start department Z, one has to cut departments X and Y, chosen because they are no longer productive, or else reduce all departments A through Y on a proportionate basis. The first solution requires hard judgments; the second postpones judgment making for a doctrine of "fairness" that avoids the difficult but inevitable task of assessing relative contribution. Areas of science do play out. It does not require intimate knowledge of the university to write the scenario for the political infighting which develops as each department prepares to resist encroachment on its own turf, a demesne to which it has primary loyalty rather than to the domain of the university as a whole ( ).

The same holds true for welfare agencies within a United Chest; which agency executive or trustee has stepped forward to propose a reduction in his own budget when the need to support a new black community agency becomes evident? As patterns of human needs change (for example, as the result of prevention or cure of a previously crippling disease), a naive citizen might expect to see categorical agencies close their doors to be replaced by others designed for new problems. Instead, what he observes are obsolescent agencies in search of a "need." Self-perpetuation has replaced service. This illustrates in particularly sharp fashion what is a prevailing professional dilemma: a growing tendency with time for professional organizations (whether of doctors or nurses, social workers or teachers) to substitute self-serving for the public good they originally functioned to guarantee. Standards, initially fashioned to guard against charlatanism, all too readily become a defense of traditional practice against the unsettling threat of change. An A.P.A., whether psychological or psychiatric, begins to think that what is good for General Motors is good for the nation ( ).

I begin with this unpleasant truth about ourselves as a necessary step in coming to grips with special interests which do not profess to

Slogans have always been cheap. They appeal to both political parties. Remember Johnson's "war against poverty?" It deserves to be remembered for the role professionals played in it. The con game then was "interrupting the cycle of poverty." Think about that phrase. In bald terms, it meant that the poor were poor, not for so simple-minded a reason as lack of money, but because of their behavior. Society's victims were held responsible for their own victimization ( ). The poor were invested with new labels: "culturally impoverished"... "matriarchal"... "disadvantaged"... They were proferred professional "help." Redeemers were not lacking--at a consultation fee. Money was transferred--but into professional pockets. The poor remain poor; they still need money.

The Administration acknowledges a crisis in health care, proclaims "bold new initiatives" but is careful to avoid tampering with the privileges of private medical practitioners. Not only are the funds proposed for expanding medical education and for establishing health maintenance organizations grossly inadequate, but federal policy conspicuously fails to address the need for a health care system ( ). Until this issue is faced, nothing will increase except medical costs. Some of us thought we had won a major victory when Medicare was established, but the A.M.A. was the real winner. By incorporating Medicare benefits into the traditional fee-for-service payment scheme, it reinforced the most dysfunctional elements in episodic medical care. Now A.M.A. and Administration are allied in attacking basic medical research, as if the diversion of the 2 percent of the total medical costs now invested in research back into the service budget would make a perceptible difference in national health indices. Its one clear consequence will be a tragic reduction in the probability of discovering how to treat and prevent the major causes of death: heart disease, cancer and stroke, of discovering how to treat and prevent the major causes of suffering: mental disease and drug addiction.