SUMMARY OF CONTROVERSIAL POINTS

Use of outdated statistics and rash inferences drawn from them are detracting from one of the nation's great efforts at statewide health education and the regionalization of health resources. The Medical University of South Carolina is most grateful to all who have supported this model educational effort that is now in progress and is being developed in South Carolina.

Let us clarify the record:

1. INFANT MORTALITY

Efforts have been made to transform infant mortality into a "fright" statistic. In reality, dramatic improvement has been recorded in South Carolina. In a mere eight years the infant death rate has been cut by one-third (Exhibit E of "Did You Know"), from 30.9 to 21.8 per 1,000 live births. South Carolina's current rate is better than the average for the East South Central portion of the nation and even of its wealthier neighbor to the north, North Carolina. The last comparable statistics in 1970 show a rate of 22.6 for South Carolina and 23.9 for North Carolina.

The inference that physician numbers is the overwhelming factor in infant mortality rates is refuted by the facts.

a. The District of Columbia with the nation's largest physician to population ratio - 385 per 100,000 population - had a death rate of 27, much higher than South Carolina's 22.6 in 1970. At that time South Carolina's physician ratio was 90 per 100,000 population.

b. Illinois, with five medical schools at the time and with a much higher per capita income, in a study performed by the Dean of the College of Medicine showed infant death rates for whites and blacks comparable to those of South Carolina. The physician per 100,000 ratios were 140 for Illinois and 90 for South Carolina.

c. North Carolina, with a higher death rate, had 109 physicians per 100,000.

EXPERT ANALYSIS
(Dr. Levkoff)

Infant mortality rate is defined as the number of children dying under one year of age per 1,000 live births. The majority of infants who die, do so as newborns in the first month of life. Thus, for example, of 36 dying by one year of age, 20 have died one month of age. Preventing death in the newborn period is obviously one place to approach the solution to the infant mortality problem.

The great majority of the newborns who die, black and white, are born weighing under 5½ pounds, and the factors predisposing to low birth weight are those associated with socioeconomic deprivation -- mothers under 18, mothers weighing under 100 pounds, anemic, becoming pregnant too soon after a previous delivery, having more than 6 previous children. Mothers who are poor reproductive risks are also those who have not finished grade school.

Thus, in spite of the fact that neonatal and infant mortality presents itself as a medical statistic, the underlying cause is socioeconomic and cultural. Those states with better per capita incomes have less infant mortality.

South Carolina, with the help of the Medical University of South Carolina Intensive Care Nursery, has developed two additional regional intensive care nurseries at Columbia and Greenville. The state is now in the process of developing a regionalization plan funded by a grant from the March of Dimes to Dr. Kenneth Aycock whereby all community hospitals can refer their newborns and pregnant mothers at risk to the nearest regional center.

However, it is obvious this type of "fire fighting" is not the real answer to the problem, in spite of the thoroughness and expense. The real answer lies in expending state resources and energies in providing better elementary education, jobs, etc. that will lead to mothers who are better reproductive risks because of their improved state of health associated with improved socioeconomic conditions.

Abner H. Levkoff, M.D.
Professor of Pediatrics
Director of Newborn Services
Head, Section of Neonatology

1A. Mortality rates for all ages as reflected in leading causes of death place South Carolina below the national average in 8 of 10 categories (Exhibit J of "Did You Know"). This belies the downgrading of South Carolina's health statistics.

2. LONGEVITY

The use of longevity statistics can only be characterized as careless for they date from the period 1959-61. There are no current statistics.

In view of the sharp decline in infant mortality, it is only logical to assume an appreciable improvement in longevity. Obviously, an infant death at six months of age would reflect strongly on averages.

3. PHYSICIAN SURPLUS

That a physician surplus is more than just a probability is borne out by every authoritative statement issued to date. Even the Carnegie Report of 1970 was based on the assumption that a review of physician production was not warranted until at least 1980. For more current estimates, refer to the Cooper-Heald analysis in the clipping (Exhibit F of "Did You Know") and the Nixon-Weinberger-Edwards position in exhibit entitled PRESIDENT NIXON SENDS HEALTH MESSAGE OF 1974 TO CONGRESS, published by the American Association of Medical Colleges.

These predictions are rapidly becoming fact in South Carolina where the physician growth rate is over five times that of the population and continuing to climb (Exhibit H of "Did You Know"). This is happening even before the state has felt the impact from the Medical University of greatly enlarged medical classes (the first large class will graduate next year) and the rocketing residency programs around the state.

The fear of surplus physicians is not of having too many physicians practicing in the state, but that over production of physicians for our needs will mean costly education for physicians to practice in another state. Our fear, to re-emphasize, is that a second school would produce physicians to practice elsewhere. In South Carolina today there are 2,635 licensed physicians. There are 1,021 physicians in training in this state at this time.

In-migration of physicians has become a major growth factor, but even without giving extra weight to this component, South Carolina will surpass

its stated goal of 130 physicians per 100,000 population only five years hence (Exhibit H of "Did You Know"). This will be at least two years before a single graduate of a mew medical school could enter practice.

4. THE CONSORTIUM-AHEC PROGRAM IS WORKING

The extraordinary developments in medical education are well exemplified in the Consortium-Area Health Education Center program. There is now an availability of 181 intern and resident positions to be more than 90 percent filled on July 1, 1974, compared with 80 of 167 positions in 1972. In addition, the Medical University has tripled its post-graduate medical student intern residents in the past decade, this year anticipating more than 280 filled positions. The Consortium-Medical University total of over 460 positions will be represented in an amount of over 40 percent by students whose medical education was received out of state - - a true bonus to South Carolina of new talent likely to settle in the state. Last week there were 411 residency physicians in the state. One hundred eighty-seven of those filling them received their medical educations from out of the state.

The urgency with which South Carolina has pursued primary care (Family Practice, Internal Medicine, Obstetrics and Pediatrics) is being generously rewarded. The current 232 training positions will rise to a projected 386 positions, providing an additional 154 physicians to the medical manpower pool each year.

CONCLUSION

South Carolina is making a mark of progress which is drawing national attention. This is exemplified by the award this year by the federal government of the nation's largest grant to this state to further the regionalization of health education.

The quality of health in South Carolina has been grossly understated. Our mortality picture outshines that of the general nation in nearly all respects.