the regular RNs!

The class forces in the strike can clearly be seen. On the side of the Hospital Council is the press and the police. The press has generously promoted the Council's line that "business at the hospitals is proceeding as usual," in addition to generally down-playing the effectiveness that the strike has already had. The capitalist press notoriously down-plays and often condemns the workers' struggles in general as this press is controlled and owned by the monopoly capitalists. The role of the police, also has been to suppress the workers' struggles. Already at Ballard Hospital, the police were called in to harrass a union official for the Retail Clerks, who insisted that the technicians at Ballard had every right to wear the blue arm-bands showing sympathy toward the nurses' strike. According to the report of a Ballard nurse, one technician inside the hospital literally sat down on the floor and refused to take off his blue arm-band, when Ballard management told him he must remove it.

On the side of the nurses are the nurses themselves, the patients and the entire working

see p. 2

### CONTENTS special health care edition

A significant event in the history of health care workers in Washington State: the first strike of the RNs!.....	1
Florence Nightingale Ideology: Whom does it serve?.....	3
National Health Insurance-- Public service or bourgeois fraud? ..	4
Child Health Care in New China.....	8
Questions People Ask-- About Chinese Women .....	11

R.N. Strike... from page 1

class. Many potential patients have refused to come to the hospital. In addition to supporting the just struggle of the nurses, many patients rightly fear for their safety when the regular RN staff is absent. The working class all over Seattle is praising the fighting spirit of the RNs. In particular, the Teamsters Local 174 is refusing to deliver food. This has caused much stress for the hospital administrators who now have to worry about picking up the food themselves. AFL-CIO painters have refused to work in one hospital in sympathy with the nurses' strike. The LPN Assoc. has instructed the LPNs not to do the RNs work and not to change their vacation schedules because the RNs are on strike. The Northwest Economic Council of the Retail Clerks is taking 30 technicians out on strike July 13 at Ballard Hospital. Thus, the working class as usual is showing its strong solidarity.

### WHAT ARE THE MAIN ISSUES THE NURSES ARE FIGHTING FOR?

1) The RNs are demanding on the salary front: 15% increase the 1st year, 10% the second year, 10% the 3rd year with 3% increment after the 5th and 10th anniversary and a cost-of-living clause for a 2 or 3 year contract. The RNs are also asking for increased shift-differential, increased stand-by pay, (for standing-by to come to work for emergencies), and establishing IRAs for RNs in hospitals without pensions. The Seattle Area Hospital Council is offering a 6% increase each year for three years with no cost of living clause. The Council's offer shows utter contempt for the nurses. A 6%-3-year offer is equivalent to "throwing a few crumbs to the dogs." The RNs' wages over the past ten years have barely kept up with the cost of living. The cost of living increase over the past three years, according to the Labor Bureau of Statistics and the Wall Street Journal has been: 10.6%, 9.5% and 8.2% respectively. Thus, in order for the RNs to secure a healthy raise to help them catch up with the rest of skilled-unionized labor, the RNs would have to settle for no less than 15% and 10% with a cost of living clause. In addition the cost of living clause would have to be one which stated that the RNs would receive the percentage increase in cost of living every six months. In other words, the RNs, in addition to the salary raise would also have to receive whatever the cost of living had increased every six months. If the RNs don't settle for this type of cost of living clause, whatever their wage increase is would be eaten up in the increase in cost of living.

In order to make maximum profit the employers try to push the workers' wages further below what is necessary for the workers to survive. In capitalist society wages reflect the average amount of labor power which a worker must sell in order to buy the necessities of life, (and to bring up a certain number of children who will replace him or her on the labor market). Furthermore, the capitalists make profit from the surplus value created by the workers. (Surplus value is the wealth which the workers create through their labor over and above what the workers are paid in wages.) Nurses, for example sell their labor, (receive wages) to produce the commodity health care. The employer then sells the commodity, health care, which is produced through the labor of the nurses. And, through such devices as short-staffing, double-shifting, working the nurses with no breaks, often not paying them overtime, the employer has the nurses producing a much greater quantity of health care than is equivalent to the nurses wages. Thus, nurses are continu-

ally producing wealth for the employer over and above what the nurses receive in wages.

Employers have tried desperately to keep health care workers ignorant and confused on the extent of how the workers are used to make profit for those who own and control the health care institutions. To quote from an article in the International Journal of Health Services, "The United States health system is controlled by and run in the interests of an elite consisting of hospital and nursing home employers, an upper stratum of the medical profession, and the large corporate capitalists of the pharmaceutical, insurance and medical supply industries." The money spent on health care in the U.S. according to 1974 statistics was \$104 billion. This is equivalent to the military defense budget. The health care system is one of the most lucrative and profitable. According to early 1970 statistics, drug companies earned over \$600 million in profits per year and spent \$1.5 billion more in advertising. Proprietary hospitals, nursing homes and medical supply companies together earned \$600 million per year in profits. Both the pharmaceutical and medical supply companies, particularly the largest such as Libby, UpJohn, Johnson and Johnson, Squibb and many others have branches or subsidiaries all over the world. In regard health insurance companies, Americans paid \$29 billion according to 1973 statistics just to private insurance companies alone. Even though a good portion of this money is returned in health care services, the insurance companies, through short term investments make substantial profits, which is then reinvested to make more profit. Furthermore, to quote again from the International Journal of Health Services, "The major source of the high profits and incomes of the elite of the health industry lies in the labor of the nursing labor force." This means that much of the money paid by the health care consumers goes into profits for the hospitals, insurance companies, drug and medical supply companies.

How do non-profit hospitals fit into the profit-making scheme? Take Group Health as an example. Group Health is referred to as non-profit, as are many of the hospitals in the Seattle area. However, the term non-profit is a term that merely refers to a tax status. It does not mean that Group Health does not make profit. Non-profit merely means that the profits do not go externally into dividends for individual stockholders. Instead, the profits go internally, back into Group Health for maintenance and expansion of services, high salaries for administrators, bonuses for doctors, buying land for future clinics. In regard to expansion of services, much of the profit goes into capital investment for new facilities, such as the \$18 million E. Side Medical Center at Redmond, the \$7 million new Progressive Care Facility on Capitol Hill, the new Federal Way clinic, and buying land for new clinics. It takes huge profit to expand such as Group Health has done since 1947 to include the main hospital in Seattle, a new hospital in Redmond and 10 clinics all over the Seattle Area, and all the way to Olympia.

One argument which the employers always put forth when the nurses demand big salary increases is that it would be inflationary to the already exorbitant cost of health care. This argument is erroneous. For example at Group Health, since 1968, the premiums for 1 adult have nearly tripled from \$10.75/month in 1968 to \$26.71 in April, 1976. Meanwhile, nurses salaries have not doubled or tripled, but have barely kept up with the cost of living during this time. The starting salary for a staff nurse in 1968 was \$3.50/hour. In 1976, the starting

see page 3

## THE FLORENCE NIGHTINGALE IDEOLOGY: Whom does it serve?

Historically, an obstacle to the use of aggressive collective bargaining is the idea of some nurses to equate collective bargaining with unprofessional behavior. Many nurses considered collective bargaining in their own behalf to be irreconcilable with nursing ideology. This ideology is the ideology of self-sacrifice, the ideology promoted by Florence Nightingale, the founder of modern nursing. Flo's representation as a woman of sacrifice enabled nursing reformers to demand sacrifice of nursing recruits. If self-sacrifice actually served the interests of the patients, then it would be a good thing. So it is important that nurses analyze, FOR WHOM does self-sacrifice serve under the present health care system. Whom did self-sacrifice serve in Flo's case.

