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2: Medicine and charity before the welfare state - Europe PMC Article - Europe PMC

What have been the roles of charities and the state in supporting medical provision? These are issues of major relevance, as the assumptions and practices of the welfare state are increasingly thrown into doubt.

Many people think life without the welfare state would be chaos. In their minds, nobody would help support the less fortunate, and there would be riots in the streets. Little do they know that people found innovative ways of supporting each other before the welfare state existed. One of the most important of these ways was the mutual-aid society. Mutual aid, also known as fraternalism, refers to social organizations that gathered dues and paid benefits to members facing hardship. According to David Beito in *From Mutual Aid to the Welfare State*, there was a "great stigma" attached to accepting government aid or private charity during the late 18th and early 19th centuries. It was based on reciprocity: Mutual aid was particularly popular among the poor and the working class. The "new immigrants," such as the Germans, Bohemians, and Russians, many of whom were Jews, participated in mutual-aid societies at approximately twice the rate of native whites and six times the rate of the Irish. By the 1850s, at least one out of every three males was a member of a mutual-aid society. During the same period, "lodges dominated the field of health insurance. Some black fraternal lodges, taking note of the sporadic nature of African-American employment at the time, allowed members to receive unemployment benefits even if they were up to six months behind in dues. The Independent Order of Foresters, one of the largest mutual-aid societies, frequently touted that the mortality rate of its members was 6. A visiting committee also checked on the claimant to guard against false claims. In 1880, the Connecticut Bureau of Labor Statistics found that societies followed the "invariable rule" of denying benefits "for any sickness or other disability originating from intemperance, vicious or immoral conduct. In the early 20th century, it was not a given that African-Americans would be admitted into many hospitals. If they were, they frequently had to face such indignities as being forced to bring their own eating utensils, sheets, and toothbrushes and to pay for a black nurse if none was on staff. Hundreds of children lived there at a time. It had a student newspaper, two debate teams, three theatrical organizations, and a small radio station. The success of Mooseheart alumni was remarkable. Alumni were four times more likely than the general population to have attended institutions of higher learning. Male alumni earned 71 percent more than the national average, and female alumni earned 63 percent more. The first major blow against fraternalism occurred when the American Medical Association gained control of the licensing of medical schools. The AMA quickly rated many schools as "unacceptable. Medical boards also threatened many doctors with being stripped of their licenses if they practiced lodge medicine. The Mobile Law required that mutual aid societies show a gradual improvement in reserves. Until this time, societies had tended to keep low reserves in order to pay the maximum benefits possible to members. High reserve requirements made it difficult for societies to undercut traditional insurance companies. By 1900, the Mobile Law had been enacted in 40 states. Group insurance is insurance offered to a large group of people, such as all the employees at a company, without a medical examination. From 1880 to 1900, the number of people insured under group policies rose from 99, to 1. Lodges were prohibited from providing coverage for children. The number of industrial policies rose from 1. By 1900, industrial policies surpassed the number of fraternal policies. During the 1890s, the regulation of hospitals increased. Taborian Hospital in Mississippi was cited for "inadequate storage and bed space, failure to install doors that could swing in either direction, and excessive reliance on uncertified personnel. The act required that hospitals receiving federal funds use a portion for indigent care and that services be offered "without discrimination on account of race, creed, or color. Additionally, some hospitals, such as Taborian Hospital and the Friendship Clinic in Mississippi, received no funds, while their nearby competitors received millions. MIT economist Amy Finkelstein estimated that Medicare drove a 28 percent increase in hospital spending between 1965 and 1980 by encouraging hospitals to adopt new medical technologies. Smaller hospitals, such as many fraternal hospitals, were not able adopt new technologies as quickly as larger hospitals and were driven out of the market, another finding supported by Finkelstein. Both Prudential and Metropolitan Life have their origins in fraternalism. Although millions of Americans are still members of fraternal societies such as the Masons or Oddfellows, the

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organizations no longer have the importance in society that they once did. The history of fraternalism serves as a reminder of the power of human cooperation in a free society.

3: Editions of Medicine and Charity Before the Welfare State by Jonathan Barry

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