tiered system.[3] Surgeons and anesthetists who operate in both systems appear to be shortchanging their NHS patients by spending on average only three to six hours a week at the NHS operating table; perhaps if these physicians spent nine to twelve hours per week, the waiting lists would clear.

Dr. Curry recognizes that there is room for improvement in the U.S. health care system, pointing to the degree of government intervention in the insurance industry. In Canada, despite public funding, there is very little intervention in the actual delivery of service. Patients are free to select their own physicians and see more than one physician for the same problem if they choose. Physicians prescribe treatment according to their judgment and expertise, without third-party intervention.

Dr. Curry concludes with the statement: "There is hope in a system that supports choice and personal responsibility of both providers and recipients of health care." We couldn't agree more and feel that statement is an apt description of the Canadian system.

As a country, Canada has chosen a system of socialized medicine because it provides equity. Everyone is treated the same regardless of income. Our argument is that a two-tiered system would destroy that equity and possibly destroy the system itself.

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2. Reinhardt UE. A social contract for 21st century health care: three-tier health care with bounty hunting. Health Econ 1996; 5:479–99.
3. Light DW. Betrayal by the surgeons. Lancet 1996; 347:812–3.

## IMPACT OF PRENATAL SERVICES

I believe that your article "Outcomes of Enhanced Prenatal Services for Medicaid-Eligible Women in Public and Private Settings" (Simpson L, Korenbrot C, Greene J. Public Health Rep 112;2: 122–32) is misleading. The authors' primary conclusion is that something is happening in prenatal care from private providers (which is not happening in prenatal care from public providers) that is causing decreases in low birth weight and preterm birth rates.

An excellent summary of the literature[1] shows that a very small number of prenatal interventions have been shown to decrease low birth weight and preterm birth. In your study, there is no evidence that any of these interventions are differentially distributed between private and public providers. We are left with real differences that are probably due to selection bias from unmeasured factors: women who selected private care are somehow different from women who selected public care. It would be illuminating to know more, but it is hard to imagine that better care by private providers has caused better birth outcomes.

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1. Alexander GR, Korenbrot CC. The role of prenatal care in preventing low birth weight. Future Child 1995;5:103–20.

## KORENBROT REPLIES

I regret that Dr. Rosenberg felt misled by our article given how carefully we interpreted our findings. However, Dr. Rosenberg raises very important points concerning our results and interpretation. As we pointed out, the measures for the enhanced service interventions we examined did not help to explain the differences in birth outcomes among private and public providers.

In a subsequent study using the same data, Rick Homan and I found that measures of provider compliance with guidelines for enhanced services delivery did help explain variation in birth outcomes.[1]

In both studies we go further than most investigators to adjust for differences among women in individual risks. Yet we still point out that it is possible that we are left with selection bias from unmeasured factors: outcomes in women who select private care may somehow be different from outcomes in women who select public care in ways that cannot yet be adjusted.

We stand, nevertheless, by our conclusion in the original article: "The findings suggest that given a certification process, private providers can provide enhanced support services as effectively as providers in public practice settings."

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1. Homan RK, Korenbrot CC. Explaining variations in birth outcomes of Medicaid-eligible women with variation in the adequacy of support services. Medical Care. In press.

## AUTHOR'S QUERY

For a play about President Theodore Roosevelt's Great White Fleet and the Fleet's "sailby" salute to Molokai, Hawaii's leprosy settlement, on July 15, 1908, I am searching for anecdotal materials related to the 1908 sail and the May 1925 reenactment by the Navy, PHS's leprosy investigation station on Molokai, and the history of the region and of leprosy more generally. Personal reflections would be ideal, especially those captured in oral histories and published interviews, diaries, log books, newspaper clippings, films, and informal publications.

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