

YOUR DOCTOR MEETS A WAR HEALTH CRISIS

While younger physicians go to war,
"Doc" is guarding the civilian front

Doggone it!" says Harry A. Keenan, M.D., "I've often made calls when I felt a lot sicker than my patients." At 66, diabetic and asthmatic, "Doc" sees 50 to 60 patients a day, serves an area of 150 square miles around Stoughton, Wis. At his office, he feels the strain every afternoon about 4, interrupts his work for a cup of tea. On country calls, he has had to stop his car ("I couldn't breathe") and give himself a shot of adrenalin to ease an asthma attack. He averages five hours of sleep a night, hasn't had a free week end or time for a movie in nine months.

With bouncing vitality, this jovial little doctor—who looks like America's family physician—carries on selflessly at home while over 45,000 of his colleagues (53,000 by the end of 1943) serve the armed forces. Before Pearl Harbor, the Stoughton area (pop. 15,000) had five doctors. When one joined the Army, another the Marines, Dr. Keenan took over much of their practice. "If anything should happen to me," he worries, "the other two doctors remaining in town couldn't handle the added burden."

Throughout the nation, 10,000 communities like Stoughton must also "make do" with less medical care. In many sections, the shortage has become critical. But with the American people lending a hand, our supply of doctors more evenly distributed, and men like Dr. Keenan unswervingly devoted to their calling, we can hold our own for the duration.

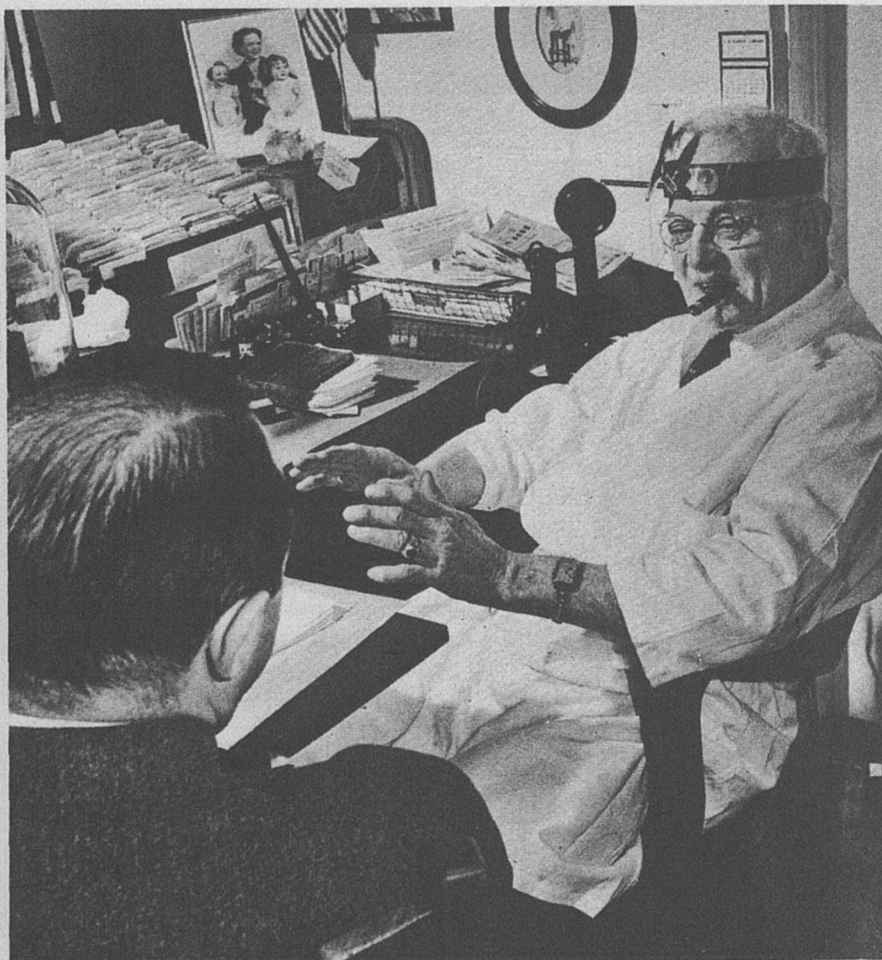
THIRD IN A NEW LOOK SERIES: FIGHTERS ON THE HOME FRONT



"Doc" carries on: Harry A. Keenan, one of 90,000 American doctors continuing private practice, examines a sick child.