Concerning Florence Nightingale, much of her sacrifice was in vain, and objectively served the interests of the British colonialists at the time. To explain, Florence Nightingale entered the Crimean War during the height of British colonialism, which was dominating over much of the world in 1854. The British merchant and indus-

trial capitalists at this time were particularly noted for their plunder of the countries of Asia, Africa and Latin America, using these countries as a source of cheap labor and raw materials. The British colonialists were still carrying on slave trade. Great Britain was also known at this time for extreme cruelty and contempt for its own soldiers in the British army. The way to have helped the British soldiers at this time was to have denounced the wars of aggression of Great Britain. But Florence Nightingale supported these wars, and claimed that the British army would be weakened for future wars unless the health care of the wounded soldiers was improved. Thus, in supporting these colonialist wars of aggression, Florence Nightingale objectively supported the British colonialists, who were responsible for the needless suffering and death of the very people she was trying to help, the British soldiers. Flo was a woman, whom like all other women of her time had never been allowed to participate in politics, and she therefore was extremely naive about the political system in

see page 4

R N. Strike... from page 2

salary for a staff nurse is \$5.00/hour. In other words, Group Health's perpetual premium increases cannot be blamed on an increase in nurses wages.

2) The RNs are demanding mandatory membership in their association, the Washington State Nurses Assoc. Or they are demanding that non-members pay fee for services. The Hospital Council of course does not want mandatory membership as this makes for more unity and power for the RNs. It makes for lesser number of scabs during a strike in particular.

3) Under the present contract an RN can be terminated only for just cause. The Hospital Council however wants to remove this clause to thereby be able to terminate an RN without just cause. Thus, any RN who might speak out against the employer, could easily be fired if the employer has anything to do with it.

4) The RNs are demanding better working conditions particularly in the area of staffing. The RNs are always faced with under-staffing situations whereby it is impossible to deliver quality patient care. The health care employers of course do not want to provide adequate staffing as it is not as profitable to do so. The employers do not care that the RNs are unable under their present working conditions to do adequate patient and family teaching or implement care plans. The employers do not care that often patient lights are on for long periods of time causing great stress for the patients. So long as the money is rolling in and maximum profit is being made, the health care employers are happy.

5) RNs are demanding a retention of benefits clause whereby the RNs in those hospitals having benefits exceeding the contract will not lose these benefits. The Hospital Council does not want this retention of benefits clause, such that the Council can take away the hard-earned benefits if they decide to.

6) The RNs are also asking for a few extra vacation days which the employer has denied.

GROUP HEALTH NURSES HOPE TO BE OUT ON STRIKE SOON IN UNITED ACTION WITH SEATTLE AREA NURSES:

On Thursday, July 8, 1976, Group Health RNs' ballots were counted and the Group Health nurses voted to reject Group Health management's 6%-3-year salary offer. Further, Group Health nurses voted to authorize the negotiating committee to set a strike date. A large number of Group Health nurses wanted to be out on strike on the same day as the Seattle Area nurses, thus adding their numbers, (624) to the common struggle of the RNs in the Seattle Area. Various nurses from Group Health report that they are continuing their efforts to join the Seattle Area nurses on strike as soon as possible. A few nurses at Group Health have reported to the Seattle Worker editorial board that they have met obstacles in trying to unite in strike action with the Seattle Area nurses. These obstacles have been the following: 1) Group Health nurses negotiations have dragged on much longer than the negotiations for Seattle Area nurses. This fact has angered a number of nurses at Group Health as they wanted to be out on strike exactly on the day that Seattle Area nurses went out on Strike, as they know that their strength in unity of action. 2) W.S.N.A.'s chief negotiator and the rest of Group Health nurses' negotiating committee recommended that the Group Health nurses accept managements' 6%-3-year salary offer, with the stipulation that if Seattle Area nurses receive more, so will Group Health nurses. However despite the recommendation of their negotiating committee, the Group Health nurses rejected the 6% salary offer and voted to authorize a strike date. Accepting an offer which Seattle Area nurses rejected would have had the effect of stabbing Seattle Area nurses in the back, as the Hospital Council could then have said, "The Group Health nurses accepted 6%, so why won't you." In addition, many nurses at Group Health said that it would be cowardly and parasitical to merely wait and see what Seattle Area nurses get and settle for that, without having fought themselves. Thus, many Group Health nurses at this time are pushing to set their strike date as soon as possible in order to be out on strike while Seattle Area nurses are still out, thereby showing solidarity in their common struggle.

Seattle Area RNs, through their strike action, have joined the entire working class in fighting the effects of the capitalist economic crisis, which is weighing heavily upon the shoulders of all the toilers in America. Seattle Worker warmly hails the fighting spirit of the RNs.

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# NATIONAL HEALTH INSURANCE-- PUBLIC SERVICE OR BOURGEOIS FRAUD?

The economic crisis of the U.S. capitalist system continues, and along with it, the profound political, social and all-round crises of the entire social system. The health care industry, second largest industry in the nation, is in the middle of this all-round crisis. Today, millions of American people, especially the poor and national minority people, have no means to receive health care services; that for those fortunate enough to be able to afford some medical service, it is of poor quality in many cases; and on top of all this, it is exorbitantly and prohibitively expensive, leaving the "beneficiaries" often in crushing debt.

With the decay of U.S. monopoly capitalism, social disintegration is at a high level manifesting itself in widespread drug abuse, alcoholism, venereal disease, rape, suicide and general mental instability.

In addition, the general economic situation is that the monopoly capitalists are shifting the burden of the economic crisis onto the backs of the working class, resulting in attacks on workers' real wages, in massive unemployment, and in large-scale pressure to increase the intensity of workers' labor. Speed-up is reaching a threshold of human endurance in many areas such as on the auto production lines. The indus-

trial accidents and deaths, the suffering and oppression of wage-slavery in general, are also the products of the all-round crisis of the capitalist relations of production in the U.S.

For all of these reasons, the issue of whether or not Congress should enact a National Health Insurance (NHI) program is attracting more and more attention across the country.

The Democratic Party, with presidential candidate Jimmy Carter in the forefront, is attempting to present itself as the ones who can solve numerous economic and social problems facing the masses of people, including the crisis of inaccessible, poor, and expensive health care. On April 16, Jimmy Carter endorsed NHI along the lines of the Kennedy-Corman Health Security Act now being debated in Congress. Also, the AFL-CIO is pushing this Health Security Bill through its numerous newspapers. These "labor lieutenants of the capitalist class," with such bureaucrats as United Auto Workers (UAW) President Leonard Woodcock in the lead, have joined in a united front with the "left-wing" Democratic Party politicians in an attempt to convince the American people that the tremendous problems facing the people on the health care front can be solved through some form of "nationalization" of the health care industry;

see page 5

## FROM P.3

which she lived. She unfortunately had undying faith in various government authorities, who did not share her interest in the health care of the British soldiers. Flo was always subservient to these government authorities, and never rebelled when these authorities repeatedly refused her demands for improved health care. Actually, except for improvement in the quality of nursing care itself, very little in the way of health care reforms was accomplished during Flo's lifetime, and much of her sacrifice was in vain.

