

BAD MEDICINE

Socialist Medical Care Is Bad Medical Care

by

Gary Allen

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This article first appeared in AMERICAN OPINION magazine, a Conservative journal of opinion, in February of 1971. The subscription rate to AMERICAN OPINION is ten dollars per year, to any address in the United States; twelve dollars to other countries. For either reprints or subscriptions address:

AMERICAN OPINION

Belmont, Massachusetts 02178

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Gary Allen, a graduate of Stanford University and one of the nation's top authorities on civil turmoil and the New Left, is author of *Communist Revolution In The Streets* — a highly praised and definitive volume on revolutionary tactics and strategies, published by Western Islands. Mr. Allen, a former instructor of both history and English, is active in anti-Communist and other humanist causes. Now a film writer, author, and journalist, he is a Contributing Editor to AMERICAN OPINION. Gary Allen is also nationally celebrated as a lecturer.

■ ONE cannot venture from one's bed these days without being bumped by a trial balloon pleading the necessity of compulsory National Health Insurance, the current balloonist euphemism for socialized medicine. Such trial balloons pop out of your television set, float up from your morning newspaper, or burst full-blown from between the pages of the slick magazines. They contain hot air and an emetic called *politicus promissorus*. And they could definitely prove dangerous to your health.

One of the first trial balloons to come wafting along in this rejuvenated old campaign was launched by Nelson Rockefeller from the National Governor's Conference in September of 1969. Persuaded by Rockefeller, the governors formally passed a resolution supporting compulsory National Health Insurance. From there, the clowns of the Establishment Press grabbed the ropes, threw out the sandbags, and began honking and howling that "America has low quality medicine," and "doctors are responsible for rising

costs," and "America ranks 13th in infant mortality," and that "we have a national health care crisis."

In the spring of last year the Columbia Broadcasting System telecast a production titled "Don't Get Sick In America" which should have won the Joseph Paul Goebbels Award for 1970. The man wielding the meat axe for C.B.S. was Daniel Schorr. After gouging America's doctors in one of the bloodiest performances on record, Schorr actually declared that "other Western nations have long since solved [their] problem with national health systems." Given the failure of American medical care, deadpanned Daniel Schorr, "it may be that the organization of medicine is too important to leave to doctors." He maintained that the same bureaucrats and politicians who have given us galloping inflation, federalized education, no-win wars, and subsidized indolence will now lead us to the promised land of guaranteed health.

Besides the expected salvos in the Establishment's slicks, broadsides have emanated from such unexpected batteries as *Better Homes And Gardens*, *Popular Mechanics*, and other unlikely sources. A major campaign to nationalize American medicine has begun, and the *Insiders* who call the shots for the Establishment have ordered up even the popguns. Typical of the bombardment is this blast from Sylvia Porter, the nationally syndicated "Liberal" economist, in a newspaper column she called "Socialized Medicine Forecast As Costs Soar":

Indisputably and irreversibly on the way in the U.S. is a national

health insurance system — which will provide all of us — rich or poor, old or young, white or black — with comprehensive or near-comprehensive coverage of our health costs. In one form or another, "socialized medicine" will get the highest priority in the next, 92nd, Congress.

The *Los Angeles Times* for December 8, 1970, put the point in the same vein, wriggled the needle, and drew blood:

Before the next presidential election, Congress probably will enact some kind of national health insurance for most Americans, financed by an increase in Social Security taxes. That was the significance of the 13-2 vote Monday by which the Senate Finance Committee approved a plan that would insure almost all Americans under 65 against catastrophic medical costs.

The legislation will not get through this Congress. But it is a preview of things to come in the new Congress that will convene in January.

The plan is similar in concept to one which Nixon Administration officials have been drafting for possible inclusion in a special message on health that the President plans to send to Congress early next year.

When the roll was called, however, committee conservatives and liberals went on record in support of the legislation. Democrats voted for it 8 to 1 and Republicans 5 to 1.

Already five separate plans for socialized medicine have been suggested. The most staggering is Senator Edward M. Kennedy's proposal for complete womb-to-tomb "free" medical care, which carries an estimated cost of scores of billions a year. It is already obvious that a major issue of the 1972 presidential campaign will

be Teddy Kennedy's "extravagant" socialized medicine vs. Richard Nixon's "humane, but prudent" socialized medicine. Of course the word *socialism* will not actually be used by either camp. It offends the intelligent. But the Kennedy proposal will provide the Nixon Administration with the excuse it needs to put forth its own "economy" program for medical Marxism. The spade work for the plot has already been done in the *White House Report On Health Care Needs*, released July 10, 1969. It reads in part:

This nation is faced with a breakdown in the delivery of health care unless immediate concerned action is taken by Government

Our overtaxed health resources are being wastefully utilized.

Our incentive systems all lead to overuse of high-cost, acute-care facilities.

Our task now as a nation is to acknowledge the extreme urgency of the situation, to take certain steps

Too often the government has operated independently, and even blindly Medicaid was launched without adequate preparation This administration is committed to correcting these past failures of government and to . . . begin the process of revolutionary change in medical care systems.

