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## Social Security Check Helps Greatly Motherless Family with Five Children

On October 26, 1959, Elisha Lovick of Dover was faced with the task of having to rear his five young children when his wife, Eunice, was stricken with a fatal heart attack.

At that time it seemed impossible for Lovick to work and keep his family together. "Many times I thought I would have to turn some of the children over to the Welfare Department," Lovick stated, "but with the help of my family and friends we stayed together."

Lovick inquired at the Social Security office after his wife's death, but was told that she had not worked enough before her death to be insured for social security benefits.

It was not until April 1970 that Lovick asked again about Social Security benefits for his children. He then learned that recent amendments to the social security law had changed the requirements so that children are now deemed to be dependent on both of their parents, and the amount of work his wife had done was sufficient to allow benefits to be paid on her earnings.

Prior to this change a woman must have been fully insured and also have recent employment in the three years prior to her death.

The Lovicks' first check of \$1,585 represented payments retroactive to April 1969. The

children will now be entitled to a regular monthly benefit of \$123.50. Elisha Lovick can now depend on over \$10,000 in social security benefits to help in supporting his family. This amount may be increased if his children continue their education after age 18.

Social security benefits, as the Lovicks discovered, are not only for the aged or disabled, but for young families who can depend on this added insurance in the event of the death of a breadwinner. The five Lovick children are only a small part of the over 3,900,000 survivors who receive social security benefits each year.

Jerry Freeman, manager of the Kinston Social Security office, said the facts about the Lovicks' benefits were made public only through Lovick's permission, as social security records are confidential.

Freeman urges anyone with questions about how social security may affect them to call or come by the Kinston office, 810 West Vernon Avenue. The office is open Monday through Friday, 8:45 p.m. to 5 p.m.

The Kinston Social Security office serves Greene and Lenoir Counties; however, Lovick of Dover, requested that the Kinston office handle his claim because it was more convenient for him.

## Lightning Damages Home Tuesday

At 3:42 Tuesday afternoon firemen answered a call to the home of Mrs. Carl Wooten on the Kinston Highway near the Jones County line. Lightning reportedly struck the attic of the home, doing some \$3,000 damage to the home and \$500 damage to the contents.

The call was answered by Lenoir County Fire Units 6 and 7.

## Jones County's 1st Slice of 1% Sales Tax Amounts to \$17,961

The first division of funds collected in those county's approving an additional one-cent sales tax was announced this week in Raleigh.

Jones County's share totaled \$17,961.57, with the county treasury getting \$15,500.08, Maysville's \$1,187.82, Trenton's \$688.90 and Pollocksville's \$584.77.

Lenoir's slice was larger: \$139,553.10, Kinston's was second at \$46,162.02, LaGrange was next in line with \$4,224.28, Pink Hill's slice was \$952.10 and the portion of Grifton that is on the Lenoir County side of Contentnea Creek got \$406.11.

Collections for this 3-month period totalled \$197,933.79 in Lenoir County and \$8,933.55 in Jones County.

Listed below are the local 1

per cent sales and use tax collections by counties for the month of July, 1970.

County	Net Collections
Buncombe	\$216,847.65
Camden	1,565.36
Chowan	11,628.38
Clay	3,384.89
Cumberland	223,371.25
Currituck	3,790.01
Duplin	32,556.71
Durham	226,814.07
Greene	6,285.17
Hertford	24,415.38
Jackson	18,392.55
Jones	4,281.41
Lenoir	75,405.32
Macon	23,961.29
Madison	6,632.59
Mecklenburg	609,997.50
New Hanover	164,840.69
Onslow	79,599.80
Pamlico	5,197.63
Pasquotank	36,041.17
Perquimans	5,182.41
Richmond	48,549.71
Swain	9,449.84
Tyrrell	2,320.55
Watauga	35,944.32
Wayne	98,451.34
Total	\$1,984,906.99

## Study of '64 Graduates from Carolina Show Wide Gap Between Male-Females In Salaries Paid; Other Items of Interest

by William Friday, President, University of North Carolina

The Placement Service of the University of North Carolina at Chapel Hill recently completed a poll of 1964 graduates of that campus with some interesting results.

Although women graduates made better grades, they do not make as much money in jobs as the men. The poll disclosed, however, that 46 per cent of the men have earned advanced academic or professional degrees compared to 17 per cent of the women.

The median salary of employed men is \$10,000 for those who stayed in North Carolina, and \$10,945 for those who work outside the state. For women, the median salary is \$7,000 for those in state, \$8,300 for those out of state.

Men who majored in pre-dentistry, accounting and pharmacy earn higher median salaries among employed men. Women working as programmers, communications workers and in the field of nursing receive higher median salaries among women.

### An Exception

In comparative jobs, men usually receive higher pay than women. There is an exception in programmers, the new vocation associated with computers. Female programmers draw a median salary of \$10,900, males \$9,875.

Nearly 90 per cent of the men and about 50 per cent of the women hold full-time jobs. About 10 per cent of the men are still in graduate or professional schools and do not have full-time jobs.