Today nurses are in a similar situation in that their sacrifice does not serve the patients' interests, but actually harms the patients' interests. Under the present health care system, which is based on profit, the more nurses sacrifice rest periods and work overtime for "free", the less additional staff they receive to care for the patients. For example, if nurses were to switch places with the patients, would nurses rather have taking care of them the nurse who sacrifices every day, who refuses to put down her overtime, who never demands more help such that the staff is always hurried and frustrated, who works uncomplainingly in conditions where it is impossible to do patient teaching, where families are left worried and unattended and where patient lights are on for long periods at a time. Or would nurses, if they were the patients, rather have taking care of them, the nurse who is aggressive and always demands overtime pay when she works overtime, the nurse who calls to inform the supervisor when she needs more help, and if more help is refused, the nurse who states boldly, "then I refuse to be responsible for the care of these patients." Very often when nurses refuse to be responsible, more help suddenly appears. Also consistent overtime pay is good documentation for nurses to show that they need more staff. It is therefore the nurses who are refusing to sacrifice who are genuinely serving the interests of the patients.

Besides harming the interests of patients, the ideology of self-sacrifice under the present health

care system has hurt the interests of nurses. Historically, the Florence Nightingale ideology played a role in influencing the A.N.A. to take various stands which were against the interests of the nurses. For example, at the beginning of the depression, the A.N.A. resisted the substitution of the 8-hour day, for the RNs' usual 12-hour day, on the grounds that as professionals, their work day was dictated by the needs of the patients for service. The A.N.A. waited until 1946 to propose the economic security program for collective bargaining, which was long after the major union organizing drives of the labor movement in the 1930's. In 1950, the A.N.A. adopted a no-strike policy, which was not abolished until 1968. This no-strike policy was lethal to collective bargaining as it is only the threat of a strike or the strike itself that forces concessions from the employers.

In the final analysis, the ideology of self-sacrifice under the present health care system serves the interests of the health care employers. It causes some nurses to feel guilty such that they will donate free labor to the employers who are already making huge profit off of the nurses' labor. In addition, the Florence Nightingale ideology interferes with the fighting spirit of some nurses at contract time.

Obviously, the Seattle Area nurses strike indicates that the repressive influence of the Florence Nightingale ideology is being wiped out! Most RNs have realized that under the present monopoly capitalist health care system, the sacrifice of health care workers only serves the profit-making interests of the monopoly capitalists.

Only when society is organized on a socialist basis, where the health care workers themselves are not exploited, and where the patients themselves are not exploited for the sake of profit, can self-sacrifice by the health care workers genuinely serve the interests of the patients.

End item.

National Health Insurance... from page 4

some type of "socialized medicine". At a conference in Seattle on Oct. 18, 1975 Leonard Woodcock advocated the passage of this plan under the slogan: "health care is a right of all Americans."

A second major NHI plan is the Burleson-McIntyre National Healthcare Act, which is backed by the Health Insurance Association of America. The Insurance Association says that this plan would "serve the public interest."

Are these NHI proposals in the halls of Congress really designed to serve the public interest, or are they merely more bourgeois fraud?

In a society divided into classes, one must analyse the class content of every idea, policy and plan. This answers the question: "Whom does it serve?" Without a doubt, every NHI proposal is designed to serve the interests of the monopoly capitalist class and not the public interest. The backers of NHI seek to dress-up these plans with glorified promises, with vague and sweeping generalizations --but in the final analysis these NHI plans have as their central thrust the bolstering and guaranteeing of profits for the finance capitalists of the insurance industry and the monopoly capitalists of the health care delivery system. They will not solve one single problem facing the people, but instead are designed to increase the rate of profit of the financial swindlers who are organized as the ruling class in the U.S.

A FEW FACTS ABOUT POOR HEALTH CARE IN THE U.S.:

The American people have suffered bitter experiences within the U.S. monopoly capitalist health care system. Everyone knows that health care in general is poor in the U.S., both in terms of quality and accessibility. Despite the fact that the U.S. spent \$104 billion in 1974 on health care (7.7% of the gross national product), the U.S. health care system is number one only in terms of health expenditures. According to recent 1970-71 statistics, the U.S. ranks among the industrialized countries:

- 15th in death of infants during the first year of life,
- 7th in percentage of mothers who die in childbirth,
- 27th in life expectancy of males,
- 12th in life expectancy of females.

And, of course, the health care of the poor is much worse than that of the more affluent. The disability rate for families below the poverty level is at least 50% higher than for families with income of about \$10,000. Half of the poor children are not immunized against common childhood diseases. Nearly half of the women who delivered in city and county hospitals, most of them poor, have had no prenatal care at all. A child born into poverty has twice the chance of dying before age 35 as a child born into a middle-income family. It is not unusual to find doctor-to-patient ratios as low as one to 200 people in the suburbs and as high as one to 10,000 or more in the inner city. There is also a wide variation between the death rate of white and non-white infants in the U.S. In 1969, there were 19.2 infant deaths per 1,000 during the first year among whites. The comparable mortality rate for non-white infants was 32 for every 1,000.

The average American now works about one month a year to cover the cost of doctors, hospitals and health insurance for his family. Yet, nearly one out of five Americans under age 65 had no hospital or surgical insurance in 1972. More than half under age 65 have no insurance for doctor bills outside a hospital. Only one in ten has any prepaid dental insurance.

WILL EITHER THE KENNEDY-CORMAN OR THE BURLESON-McINTYRE NATIONAL HEALTH INSURANCE PLAN BENEFIT THE AMERICAN PEOPLE---IMPROVE THEIR HEALTH CARE?

Both plans advertise increased accessibility, preventive medicine and cost control as proof of their service to the public. However, if we analyze these plans carefully, it becomes obvious that the real motive behind them is to increase the profits of the health care suppliers and providers. And in the case of the Burleson-McIntyre plan, the health insurance companies as well would be provided with increased profits.

As for accessibility, it is true that there would be some expansion of health care service to those who previously did not receive health care. However, the real reason for the promotion of these national health care plans is not to provide the lower income workers with good medical care that they are currently not receiving. This is evidenced by the fact that neither of the proposals adequately provide for an increase in the number of health care workers to serve an increase in the number of patients. The real reason therefore, behind increasing "accessibility" is to enlarge the market for medical suppliers and providers and to thereby increase profits.

There is also a superficial "preventive medicine" aspect to these plans. Both plans would include benefits allowing preventive out-patient check-ups. And statistics from prepaid programs such as Group Health Cooperative show that preventive check-ups can reduce the amount of hospitalization up to 25-50%. But the real preventive medicine for the masses of people is not the intent of these plans. From an insurance capitalist's point of view, it is much more profitable to keep people out of the hospital through preventive check-ups in order to reduce the overall amount of benefits paid and thereby increase profits. If we in fact address ourselves to the deeper aspects of preventive medicine we see that neither of the national health insurance plans will solve the problems in U.S. society which give rise to the major illnesses. Neither plan will do anything to solve the problems which give rise to widespread alcoholism, drug addiction, mental illness, stress-related illnesses, or venereal disease. The plans will do nothing to decrease the thousands of industrial and work related accidents which occur every year. The plans will do nothing about air and water pollution, the poor quality of many foods that poor people are forced to eat, and a host of other problems that are born out of a society based on the exploitation of the working class by the monopoly capitalists.

The cost control aspect of the plans is unclear and embellished with vague phrases such as "the health care system would be anchored to a budget established in advance," and that "the cost of each kind of service and the overall cost of the program would be allowed to increase only on a controlled and predictable basis." As examples of this, the backers of NHI point to health maintenance organizations such as Group Health Cooperative. However, cost controls for the benefit of the American working class is not what these plans have in mind. For while Group Health Cooperative establishes "budgets in advance" and allows cost increases on a "controlled" basis, the cost for consumers is still rising, with an estimated \$75.30 monthly premium for a family of four starting April 1, 1976. The cost controls which Group Health establishes are merely to increase profits so as

see page 6.

National Health Insurance... from page 5

to expand Group Health, not to reduce the price for consumers.

