e Kerr-Mills MAA program des dental care (except for ent for dentures.) The

payment for dentures.) The Medicare scheme would provide no dental care at all. The Kerr-Mills MAA program by the first of January will pay for drugs prescribed by a doc-tor whether the patient is in or out of the hospital. Medicare would pay for only those drugs provided in a hospital or a nurs-ing home.

ing home. Kerr-Mills MAA in North Car-olina does not provide nursing home care. Many people believe that Medicare would provide nursing home care. There is a sneaker in that provision, how-ever. Nursing home care would be provided only in a nursing home owned by or affiliated with a hospital, and there are only about 500 of these in the entire United States. The Medicare scheme has been sold to the American peo-ple as the answer to all the med-

ple as the answer to all the med-ical problems of the elderly, but in North C ar ol in a and else-where, it would provide less at greater cost to the aged patient The fact is that no one in North Carolina is being denied medical care because he cannot the Kerr-Mills program.

When citizens of North Caro-lins know the truth, we are will-ing to let them judge which is the real hoax, Kerr-Mills or Medicare.

the real hoax, Kerr-Mills or Medicare. Furthermore, with a Kerr-Mills Program working and vol-untary health insurance and prepayment plans rapidly ex-panding in coverage for the eld-erly, we are willing to let the people judge whether Medicare is necessary. We believe the Legislature acted in good faith to provide this program, which is govern-ed and controlled by the people who know the problem best, the people of North Carolina. We believe the people of North Car-olina when they know the facts will agree that they don't want will agree that they don't want federal bureaucrats meddling in our hospitals and interfering

nould be left to th

should be left to those who are qualified to make those decis-ions — your doctors. We further believe that State Welfare Commissioner R. Eu-gene Brown and his staff, with-in the countless limitations im-posed on them by a slow-mov-ing State Board of Public Wel-fare and by budgetary restricfare and by budgetary restrictions, have done a commenda-ble job in developing North Carolina's Kerr-Mills MAA pro-

gram. The News & Observer urged you to write your senators and representatives in Congress about this issue. We urge you to do likewise.

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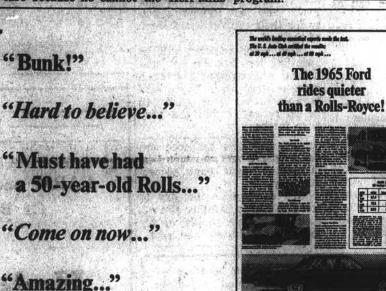
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Ford

paying medical expanses is valiable now in North Carona.
These advertisements were handled in these newspapers with the approval of the Medical Society of the State of North Carona. They were prompted by the belief that many ditizens of this Medical Assissance to the Aged program, which was made possible by the enactment of the Kerr-Mills.
The response to this education and they informed about the sublic indeed had not been after usely informed about the services can be provided. There is provision at all for payment of physicians in the Medication and they inquiries have been received by the enact is that no on e in the fact is that the output the fact is the fact is the fact the fact is the fact the fact is the fact is the fact the fac

tional effort indicates that the public indeed had not been ade-quately informed about the Kerr-Mills MAA Program. Many inquiries have been received by people who are not eligible for Kerr-Mills MAA assistance be-cause they are not over 65 or for other reasons. The News

cause they are not over 65 or 1 for other reasons. The News & Observer, therefore, editorial-ly branded the program a "cruel hoax." And in the pro-cess, the News & Observer made a pitch for Medicare. Physicians of North Carolina submit that the real hoax is this so-called Medicare scheme, which responsible public opin-ion polls as well as surveys by members of Congress have shown is opposed by a majority of the American people. Let's examine both the con-cept of Kerr-Mills MAA and Medicare and what each pro-vides.

vides. The News & Observer has im-plied that Kerr-Mills MAA re-quires an elderly person to pau-perize himself before he can receive benefits. The reverse is true. The Kerr-Mills Law was de-signed to help those over 65 who need help when they need it and at the same time to con-cerve their resources in North it and at the same time to con-serve their resources. In North Carolina, for example, an eld-erly person can have income of \$104 a month, own his home, and \$2,000 in savings and other assets, all of which he can keep untouched and still receive ben-efits under Kerr-Mills MAA. This program is intended to pre-vent a person over 65 from be-coming totally destitute before he can get help. Kerr-Mills wisely provides help only to those who need it, thus avoiding waste of tax mon-ey. The Medicare proposal, on the o th e r hand, would force wage earners and their employ-ers to pay a substantial increase in newroll tows to nowide hos

wage earners and their employ-ers to pay a substantial increase in payroll taxes to provide hos-pitalization and related bene-fits to everyone over 65, regard-less of need, the wealthy includ-ed. Physicians believe such a compulsory program which a would force higher taxes on the working people of this state or nation and use any part of the taxes to provide hospitalization to people financially able to take care of themselves is both economically unsound and mor-ally wrong. North Carolina's Kerr-Mills

TAA program provides com-liete hospitalization for 30 days a longer at no cost, to the pa-lent. The Medicare proposal, on the other hand would offer the

other hand would obtain a riy a confusing c h o i c e of a, without regard to their loal needs. One plan would dre the patient to pay up to out of his own packet. An

, but if he had to stat longer than that he would have to pay for it himself. And once he chose a plan, the federal gov-anament would never let him

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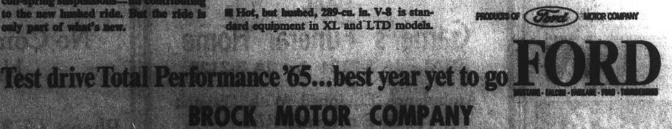
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