Dr. Keenan and his assistant, Ethel Olsen, set the fractured arm of a patient who has come in from her farm 12 miles away. Many patients travel 25 miles to see him. "Doc" discourages home visits, gives advice on the phone more often.



With his last patient of the long afternoon, "Doc" lights a cigar, growls genially: "There's not enough hours in the day." A captain in the last war, he recently was put on the Army Reserve inactive list. "I was never more active in my life!"



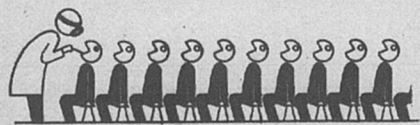
Two hours or more of "Doc's" day are spent at Stoughton's neat, modern, 37-bed hospital, where he generally has at least ten patients under treatment. Here, with the aid of head nurse Mary Evans, he operates on a breast tumor.



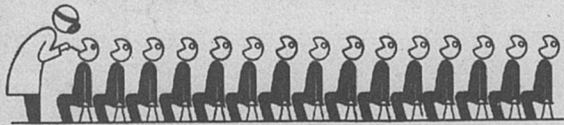
Like 32,570 other physicians, Dr. Keenan serves as draft board examiner. He devotes every Wednesday evening to the job at a Madison hospital, checks final records after 14 other doctors have tested the men, sees 250-400 men a session.



Tumbling out of bed at 3 a.m., "Doc" sighs wearily: "The stork's a busy man these days."



1939 One active, full-time doctor for 1,022 civilians.



1943 By year's end: one doctor for 1,500 civilians.

HOW YOU CAN SPARE YOUR DOCTOR

1. Avoid summoning him needlessly; visit him instead.
2. Take the Red Cross course in home nursing or first aid.
3. Eat wisely, obtain plenty of sleep, recreation, fresh air.
4. Get immunized, if possible, against contagious diseases.
5. Unless imperative, don't move to an overcrowded area.

YOUR DOCTOR MEETS A CRISIS

continued

To prevent a serious breakdown of the nation's health, steps must be taken soon to remedy the shortage of doctors

Wartime Stoughton, Wis., dependent on Dr. Keenan and two colleagues for medical care, is fortunate compared to some rural areas and swollen industrial communities which have only one doctor for 7,000 or more people. One sector in the Middle South is entirely without a physician for its 12,000 population; a druggist is pinch-hitting. Yet throughout the country a soaring birth rate, long hours in war plants and a sharp rise in industrial accidents emphasize the need for medical care.

Our Doctors Are Unevenly Apportioned

Responsible for a dearth of doctors is the call to colors of more than a third of our 143,000 active practitioners. The Army and Navy now maintain a ratio of about eight doctors to 1,000 men, recruiting physicians through the War Manpower Commission's Procurement and Assignment Service. State and local committees of P. and A. declare doctors under 45 either "available" to the armed forces or "essential" to their communities.

Thus far, this system has proved inadequate. By permitting voluntary enlistments, 38 states—including those which need their doctors most—went beyond their quotas. Other states, with a large surplus of physicians, undersubscribed, thereby accentuating prewar maldistribution of medical men—especially in boom towns with a heavy labor influx.

Measures to Alleviate the Shortage

To relieve the situation, Procurement and Assignment is confining its 1943 recruiting to "scarcity states." Medical schools, which turn out 6,000 doctors a year, now omit summer vacations, cutting the four-year course to three. Less effective is the voluntary relocation of physicians to areas acutely in need; to date, only about 600 have moved.

One suggested solution is a form of compulsion (as in England) for relocating doctors. A further step would be the granting of temporary licenses to the 6,000 refugee doctors in the U. S., particularly in states with mushroomed defense towns.

Although the paucity of doctors threatens civilian working power, so far it has not seriously impaired the health of the nation as a whole. Enough doctors remain to give us adequate care—if their services can be wisely rationed.

Until forthright measures are adopted, men like Dr. Keenan must carry on, working 'round the clock, driving themselves to the verge of collapse. "Doc" says he'll never retire—"I'll die in harness." Our men in white are showing us that not all heroes are fighting in the foxholes.



Day's end: "Doc," his wife and dog relax at midnight.

In Dr. Keenan's waiting room, packed every afternoon, patients sit for hours.