If neither of the NHI plans will benefit the American people, then why are they being proposed? As is the case with most legislation under capitalism, the congressmen involved simply propose legislation which serves the interests of the monopoly capitalist class or certain sections of it. For example, the Kennedy-Corman bill advocates a national health insurance plan which would serve the giant monopolies in the drug, medical supply and hospital industries, by increasing their market. How is this? First of all, Kennedy's plan would be financed by payroll deductions (50%) and federal tax revenues (50%). As a result of this revenue, NHI would pay for 70% of total health care costs with all citizens participating in the program. And since 70% paid benefits are more than millions of Americans now have, thereby making health care more accessible, the plan would increase the market for health care suppliers and providers. But who will pay for the increased benefits? As was the case with Medicare and Medicaid, the American people in general and especially the higher-paid workers and petty bourgeoisie (small business owners) will pay much higher taxes to finance a small expansion of health care services. This effectively will subsidize a large increase in profits for the monopoly capitalist health care providers and suppliers.

To even suggest such a plan in the name of helping the American people is criminal. For it is a well known fact that drug companies, medical supply companies and hospitals constitute highly lucrative and profitable business. According to early 1970 statistics, drug companies earn over \$600 million in profits each year, and spend \$1.5 billion more in advertising. Moreover, nursing homes, proprietary hospitals and medical supply companies together earn also \$600 million yearly in profits. But the American people are asked to subsidize their own exploitation even more by submitting to an even heavier tax burden, that even now is squeezing the working people white!

One only has to look at Sweden to see that since voluntary health insurance was converted to state-capitalist government-provided coverage, medical costs have sky-rocketed. Within 12 years costs increased ninefold--from \$305 million in 1960 to \$2.77 billion in 1972. This was the dear price the Swedish people paid for increased "accessibility".

The Burleson-McIntyre plan advocated by the Insurance Association also serves the monopoly capitalist class particularly the health insurance companies, but also the drug, medical supply and hospital industries. How does this scheme work? (1) The health-accident section of the leading life insurance companies are going bankrupt, according to some sources, reporting less than 1% profit (before investment) over the last five years. In 1974 alone the Health and Accident section of Prudential reported 0.7% underwriting profit; Metropolitan Life: -0.6%; John Hancock: -1.6%; and Aetna Life: -1.1%. Furthermore, Blue Cross/Blue Shield (which handles 40% of the health insurance business in the U.S.) reports \$500 million dollar losses for the first six months of 1975. The Burleson-McIntyre plan proposes government subsidies to the insurance companies, with proportionately more subsidies for the poor and unemployed. Thus, the American people's tax money would be used to subsidize the faltering health insurance industry. V.I. Lenin, great leader of the Russian revolution explained that nationalization under capitalism is introduced for certain enterprises as "merely a means of increasing and guaranteeing the income of

millionaires in one branch of industry or another who are on the verge of bankruptcy." And such is the case with the Burleson-McIntyre plan. (2) This plan would also increase benefits and make the benefits the same for all, thus again insuring continued soaring profits for health care industry suppliers and providers at the American people's expense.

Why is the health insurance business, however, having difficulty? Inflation is a primary factor. The rapidly rising costs of health care, and expanding health care technology are eating up premiums. Unemployment is also cited by the health insurance companies as a reason for their difficulties. The concentration of layoffs among younger workers tends to raise the average age among workers who remain insured, thus raising the average frequency of illness or disability. The insurance companies further state that there is a tendency for employees recently unemployed to make maximum use of their insurance coverage before it expires--thus increasing utilization and the amount of benefits paid.

It is not likely that Congress will pass either the Kennedy-Corman or the Burleson-McIntyre NHI plans due to the deepening economic crisis. The monopoly capitalists are more concerned that the diminishing purchasing power of the American people be spent for autos, homes and appliances than in the health care sector of the economy. In addition, to finance ever-increasing military budgets the federal government needs to make further inroads on the people's purchasing power via taxes. If taxes are instead used to subsidize the health-care capitalists, the military-related industries will suffer, and the position of the U.S. in its contention with the Soviet Union for world domination will be weaker.

Because these NHI plans are not proposed for the "public interest" but rather for the interests of the rich, various "liberal" politicians such as Edward Kennedy and labor aristocrat Woodcock use political deception in order to promote them. For example, one line of political deception is simply not to mention the facts, but rather to blither in emotional "furor" at the poor state of health care in the U.S. Kennedy and Woodcock both shout the slogan "health care must not be governed by private profit, it is a right of all Americans." They attack the health insurance companies for being "profit-hungry", yet fail to tell us that their own Health Security Act would subsidize the "profit-hungry" drug, medical supply and hospital industries through increasing the American people's tax burden. Kennedy and Woodcock would like the people to think that health care falls from the sky. But the American people know that health care is a commodity in capitalist society, the same as automobiles, homes and furniture. And it is an expensive commodity, the cost of which is rising 2 and 1/2 times faster than any other consumer item. It is sold at a profit, and only when it can make a profit, and only to those who can afford this vicious blackmail ("pay exorbitant fees or suffer").

Another line of political deception is that nationalization under monopoly capitalism is in the public interest, because "the state looks after the masses." In order to understand why this statement is fraudulent, one only has to look at the role of the state machine (government) in U.S. society to see that the government is not neutral or benevolent, but is in fact an instrument of the capitalists used to oppress the working class. As Comrade Engels, great leader of the working class stated: "The modern representative state is an instrument of exploitation of wage labour by capital."

Still another line of political deception put forward by various bourgeois reformists is that

see page 7

National Health Insurance...from page 6

nationalization of health care under monopoly capitalism is the same thing as socialized medicine--that to nationalize health care would be a step toward building socialism. The fact of the matter is that state-organized monopoly capitalism is still capitalism. The monopoly capitalist class still owns and controls the means of production, still expropriates the wealth from the working class and still rules over the oppressed people with an iron fist. State monopoly capitalism merely means that the ruling class needs to use the state even more in order to reap ever-greater profits from the workers' labor. As was mentioned earlier, both the Kennedy-Corman Health Security Act and the Burleson-McIntyre National Healthcare Act would increase government subsidies to the giant health care suppliers and providers, at the expense of the American people's tax money. Thus there should be no illusions that state ownership and/or control of health care is a step in the right direction. It signals that the exploitation by the monopoly capitalists must become more severe and widespread. To quote again from Engels:

But the transformation...into state ownership does not do away with the capitalist nature of the productive forces...the modern state is only the organization that bourgeois society takes on in order to support the external conditions of the capitalist mode of production against the encroachments as well of the workers as of individual capitalists. The modern state, no matter what its form, is essentially a capitalist machine, the state of the capitalists, the ideal personification of the total national capital... The more it proceeds to take over the productive forces, the more does it actually become the national capital, the more citizens does it exploit. The workers remain wage workers--proletarians. The capitalist relation is not done away with. It is rather brought to a head. But brought to a head, it topples over. State ownership of the productive forces is not the solution of the conflict, but concealed within it are the technical conditions that form the elements of that solution. (from Socialism: Utopian and Scientific)

Nationalization by the state under monopoly capitalism is inevitable, and is a good thing in the sense that it further sharpens the contradictions between the working class and the monopoly capitalist system more and more concentrated into the hands of the state. But where liberals and "revolutionary" opportunists have undermined the socialist revolution is precisely by their falsification of the nature of the state under capitalism and their denial of the necessity for the proletariat to seize the state, smash up the old military and bureaucratic apparatus and establish socialism under the dictatorship of the proletariat. Furthermore, in equating state monopoly capitalism with socialism, the "revolutionary" opportunists assist in creating a basis of support for fascism among certain sections of the working class and petty bourgeoisie, who see their hard-earned income stolen from them by the monopoly capitalists, to supposedly pay for the poor and the unemployed, but actually to subsidize big business, all in the name of "socialism."

