



SOCIETY OF ACTUARIES

Article from:

The Actuary

November 1988 – Volume 22, No. 10

Editorial

The "blacksmith mentality"

by M. David R. Brown

A surprising number of actuaries seem to assume the world owes us a living collectively as a profession. The latest evidence of this dangerous attitude, which might be termed the "blacksmith mentality," is the letter printed in this issue, signed by 346 Society members. The letter belatedly protests the action of the 1986-87 Board of Governors in agreeing to a severely limited and closely monitored experiment. This experiment would grant credit toward Society membership for achieving a certain standard in accredited college courses in such preliminary subjects as Operations Research, Applied Statistical Methods, and Numerical Methods.

The letter does not address the merits or faults of the proposal but attacks the Board for ignoring the membership's views as expressed in a survey about various education proposals. The letter also asserts a possible constitutional impropriety in the Board's failure to put the matter, in one way or another, to a membership vote.

These allegations are fully dealt with in Michael McGuinness's reply, also in this issue. What is disturbing is the unspoken assumption that it is somehow undemocratic for the Board to entertain even the smallest willingness to consider the college credit question without first obtaining an explicit mandate from the membership. Clearly, what we have here are 346 would-be blacksmiths. Their views are a reflex reaction to the careful examination of a small progressive change in our system. Senior members of the profession and many employers of actuaries have repeatedly expressed concern about the narrowness of our professional training and our reluctance to give up the old ways, both in the subject matter of our syllabus and our educational methods, or lack thereof.

Are we attracting our fair share of the best and the brightest? Or are we driving them away unnecessarily at the front end of our qualification process? Is it possible that strong

Continued on page 8 column 1

FACTUARIES

by Deborah Poppel

This is the first in a series of profiles of members of the Society's Board of Governors. Special thanks to Steve Radcliffe, our first subject, for suggesting the name "Factuaries."



Name: Steve Radcliffe

Birthday: July 6, 1945

Birthplace: Star City, Indiana

Current hometown: Indianapolis

Current employer: American United Life

Children's names and ages: Weston, 14;
Hamilton, 11

My first job was: *as an actuarial student at New York Life. Some of my most memorable moments were working with Charlie Sternhill, Walt Miller, and John Frazier on the first Variable Life paper.*

I'd give anything to have met: *Albert Einstein*

The number of exams I flunked: *0*

The books I recommend most often: *Bonfire of the Vanities, Third Wave*

The last movie I saw: *Midnight Run*

Nobody would believe it if they saw me: *shopping*

The TV show I stay home to watch: *None*

If I could change one thing about myself, I'd: *find more time to chill out and relax.*

When I'm feeling sorry for myself: *I am not a pretty sight.*

My fantasy is: *a round trip flight to the moon, or winning an international barbershop quartet competition.*

The silliest thing I've ever done: *At a reinsurance conference at Vail, after a long and late night, I got up early to ski. Unfortunately, in my fuzzy state I put my ski boots on the wrong feet and complained about how they hurt. Some of my ex-friends promised not to tell anyone.*

If I could do it over I'd have: *started playing golf and tennis earlier in my career.*

My proudest actuarial moment was: *being elected Vice President of the Society of Actuaries.*

The best time of my life was: *living in New York City in the 1970s.*

Blacksmith cont'd

university programs could help us bring in candidates we need but may not otherwise attract? Why do all the major professions rely on the universities and colleges for the pre-professional part of the education process? Why have our professional brethren in the United Kingdom and Australia already gone so far down the path that we are only timidly proposing to test in a limited way?

The only valid criticism of the Board's action is that it may be too little and too late.

Major SOA symposium addresses Future of Retirement

Experts from a variety of disciplines will look ahead to the baby boom retirement years of 2000 and beyond at the Future of Retirement Symposium November 29-30 in Chicago.

Speakers will address the major changes expected to hit the pension, life, and health fields at the turn of the century. In the year 2000, forecasters say, Americans will rush to retire before the expected ages of 60-65, and there will be more than one retiree for each two active employees.

Anna M. Rappaport is Chairperson of the Symposium, which is sponsored by the Society of Actuaries in cooperation with the American Academy of Actuaries, the Conference of Actuaries in Public Practice, the Employee Benefits Research Institute, and the Pension Research Council.

The symposium will help participants gain the broad perspective necessary to work with employers and clients on retirement-related issues and to enter the forthcoming public policy debates. The symposium will examine trends for public policy; financial security products and systems; and employment and the workplace. Speakers will be actuaries, economists, social scientists and consumer group representatives.

The conference format will include multidisciplinary panels and workshops, so that all participants will have a chance to discuss these issues. A multidisciplinary audience is expected.

Contact the Society office for more information and registration forms for the symposium.

NCHS: More than mortality, life expectancy statistics

by Manning Feinleib, M.D.

The National Center for Health Statistics (NCHS) serves as the focal point for U.S. health statistics. Many actuaries are aware of NCHS statistical reports on mortality and life expectancy and its many publications that present current, trend, and analytical studies of life expectancy. Recognized the world over as an indicator of health progress, NCHS life tables are used to plan pension and benefit programs and to conduct economic and demographic research.

The NCHS data collection program, however, goes beyond these important vital statistics. The Center produces data on the extent of illness and disability in the population, on the supply and use of health services, and on health behavior, attitudes, and knowledge.

From its start in 1960, NCHS has fielded an array of data collection programs — each collecting specific information to complete the nation's health profile. NCHS health statistics are used to set national health policy, to plan and administer health programs, and to conduct epidemiological and biomedical research. NCHS data form the basis of health education, disease prevention, and health promotion efforts.

Fortunately, in this era of limited resources, most NCHS data collection efforts are continuing as scheduled. For example, NCHS fielded the third National Health and Examination Survey (NHANES III) last month. During the next six years, the survey will reach 40,000 persons in 88 locations across the country, making it the most extensive national health examination survey.

NHANES III will use direct physical examination, clinical and laboratory tests, and related measurement procedures to collect data on the prevalence of chronic conditions, including heart disease, diabetes, hypertension, and gallbladder disease. The survey will emphasize four areas: child health, health of older Americans, occupational health, and environmental health. Blacks and Hispanics will be oversampled to

produce reliable statistics for these groups.

NHANES III also will provide standardized testing of height and weight, blood pressure, serum cholesterol, and other health and nutritional status indicators. Through data from these examinations, analysts determine population norms and changes in those norms.

Health care survey

The National Health Care Survey is a new, integrated survey designed to meet the data needs of a changing medical environment. One goal of the National Health Care Survey is to expand NCHS data collection from hospitals, nursing homes, and physicians' offices to include such alternative health care settings as hospices, home health agencies, freestanding surgical centers, and hospital emergency rooms and outpatient clinics. For each major survey component — Hospital and Surgical Care, Ambulatory Care, Long-Term Care, and Provider Inventory — medical and facility records provide the basic data.

Through an integrated cluster sample approach, the National Health Care Survey will provide greater opportunities for integrated data analyses among the various health care settings. The survey also will collect data annually in each setting and provide for patient follow-up studies on quality of care.

NCHS will implement the National Health Care Survey over a period of years as resources allow. All survey components are scheduled to be conducted annually by 1993. When fully operational, the survey will be a significant resource for monitoring health care costs, the impact of medical technology, and the quality of care provided to a changing American population.

AIDS questionnaire

NCHS is active in data collection efforts on AIDS. In August through December 1987, a questionnaire on AIDS Knowledge and Attitudes was added to NCHS's National Health Interview Survey to assess current levels of knowledge about AIDS and to measure change over time. The

Continued on page 9 column 1