

Voice from the Vault

By Gregory Sanford

Aunt Serena Tackles Health Care Costs

Aunt Serena was a tad perturbed after reading an article in the St. Albans Messenger about health care costs. What really put a bee in her bonnet was the quote that a doctor should expect a "satisfactory return...on his [sic]... investment [in getting a medical degree] with a minimum of hardship." As she wrote Peggy, "Note that, Peggy. 'With a minimum of hardship.' Begorry, that's what the patient wants too! The patient not only has to be sick and is full of aches and pains and other hardships...[but also] has to scabble to pay his taxes and his grocery and feed bills." Aunt Serena acknowledged that the issues were complex, but something had to be done about the cost of health care. She was cautiously optimistic. "It will work out. It will have to. We've got to face it and fix it."

Aunt Serena's Letter to Peggy column on health care costs appeared in the March 23, 1929 Burlington *Free Press*. In the late 1920s and early 1930s many Vermonters tried to face and fix health care costs. They examined the lack of access to medical facilities and doctors, particularly among rural Vermonters; medical costs that prevented Vermonters from seeking care until confronting a health crisis; and the lack of medical insurance.

A national Committee on the Costs of Medical Care set out to study the problem of delivering "adequate, scientific medical service to all people, rich and poor, at a cost which can be reasonably met by them in their respective stations in life." The Committee spent several summers in Burlington in the early 1930s since Vermont's problems were "typical of a substantial part of the United States."

After thirteen separate studies the Committee concluded that the "common belief that the poor receive necessary medical care is disproved..." and calculated that 30% of the \$7.5 million that Vermonters spent annually on health care was wasted. Other findings included:

—the costs of sickness to families are distributed unevenly, ranging from fifty cents to \$1,400. Seventeen percent of 1,300 rural families studied accounted for 62% of the total health care costs incurred by the entire group.

—the costs "dispose[d] farm families to put off calling the doctor."

—there was no central agency "to decide...whether new hospitals are required, and if so, what kinds and how large they should be, and where located."

—70% of the people studied did not have regular dental care.

—preventive medicine is sorely neglected.

The primary problem was "that many families cannot make the necessary expenditures." The Committee noted that "in a few rural communities...subsidies are paid to physicians out of tax funds...making them accessible to citizens in the locality." Actually towns tried several approaches. In 1930 Stowe voted funds to provide "eyeglasses for school children whose parents are unable to meet the cost." The same year Richford voted \$175 as a milk fund for school children, while Thetford appropriated \$227.50 for the services of a Red Cross nurse in the schools. Chelsea and Strafford voted \$500 to encourage doctors to locate in their communities, while Arlington, Sunderland, Poultney, and

Whitingham proposed \$1,000 incentives to attract doctors or nurses.

An October 11, 1930 *Free Press* editorial suggested the formation of "guilds" in which citizens would pay an annual amount for health care and agree to have annual check ups as a way of reducing medical costs. "This is merely carrying the insurance ideas, now so well established for Life, Accident, Fire, Theft, etc, with the additional protection of being assured the best of medical care when sickness comes, as it does to most families in the course of time."

Ten days later a *Free Press* editorial made note of the Saskatchewan plan, which had started in 1921, where each municipality within the province would hold referenda "to sanction an annual grant to a legally qualified physician. The physician is thus paid by the town." The Vermont Commission on Country Life also looked at, and recommended, the Saskatchewan plan. The Commission's 1931 report, entitled *Rural Vermont*, described the system as "for the employment of doctors to serve the rural families, payment [to participating doctor] being made by the municipality, either on a full-time or part-time basis and treatment being free to those families within" the municipality. "Salaries paid the doctors range from \$2,800 with opportunity for private practice, to \$5,000 on a whole-time basis."

While the Saskatchewan plan was not adopted by the legislature, some municipalities moved in that direction. The Brattleboro Memorial Hospital and Brattleboro Mutual Aid Association joined together in 1926 to provide health service by nurses in exchange for small annual fees by Brattleboro residents (\$2.00 for individuals, \$3.00 for families). Another annual fee (\$5.00 for individuals and \$7.50 for married couples) provided "for the full costs above \$30 and not to exceed \$300 in the case of an operation at the Brattleboro Memorial Hospital." As the Brattleboro partnership explained, "The chance of illness is a ghost which stalks every family...Equal to the fear of unemployment, or of failure, or of death, is the fear of a disastrous illness which in a few short weeks wipes out the savings of years...This protection, therefore, is offered to the people of Brattleboro in an attempt to do away with the financial gamble of ill health, to make it possible for each person to be financially independent in time of sickness, and at the same time to provide a constant nursing service to all who need it."

The catastrophic costs of illness, the need for preventive care linked to some form of health insurance, and even the possibility of adopting Canadian health care models are as familiar to us, in 2005, as they were to Vermonters seventy-five years ago. In the intervening years numerous initiatives tackled health care and its costs, yet increasing complex medical technologies, and changing social expectations, require us to constantly re-assess and re-address health care issues.

The Archives holds the records of this long evolving discussion of health care but we need to find ways, and resources, to make these records more accessible. Aunt Serena would expect nothing less, begorry.