Socialism on the other hand is the rule of the working class, in which the working class owns and controls the means of production. There is all democracy for the working class and dictatorship over the capitalist class. Profit is no longer the driving force of society but rather the needs of the people and the rational planning of the economy and allocation of labor and resources

by the workers government. Socialism provides the structure of society in which class antagonism can be wiped out and therefore the basis of exploitation of man by man. Ensuring the people's health and eliminating the problems in society which give rise to the major health problems is a high priority under socialism, as can be seen by the shining example of the People's Republic of China. Even the capitalist press has to recognize that in China there is virtually no more alcoholism, starvation, drug addiction, venereal disease or crime. And, mental illness is becoming a thing of the past. Since health care workers are no longer exploited in China, their initiative and enthusiasm has been released and has resulted in tremendous break-throughs in combining traditional medicine (including herbal remedies) with modern medicine, particularly in acupuncture. China is making tremendous breakthroughs in all areas of health care as well. Particularly noteworthy at this time is China's orthopedic surgery, maternal-child care and use of acupuncture in surgeries and treatment of deafness and chronic pain. (See article on health care in China--page )

Today, the U.S. economic crisis continues in the midst of the deepening general crisis of world capitalism. The international situation is in great disorder. Countries want independence, nations want liberation and people want revolution. This is an irresistible historical trend. The world's people are rising up to overthrow the rule of the reactionaries of all stripes headed by U.S. imperialism and Soviet social-imperialism.

The two superpowers, beset by crises one after the other, are stepping up their rivalry for world conquest and domination. This contention is leading in the direction of another world war, more terrible than the previous two. In the U.S., the imperialist ruling class is stepping up the development of fascism on all levels so as to prepare for world war and to enforce the shifting of the economic crisis onto the backs of the working people.

The NHI proposals are the brothers to the "National Economic Planning" and "Full Employment" frauds being pushed under the umbrella title of the Humphrey-Hawkins Bill. These proposals, all dressed up in "socialist" pretensions are in fact very similar to the fascist policies of Mussolini in pre-WW II Italy. All feature the increasing use of the state machine to extract profits from the masses of people. This increased concentration of power in the hands of the capitalist state has been well underway in the U.S. for years, particularly since WW II. It is being stepped up today in order for the monopoly capitalists to extricate themselves from their difficulties caused by the economic crisis.

American workers have historically fought for health care as a fringe-benefit from employment. They should definitely continue to fight for increased benefits at the place of work. At the same time, workers should realize that the motive behind the NHI plans is profit and not the health care of the people--and that only with the establishment of a bright red Worker's Socialist Republic through revolutionary struggle will health care for the masses become a priority in the U.S.

(This article is reprinted from Seattle Worker Vol. 3, No. 7, Dec. 1, 1975. It has been amended for current publication.)

end item.

# CHILD HEALTH CARE IN NEW CHINA\*

Society of Pediatrics of the Chinese Medical Association

There is a world of difference in child health care between the socialist New China and the old society. Before liberation, the Chinese people suffered terribly from oppression by imperialism, feudalism and bureaucratic capitalism. The misery caused by hunger, poverty, disease and pestilence seriously jeopardized the lives of our children. They were ruthlessly oppressed and exploited as cheap labor by the imperialists, landlords and capitalists. And innumerable children fell victims to medical experimentation and other forms of brutality in the so-called philanthropic institutions such as "nurseries" and "orphanages," which were virtually homicidal concentration camps run by imperialists and bureaucratic capitalists under the religious cloak of humanitarianism. The infant mortality rate in those days reached 200 per thousand live births, and was even higher in out-of-the-way places and minority nationalities areas. A woeful ballad lamented: "Only pregnant women are seen but never baby toddlers." The fact is there was in old China no health care to speak of for the children of the broad working masses.

Under the leadership of Chairman Mao and the Communist Party of China, the Chinese people after having waged a protracted and heroic struggle, overthrew the reactionary rule of imperialism and its lackey Chiang Kai-shek, and founded the People's Republic of China. It was not until then that the laboring people became masters of the country. Our government and people have since been engaged in a series of social reforms and have carried out socialist construction according to the policy of independence and self-reliance, which has rapidly developed agricultural and industrial production and steadily improved the material well-being of the working people.

In pursuance of Chairman Mao's teaching: "Take good care of children's health," the Constitution of the People's Republic of China provides that mothers and children are subject to protection by the state and child health care services have been organized and gradually developed.

Some aspects of child health protection in New China are presented in this report.

## ORGANIZATION OF MEDICAL CONTINGENT THAT GIVES WHOLEHEARTED SERVICE TO CHILD HEALTH CARE

In the early days of liberation, Chairman Mao issued the great call: "Unite all sections of medical and public health workers, veteran or new, Chinese or western style, in a solid united front and strive to promote the great work of public health for the people." With a view to altering quickly the grievous shortage of medical service, an appalling hangover from the past, our Party and government took measures to unite with and retrain the old medical personnel on the one hand and intensified the training of a new type of medical and health personnel who are politically advanced and technically sound, i.e., both red and expert, on the other. In addition to the pediatricians trained in medical colleges, a large number of intermediate and primary level workers in child health care were trained. A medical corps composed of pediatricians, medical assistants, nurses and auxiliary child health workers was then gradually brought into being. During the Great Proletarian Cultural Revolution, to meet the needs of development of revolution as well as production, training was given barefoot doctors selected from peasants, volunteer red medical workers selected from factory workers and red medical aids selected from housewives in urban neighborhoods. This corps of specialized medical personnel supported by medical activists among the masses is devoted to child health care and is distributed throughout the country at all levels of the medical and health service in hospitals, maternal and child health centers, nurseries and kindergartens, epidemic prevention centers or clinics, and health organizations at the basic level.

Our medical and health workers, in accordance with Chairman Mao's teaching to serve the people wholeheartedly, are fearless in the face of hardship or death, warm-hearted towards the people and are constantly perfecting their professional skill. For the sake of their patients, they donate their blood and skin, practise needling on their own bodies, work overtime, attend emergency calls in spite of ill health, and climb precipices to gather medicinal herbs. Due to the concern for child care shown by Chairman Mao and the Communist Party of China and the efforts of our workers in carrying out Chairman Mao's teachings, we have been able to achieve fairly good results in child health care in a short period.

## IN MEDICAL AND HEALTH WORK, PUT THE STRESS ON THE RURAL AREAS

The question of whom to serve is fundamental, it is a question of principle. "Service to the workers, peasants and soldiers" is the basic orientation of health work in New China. More than 80% of the population are peasants and their children. Chairman Mao pointed out long ago that peasants are the main objective of health service. If we have not served the peasants well, we cannot speak of having served the broad masses at all. Before the Great Proletarian Cultural Revolution, due to interference by Liu Shao-chi's revisionist line in medical and health work

no fundamental change had been brought about to the situation of inadequate medical care in the vast countryside.

