health centers. Organized labor represents a potent consumer force of more than 40,000,000 workers and their dependents. They are increasingly in a position to mass purchase their health care, determine high standards of quality of service and, further, determine the environment within which the care will take place. Organized labor has never become significantly identified with the consumer cooperative movement but has separately, through collective bargaining, negotiated for health services. These services have been paid for by health and welfare funds —most often partially or totally created by determined contributions of management. Health and welfare funds, today, represent tremendous accumulated endowments which render organized labor a force of great magnitude in the health field. The Department of Social Security of the American Federation of Labor and Congress of Industrial Organizations estimated in 1957[43] that upward of $500,000,000 a year goes for the purchase of health insurance and services under plans through collective bargaining. Labor's often stated aim in the health field is to seek comprehensiveness of the professional services through an efficient organization of medical personnel.

Labor unions individually (if they are large enough), or in groups pooling their resources, have established an extensive and growing system of health centers for comprehensive health services. Among the most notable in the City of New York are the Sidney Hillman Health Center, the Health Center of the Laundry Workers, Hotel Trades Council Health Center and the International Ladies Garment Workers Union Health Center. Dr. Morris Brand, medical director of the Sidney Hillman Health Center, has estimated that nearly 4,000,000 persons associated with the American Labor Movement have their health needs cared for in health centers under labor's auspices.[44]

I was privileged to serve as a panel consultant at the 1960 Community Services Institute of the New York City Central Labor Council. The discussion by the panel concerned the general growth and development of comprehensive group practice under labor's auspices. Considerable emphasis was placed upon the proposals of the Central Labor Council President, Mr. Harry A. Van Arsdale, with regard to the organization's aim to sponsor its own hospital—health center system as an alternative to Blue Cross and Blue Shield.[45] Wide newspaper coverage and editorial comment prophesied the ultimate destruction of the "Blue" system of health insurance should Mr. Van Arsdale's proposals be adopted. From my knowledge of the devotion and intensity of effort given to this problem by the labor leaders, and from the preliminary "feasibility" study being conducted by the Central Labor Council, one may reasonably expect that the movement for more health centers—many attached to labor sponsored hospitals—will gain momentum toward an ultimate reality.

At the Community Services Institute, I called to the attention of the panel the proposal for a "pilot program" which was proposed in 1958 by Dr. E. Richard Weinerman[46] at the Washington, D. C., National Conference on Labor Health Services sponsored by the American Labor Health Association.

> The proposal calls for a pilot multi-union health center to be established in such fashion that no existing welfare fund would be disrupted, no involuntary enrollment would be required and a small service structure would be assured. A number of unions in one city would join forces for the demonstration and would provide representation on the policy board. A part of the community, preferably a workers' residential area, would be designated as the health service area—small enough to be adequately covered for house calls and emergency care, and large enough to provide sufficient enrollment for a sound insurance lease and the demonstration health center would be established in this area, staffed by a partnership of physicians desiring to practice under group arrangement.

It would seem, therefore, that New York City may be the "pilot project" for an extensive effort to form such a proposed system.

The Group Health Association of America

The development of group practice, as a potent force in the administration of health services, has had a major deterrent in the form of adamant opposition of the organized medical profession. As a consequence of this opposition, those pioneers in public health administration sought to "band together" to discuss common problems and to foster the concept of group practice. The Group Health Association of America was organized in 1959 when the American Labor Health Association united with the Group Health Federation of America. The Federation was founded in 1937, and the former was