The poll showed a salary varia-

tion between men who have stuck with their first job and those who have changed jobs. The median salary reported by 208 males who have worked for one firm is \$10,900, while the median reported by 139 men who have changed employers is \$10,000.

### Other findings:

—The typical 1964 male graduate is 27, married, works full-time in a business outside North Carolina for the first employer who hired him, and earns \$10,488.

—The typical woman graduate has been married five years or more and has one child. She actively participates in two or more community activities.

—Of the women, more than 95 per cent have worked at some time since graduation — 78 per cent from three to five years. The 135 women currently unemployed left work for several reasons: 62 per cent to have.

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## PAYING MORE, GETTING LESS; THE EXPENSIVE STORY OF MEDICINE IN AMERICA TODAY

by Jack Rider

Americans are spending more for medical care today than any other people in the world, either in gross expenditure or in per capita expenditure, but the level of American medical services is far down the line when compared with other nations of the world.

The United States ranks 14th in the world in infant mortality at 22.1 deaths per thousand. Those countries out-ranking the United States and their infant mortality rates are: Sweden 12.9; Netherlands 13.4; Finland 14.2; Norway 14.6; Japan 15.0; Denmark 15.8; Switzerland 17.5; New Zealand 18.0; Australia 18.3; Britain 18.3; France 20.6; East Germany 21.2 and Canada 22.0.

Also the United States ranks 13th in maternal deaths, 18th in life expectancy for men, 11th in life expectancy for women, and 16th in the number of men who died between 40 and 50 years of age.

Five years ago the annual medical bill of the nation was running at \$37 billion, and this year it will pass \$63 billion and those who have nerve enough to register guesses in this inflationary area of medical economics predict that the annual cost will hit \$200 billion by the 1980's.

Yet with pressing shortages of doctors in every area from the largest cities to the smallest villages this year alone 15,000 well qualified applicants were turned down when they sought entry to medical schools. The reason: No room but for 10,000

of the 25,000 applicants.

But then is more doctors the automatic answer to the skyrocketing cost of medical care? Not necessarily.

Or is totally socialized medicine the answer, to either the cost or the lower degree of medical efficiency? Not necessarily.

Some apologize for the relative poor showing of American medicine by pointing to the higher mortality rates in all categories among Negroes, but a recent California survey showed white people ranking behind Japanese in every index of good health. It cannot be contradicted that those nations with the best health records are all-white, or so nearly all-white as to be all-white for statistical purposes.

Some bitterly opposed to the trend toward socialized medicine point to the fact that the nation ranked better when medicine was more a private than a public operation, and they hold up recent exposures of many great city public hospitals in which accreditation has been withdrawn because of sub-standard practices.

Connecticut Senator Abraham Ribicoff in an article written for "Saturday Review" this week begins by pointing up one fact of the sorry picture: "About two years ago the wife of a 43 year-old house painter in Alabama was hospitalized for cancer of the cervix and colon while pregnant with the couple's fifth child. Over an 18-month period she had several operations, round-the-clock nurses and

heavy dosages of expensive drugs but she died. Her husband was left with a \$30,000 medical bill, of which only \$9,000 was covered by insurance. Ruinous medical bills like this are only one example of what is wrong with American health care. (If the painter had lived in Sweden, which has national health insurance, his wife's hospital bill would have been \$1.40 per day, doctor's visits would have cost \$1.35 each, and drugs, if not free, would have been provided at minimal cost.)

Another is that this woman was among 100,000 Americans who die of cancer each year who might be saved by earlier and better care."

Ribicoff is a former secretary of the Health, Education and Welfare department, and is given to high flights of rhetoric on occasion when he hopes to make a political point or two.

First, there is no possible validity to the presumption that the Alabama Housewife might have lived had she been Swedish, nor is there the slightest basis in fact for the loose assertion that 100,000 Americans are dying each year from cancer for lack of either earlier or better care. In 1969 the total cancer deaths from the digestive tract were 93,620, and deaths from cancer of the genital organs were 41,840. To save 100,000 out of 135,000 in these categories suffered by this woman is too much even for today's medicine to claim.

Ribicoff is one who favors tot-

ally socialized medicine, and this may be the only answer to this dilemma since semi-socialized medicine has only added to the cost and has not made any major contribution to the effectiveness of American medicine.

Since there is no immediate likelihood of a return to totally private medicine and since the semi-socialized medicine is not working it is most likely that some congress not too far from now is going to buy the entire package.

But West Germany has had socialized medicine 40 years, has no ethnic excuses for lowered health problems, is most affluent and yet its record is even lower than that of the United States in many areas.

As one doctor put it: "Too many people can now afford poor health!"

Now welfare clients, those past 65 and veterans all get free — or nearly free medical care — free to them that is, but not to the taxpayer. Another large segment of the population is covered by one or more hospitalization policies — permitting some to make a profit on being sick. People now go to the doctor for what they used to ignore or take an aspirin. People now go to the hospital for a few days of rest or to make possible coverage by their insurance of a routine examination that not so long ago was either done in the home or in the doctor's office. One traveling salesman spent every weekend in a hospital for over a year

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