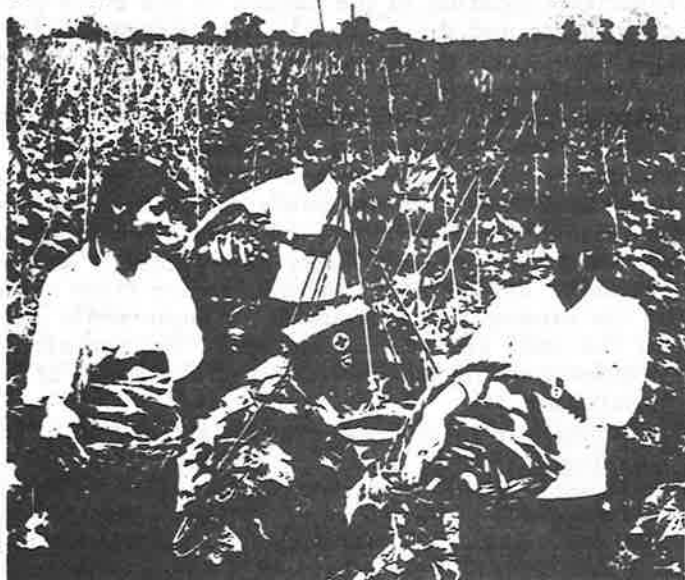
Since the Great Proletarian Cultural Revolution, however, Chairman Mao's great directive "In medical and health work, put the stress on the rural areas" has found its way ever deeper into the hearts of the people. The countryside has been given priority in manpower, material and financial resources. Large numbers of pediatricians as well as other medical and health workers have gone from the cities to the mountainous and rural areas either to settle down for good or to work in mobile medical teams that periodically go to the rural areas. In some cities whole hospital units have been moved to the countryside. In Peking, for instance, two of the five children's hospitals are now in the frontier rural regions, besides pediatricians from eight general hospitals. Incomplete statistics show that, up to the end of 1973, more than 100,000 medical workers left the cities to settle in the countryside and mobile medical teams involving more than 800,000 medical workers are working among the people in rural and mountainous regions. These measures have improved medical care and medical care delivery including minor operations in the countryside.

In addition, more than one million barefoot doctors have been trained. With a rudimentary knowledge of medicine and skills, they perform their medical and health work while taking part in collective productive labor together with the peasants. They play a useful role in prevention and treatment of disease, dissemination of health knowledge, improvement of environmental sanitation, giving guidance in mother and child care and gathering, growing and processing traditional medicinal herbs. Today, more than half the state's health appropriations are spent in the countryside and hospital beds and medical and health workers there account for more than half the total national figure. Medical equipment, drugs and biological products are amply supplied to the rural areas. Several big price-cuts have been made on medicines and their average price today is only some 20% of that in the early days following liberation.

Cooperative medical service is a new creation of the poor and lower-middle peasants as a result of struggle against diseases by relying on their own collective strength, and is steadily expanding and consolidating in the course of development. In Kwangai Chuang Autonomous Region, one of the provinces where the minority nationalities live, for example, cooperative medical services have been set up in 83% of the production brigades. Basic health networks have been organized in the countryside. They include general hospitals, antiepidemic stations and mother and child care centers (clinics or stations) at the county level, rural people's commune hospitals, production brigade cooperative medical service clinics with barefoot doctors, and production team health stations managed by volunteer health workers. The situation of inadequate health services in the countryside is changing. Many communes and brigades are now able to carry out early prevention and treatment, minor ailments are treated locally and serious cases do not have to be sent outside the commune. These improvements have not only safeguarded the health of the poor and lower-middle peasants and their children but also effectively promoted agricultural production.

## POSITIVE PROPHYLACTIC MEASURES RAISE CHILD HEALTH LEVEL

Our efforts to promote child health care follow closely Chairman Mao's policy of "Putting prevention first." Mass Patriotic Health Movement campaigns to exterminate the four pests (mosquitoes, flies, rats and bedbugs) and eliminate diseases have been organized regularly since the early days following liberation. The Patriotic Health Movement in which the masses are mobilized to wage struggles against diseases and unhygienic practices has brought significant results in improving environmental



A barefoot doctor at her regular farm work in the Lukon Bridge commune near Peking.



**Child Health Care in New China...from page 8**

sanitation, personal hygiene, food hygiene and drinking water sanitation. This has played an especially important role in relation to the health care of the growing, developing and vulnerable children.

Prophylactic immunization such as BCG, smallpox and combined diphtheria, pertussis and tetanus vaccinations are carried out on a nationwide scale. Live attenuated measles and poliomyelitis virus vaccines are also extensively used for children. Vaccines against Japanese B encephalitis and epidemic meningitis are given in certain regions. All vaccines are produced in China and are given free of charge. Vaccination campaigns are planned systematically. With the above-mentioned measures, epidemics of certain infectious diseases are now effectively controlled. Serious communicable diseases like smallpox, cholera and plague have long been eradicated. By and large, kala-azar in North China and schistosomiasis in some regions of South China have also been eliminated. The incidences of several other children's infectious diseases have also dropped markedly (Table 1).

Table 1. *Relative morbidity of 5 communicable diseases in Peking in 1972*

Diseases	Relative morbidity in 1972*
Diphtheria	0.7
Pertussis	18.7
Measles	24.7
Japanese B encephalitis	13.3
Poliomyelitis	9.4

\* Taking the morbidity of 1951 as 100.

Our government encourages family planning. In the populous areas women are advised to bear fewer children and to space their pregnancies. These measures have proved most beneficial in mother and child care.

Women receive routine prenatal check-ups when they become pregnant. Pregnant workers and cadres are given light work, more rest periods during working hours and no night shifts after seven months' pregnancy. Pregnant peasants are allowed to perform light work. Thanks to better care of expectant mothers and general improvement in living standard, the incidence of difficult labor and premature birth has been reduced. Also, the average birth weight has increased compared with that of preliberation days (Table 2).

Table 2. *Average increase of birth weight in Peking Maternity Hospital after liberation*

Year	Average birth weight increase*
1966	100.50
1963	102.50
1973	107.33

\* Taking the average birth weight of 1922-1940 as 100.00.

Application of modern midwifery (aseptic delivery) is already a common practice in the cities and neonatal tetanus has been eradicated. Since the Great Proletarian Cultural Revolution, many women barefoot doctors have been trained to reinforce the midwifery ranks already available in the rural areas, thus ensuring the common practice of aseptic method of delivery. The incidence of tetanus of the newborn has also fallen considerably in these areas.

In order to facilitate postpartum recovery as well as postnatal nursing, the government regulations provide that women employees receive 56 days maternity leave (70 days in case of labor complications or twin births) with full pay. In factories, government offices, enterprises and other organizations, breast-feeding mothers do not work night shifts during a 7 to 8 months' postpartum nursing period and have one hour to nurse infants during working hours. In the countryside, women peasants are assigned to work close to their homes or do light work following maternity leave.

To solve the problem of infant feeding, fresh cow's milk, goat's milk and milk preparations are available for infants whose mothers have inadequate breast milk. In addition, a protein-rich milk substitute made with soybean as its main ingredient has been produced according to a formula worked out with the help of pediatric workers. The substitute product has the advantage of low cost and high nutritive value which ensures healthy growth of newborn infants.

Furthermore, pediatricians and barefoot doctors regularly give instructions about infant feeding, disease prevention and physical exercise to mothers and nursery workers. The physical state of infants and young children has improved greatly (Figs. 1 and 2), resulting in lowered morbidity and mortality.

To enable women to take part in political and cultural activities and in productive labor and effectively protect the health of the children, facilities are available in both cities and rural areas including breast-feeding rooms (in workshops), nurseries, seasonal harvest nurseries and kindergartens. In these establishments children are given proper care



Chinese Medical Students Learning the Method for Planting a Herbal Medicine.

and education including physical training appropriate to their age. This enables children to develop good hygienic habits and love manual labor from childhood days, accustoms them to collective activities, inculcates love of the socialist motherland, the Communist Party of China and Chairman Mao, and fosters a spirit of patriotism and internationalism, ensuring their all-round development.

Following Chairman Mao's instruction, "Our educational policy must enable everyone who receives an education to develop morally, intellectually and physically and become a worker with both socialist consciousness and culture," we are now in the process of educational revolution which includes shortening the courses of study to lessen the load of class learning and implementing integration of education with productive labor. For school children and youth aged 7 to 17, we generally rely upon school medical personnel and district health doctors to conduct periodical physical examinations, prophylactic immunization, instruction in hygienic habits and physical training. At the same time, children are taught calisthenics and ocular exercises appropriate to their age. These measures have produced good results in building revolutionary will power, promoting discipline and improving physique.

Moreover, to rid the Chinese people of the social disease (venereal disease) left over from old China, the People's Government from its very inception adopted a series of effective measures for its eradication. These included the closing down of brothels, prohibition of prostitution, promulgation of the Marriage Law, strict prohibition of polygamy, organization of specialized medical personnel and clinics for the active treatment of venereal disease patients and health propaganda and education to end bad habits and customs. As a result, venereal disease has been eradicated and congenital syphilis is no longer encountered.

Tuberculosis was a disease inevitably affecting children of the working people in old China. Today, however, following continuous improvement in living standards, extensive health propaganda, popularization of BCG vaccination and prompt treatment of active tuberculosis among adults, the morbidity rate of tuberculosis among children has declined considerably.

#### USE OF COMBINED TRADITIONAL AND WESTERN MEDICINE IN PREVENTION AND TREATMENT OF CHILDREN'S DISEASES

Traditional Chinese medicine and pharmacology summarize the experience gained by the Chinese people in their centuries of struggle against disease. Rich sources of traditional Chinese herbal plants are available throughout the country. In response to Chairman Mao's call: "Chinese medicine and pharmacology are a great treasure-house, and efforts should be made to explore them and raise them to a higher level," our pediatric workers have consistently followed the road of integrating the traditional Chinese and western schools of medicine. Particularly since the Great Proletarian Cultural Revolution, a vigorous mass move-

Child Health Care in New China...from page 9

Table 3. Rate of BCG inoculation of neonates in Peking

Year	Rate of BCG inoculation (%)
1951	35.0
1956	74.4
1964	96.4
1973	99.0

Table 4. Morbidity of tuberculosis among school children aged 7-14 years in Peking urban districts

Year	Relative morbidity*
1931-1942	100.0
1956	64.7
1964	6.5
1971-1972	6.5

\* Taking the morbidity of 1931-1942 as 100.

ment has been unfolded to gather, grow and process traditional medicinal herbs. Research and clinical trials have yielded gratifying results. Some examples are given below:

A number of traditional medicinal herbs have been widely used with success for the prevention of epidemic influenza. Combined traditional and western therapy in infant pneumonia and diarrhea has also been encouraging.

Epidemic Japanese B encephalitis treated with western medicine alone gave a fatality rate of about 20%. But with the combined method the fatality rate of the disease and its sequelae have been greatly reduced. In Hangchow Municipal Hospital for Infectious Diseases, from 1970 to 1973, treatment of Japanese B encephalitis cases with the combined method gave an average fatality rate of 3.8%. Similarly, from 1971 to 1973, by combining traditional and western medicine, the Branch Hospital of Shanghai Municipal Hospital for Infectious Diseases treated 314 cases of Japanese B encephalitis without a single death.

Combating toxic shock is a key to lowering the fatality rate of acute toxic dysentery in children. Through joint research among pediatric workers, a method of therapy with artificial hibernation and atropine has been tried and found most effective in lowering fatality. Investigations conducted by the Department of Pediatrics of Peking Friendship Hospital in collaboration with the Institute of Materia Medica of the Chinese Academy of Medical Sciences have demonstrated that anisodamine, an alkaloid isolated from *Anisodus tanguticus* (solanaceae) is efficacious in the treatment of infectious diseases with manifestations of acute micro-circulatory disturbances. This drug has now been synthesized. Among the cases of acute toxic dysentery treated mainly with anisodamine at the Peking Friendship Hospital from 1965 to 1971, the fatality rate was reduced to 0.5%.

In developing the legacy of traditional Chinese medicine, a People's Liberation Army hospital has treated poliomyelitis crippled children by means of combined traditional and western therapeutic procedures, such as acupuncture point stimulation and ligation, acupuncture point injection of traditional and western medicines, local application of traditional and herbal fumigants and lotions, passive extension, functional training by physical exercises, associated in some cases with orthopedic corrections. 860 cases of paralytic children of over 8 years' duration, coming from all over the country, were treated by the above measures. Among these cases, 6.0% were basically cured, 28.1% showed significant improvement and 65.9% exhibited some improvement. The main criteria for improvement were functional amelioration of the paralyzed limbs, increase of muscle tone and complete or partial correction of deformities (Table 5).

Table 5. Results of treatment of poliomyelitis sequelae by combined traditional and western medicine

Severity of sequelae	No. of cases	Basically cured		Greatly improved		Improved		No effect	
		No.	%	No.	%	No.	%	No.	%
Light	227	22	14.1	84	37.0	86	37.9	25	11.0
Medium	234	2	0.8	75	32.4	100	42.7	18	7.1
Severe	87	—	—	1	1.1	72	82.8	14	16.1
Total	548	24	4.0	160	28.1	258	45.9	57	10.0

Deaf-mutism has been treated by acupuncture supplemented with drug therapy in certain units of the People's Liberation Army and other institutions. The results are encouraging. Preliminary experience shows that points should be accurately selected, appropriate force should be applied, and that points in the ear region give better effect than elsewhere. Good results have been obtained in cases with partial residual hearings in young children and in patients suffering from this affliction for a short time. Research in the treatment of deaf-mutism is still in progress.

Acupuncture anesthesia, first used in 1958 and gradually improved upon in the following years, is a new technique in surgical anesthesia, in which modern medicine is combined with traditional Chinese medicine for surgical operations. In comparison with other forms of anesthesia,

this method is simpler and safer, has no post-anesthetic complications and allows rapid recovery from anesthesia. Its clinical application in pediatric surgery is also full of promise.

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The above factors combined have brought about rapid improvement in child health care. The birth weight has increased since liberation, the incidence of infectious diseases among children has dropped markedly and the incidences of common and frequently encountered diseases have been considerably reduced. The infant mortality rate has also significantly decreased. In the urban districts of Peking, for example, it dropped from 117.6 per thousand live births in 1949 to 11.6 per thousand live births in 1973. The infant mortality rate in the countryside before liberation was around 200 per thousand; in 1973, that of Jutung County in Kiangsu Province was 33.9 per thousand.

We realize from our own experience that the development of child health service cannot occur in isolation. It is inseparable from the political, economic and cultural development of the country as a whole. China is a developing socialist country and belongs to the Third World. The poverty and underdevelopment of the developing countries are due entirely to the plunder and exploitation of colonialism and imperialism. We maintain that only if we shake off aggression and oppression by imperialism, colonialism and neo-colonialism, oppose the hegemonism and power politics of the superpowers, safeguard and strive for national independence, defend our state sovereignty, protect our national resources and develop our national economic, cultural and public health organizations independently can we create the necessary conditions for the development of child health care.

In China, the campaign to criticize Lin Biao and Confucius is developing in depth, aiming at eliminating the reactionary thoughts of capitalist restoration in the domain of the superstructure, ensuring that socialist China will never change her color. It will further our revolution in public health, raise the levels of political consciousness and professional skill of the broad masses of medical workers, further train and reinforce the child health contingent, and promote scientific research in the field of child health care. Guided by Chairman Mao's revolutionary line in public health, we are confident that our child health care services will make steady progress uninterruptedly.

Notwithstanding the achievements we have already obtained in child health work, its development is uneven and many weak links still exist and further efforts are needed for their solution. We would like to learn modestly from all the good experiences gained by the people of other countries and endeavor to raise further the level of our children's health.

\* Delivered at the 14th International Congress of Pediatrics held in Buenos Aires, Argentina, October 3-8, 1974.

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"SAYING GOOD-BYE TO THE GOD OF DISEASE"

poem by Chairman Mao Tsetung

Chairman Mao's note: "After reading in the *People's Daily* of June 30, 1958, that in Yukiang county the parasitic leech the schistosome had been eliminated, my head was so filled with thoughts that I could not sleep. As a slight breeze came and blew in the dawn, and early morning sun came and knocked at the window, I looked at the distant southern skies and happily guided my pen into composing a poem."

(1)

Mauve waters and green mountains are nothing when the great ancient doctor Hua To could not defeat a tiny worm. A thousand villages collapsed, were choked with weeds, men were lost arrows. Ghosts sang in the doorway of a few desolate houses. Yet now in a day we leap around the earth or explore a thousand Milky Ways. And if the cowherd who lives on a star asks about the god of plagues, tell him, happy or sad, the god is gone, washed away in the waters.

(2)

Thousands of willow branches in a spring wind. Six hundred million of China, land of the gods, and exemplary like the emperors Shun and Yao. A scarlet rain of peach blossoms turned into waves and emerald mountains into bridges. Summits touch the sky. We dig with silver shovels and iron arms shake the earth and the Three Rivers. God of plagues, where are you going? We burn paper boats and bright candles to light his way to heaven.

July 1, 1958



Spinners at the Chengchow No. 2 Cotton Mill exchange experience.

## Questions People Ask About Chinese Women

### • What is the Chinese woman's political status?

Women's rights are protected by law. Provisions regarding equal rights with men were included in both the Common Programme adopted by the Chinese People's Political Consultative Conference in September 1949 which functioned as a provisional constitution, and in the Constitution of the People's Republic of China adopted in 1954. The revised Constitution adopted on January 17, 1975 by the Fourth National People's Congress provides that "women enjoy equal rights with men in all respects". The socialist system and the efforts of the women themselves have made it possible for them to approach equal status with men in political, economic, cultural, social and family life. They are employed in all professions.

The Communist Party and People's Government stress the training and promotion of women leaders. A large number of worker and peasant women, outstanding for their contributions to socialist revolution and construction, have been promoted to leading posts from the central government down to local levels.

At the Party's Tenth National Congress, over 20 percent of the delegates were women. In the Fourth National People's Congress, the country's highest organ of power, 22 percent of the deputies were women. Three vice-chairmen and 39 members of its Standing Committee are women. In Linhsi county, Hopei province, 1,926 women have taken over leading posts since the beginning of the

cultural revolution. They account for more than half of the newly promoted cadres.

### • What about job opportunities for women?

This problem was solved step by step. As fast as production developed right after liberation, the People's Government found jobs for unemployed women workers. It also placed family members of servicemen, persons killed in the revolution and dependents of workers with financial difficulties.

The nation's construction expanded rapidly, especially during the big leap forward in 1958. When the Communist Party called on housewives to come out of their homes and take part in the building of socialism, there was a sharp rise in employment of women. In the west city district of Peking alone 30,000 women took up jobs in industrial units and service trades. Since the advent of the cultural revolution even more women have become workers. In Peking 100,000 housewives either organized their own production groups or went to work in service trades. Today the overwhelming majority of Chinese women have jobs.

### • What special care and benefits does the state give to women?

The Constitution specifies that "the state protects marriage, the family, and the mother and child". The Marriage Law and labor protection regulations provide special protection for women. The Marriage Law abolished the system of arbitrary and forced feudal marriage and instituted marriage of

free choice based on monogamy. At work, attention is paid to the physical characteristics of women. Special consideration is given during menstruation, pregnancy, childbirth and nursing. After pregnancy, they are assigned work suitable to their physical condition. Women have 56 days of maternity leave — 72 days for twins or a difficult labor — with full pay.

The state is creating conditions to free women from housework and child care so they can work and have more time for social and political activity. Most factories and government organizations have cafeterias. Nurseries, creches and kindergartens care for children from the age of 56 days to seven years. Nursing mothers can take two half-hours off to feed their babies during the working day. Most factories have clinics. Women, like other workers, receive medical care free, and their family members at half cost, the rest being paid by the state.

In cities, residents' committees operate service stations to complement the state-run service trades so that more and more household chores are being taken care of through collective facilities. Since large numbers of women began working outside the home the Peking Municipal Revolutionary Committee has been partially subsidizing and providing buildings and equipment for neighborhood-run kindergartens. Some factories pay part of the nursery or kindergarten fee.

Some residents' committees operate neighborhood household-service stations, clinics, after-school centers for children, shopping services and small cafeterias. At after-school centers, children review their lessons with the help of counselors, read, listen to revo-

see page 12

**Chinese Women...from page 11**

lutionary stories or play games. The centers organize the children in work for the public good and educate them in the revolutionary tradition.

• **Is there equal pay for equal work for women?**

In the old society women workers' pay was only a half or a third that of men. After liberation Chairman Mao pointed out that men and women should receive equal pay for equal work in production. Women are now paid the same as men for equal work in factories, government offices, stores and educational and cultural units.

In the countryside, however, this policy was not always carried out so well in some places. Since the movement to criticize Lin Piao and Confucius began, men and women commune members have joined in denouncing the Confucian idea that men are superior to women and great progress has been made in applying the policy of equal pay for equal work.

In order to do the same work as men, women must have the same training. Before liberation women

had limited opportunities for technical education or employment in scientific and technical fields. Since liberation government policy has created the conditions for women to study and enter these fields. In Peking, for example, over 40 percent of scientific and technical personnel are women. In the hospitals 35 percent of the senior doctors are women.

• **What about family planning in China?**

The government conducts publicity and education on family planning in order to regulate population growth in a planned way, ensure the health of mothers and children, give women more time for study and social activity and for, along with the fathers, educating their children. Economic independence has given women an equal voice in family affairs, including planning for children. The government provides many facilities for this. Contraceptives, abortions and sterilization operations are free and available on the woman's demand. Women receive 14 days' paid sick leave for such operations.

## READ

The Workers' Advocate  
Newspaper of the Central  
Organization of U.S.  
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P.O. Box 11942  
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Newspaper of Afro-Asian-  
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A Clear Orientation and a  
Bright Future: DOCUMENTS  
OF LATIN AMERICAN  
COMMUNIST PARTIES

edited by AALAPSF (S)  
36 pp. 50¢

Children in the Soochow No. 1 Silk Mill nursery-kindergarten.



**WORKING MOTHERS IN CHINA HAVE WELL-CARED-FOR CHILDREN**

Today 22,000 children are being looked after in 525 nurseries and kindergartens by organizations, factories, shops, schools, neighborhood committees and agricultural people's communes on the city's outskirts. These are basically sufficient to take care of the city's children of preschool age. In some cases a nursery and kindergarten are organized as a single unit. Infants are admitted when 57 days old (the end of the mother's maternity leave) and continue in the kindergarten until they are seven (when they enter primary school). Some are day-care centers and the children go home every evening. At others, if parents prefer, the children live in from Monday to Saturday, the parents taking them home on Saturday evening. Because they exist to serve the people and not for profit, fees in all units are very low.

\* Some of the research on various topics in this issue of Seattle Worker has been given to Seattle Worker editorial board by various nurses in Seattle. This research has been further developed and edited by the Seattle Worker editorial board.