So the seeds were planted. The *Christian Science Monitor*, a national spokesman for the Eastern "Liberal" Establishment second only to the *New York Times*, announced the beginning of the harvest on November 23, 1970:

The White House is putting together a massive national health insurance program that may well cost taxpayers in the neighborhood of \$5 billion to \$8 billion a year. Although the plan is still in the

formulative stage, there is every evidence now that it will be ready for presentation to Congress in the 1971 session. "It definitely will be the principal part of our domestic program next year," a White House source discloses.

Although no final decision has been made on how the plan will work, some within the administration are leaning toward a method by which the government's payments for health care would be on a graduated basis — paying all or almost all of the bill for poor people and paying a diminishing percentage of the bill as people move into higher income brackets. The plan would be on a voluntary basis. But it would be expected that almost everybody would find it cheaper than private health insurance and, thus, financially in their best interest to participate.

Why this Republican administration move in this direction? There are already proposals along this line in Congress. Sen. Edward M. Kennedy's plan, which has received the most attention, would cost the public, according to some estimates, from \$50 billion to \$70 billion a year.

What the White House planners have concluded is that, with the soaring cost of Medicare, there is now no alternative available to some variety of national health insurance.

Was this largely a political move on the part of the administration — a response, for example, to the Kennedy proposal? Perhaps. But this reporter [Godfrey Sperling Jr.] found a specific denial to this from a White House staffer who said: "We have been looking into this for more than a year. The Democrats found out what we were doing and came up with their own legislation."

Few things are more important to Americans than medical care. The field has thus become a bonanza for every political Barnum to come down the pike. And, because the nation has legitimate health problems, their nostrums are being bought by the same people who always buy "miracle cures" made of alcohol and sassafras, and sold by an ersatz W.C. Fields calling himself an expert. Columnist James Jackson Kilpatrick, who opposes National Health Insurance, comments on the attraction of socialized medicine:

On the surface, at least, the idea has great political appeal. In recent years almost every American family has experienced the pit-of-the-stomach impact of a stunning hospital bill. Some urban hospitals already are charging as much as \$100 a day for a room. Costs are soaring everywhere.

And it is not only the high cost of medical care. A powerful political appeal lies in the new egalitarianism that seeps across our land like morning fog. If all men are created equal, it is asked, why should the rich man have better doctors than the poor man? To the concepts of equal opportunity and equal justice, it is urged, let us demand equal appendectomies also.

W.C. Fields might have commented that we are being prepared for a lovely funeral. First we were told that all we needed was government medical care for the aged. After all, you can't have old people moaning about the house with the miseries. So we got Medicare. Then it was necessary to have care for the "poor" as well as the aged. So we got Medicaid. When he was Secretary of Health, Education and Welfare, Robert Finch stressed the necessity for ensuring the medical needs of the young as well. So a Kiddie-care package is already in the federal perambulator. The idea is that with the

middle-class taxpayer forced to meet the bill for medical care for the elderly, the indigent, and the young, he will soon be vulnerable to the line that "since you are paying for it, you might as well get in on the action!" It's the craziest come-on since W.C. Fields got away with calling himself Honest John because he once returned a man's glass eye.

Before America chokes on the "free" medicine bunkum, she had better check the fate of other nations which have swallowed the stuff.

The National Health Service of Great Britain is the premier example. John Strachey, the "former" Communist who was Minister of Health when the N.H.S. was begun in 1948, confidently predicted that such would be the strides under socialized medicine that the lives of the English people might be "prolonged indefinitely."* Strachey had built his reputation as a scholar on "proving" that Socialism is "scientific." And no doubt some of the Socialist faithful in England were shocked when the new government "science" did not produce instant immortality for the average Englishman.

When Lord Beveridge planned Britain's National Health Service in 1944, he estimated the cost at about \$500 million per year. In the first year of operation the cost was double that. Now N.H.S. costs the taxpayers of England *seven times* what its promoters claimed it would. Discounting inflation, the cost is still nearly three times the Beveridge estimate.

This has not been because of increased

*No, I don't doubt for a minute that Strachey, a longtime pillar in the Fabian Socialist Society, was laughing up his sleeve at such boob-bait. Certainly John Strachey was no toe-prancing idealist. Zygmund Dobbs observes in his scholarly *Keynes At Harvard* that Strachey's books were "required reading in the Communist Party National Training School in New York City."

†England now spends on medical care only \$77 per capita — amounting to *twelve percent* of all British taxes — in comparison with the current U.S. per capita spending of \$294.

doctors' fees, or the expense of building new hospitals, but because of the increased *operating costs* of the vast bureaucracy necessary to oversee so enormous a system. A man in London can't get treatment for a headache without wrestling with a bureaucrat. And yet Parliament is regularly cutting back on monies for health needs.† The distinguished English journalist Anthony LeJeune explained this in the *Indianapolis Star* of July 12, 1969:

Money for the Health Service has to compete with other political priorities. How it should be raised and how it should be spent become subject to considerations of vote-catching rather than of pure medical need. Result: the Health Service is always starved of funds.

Yet the wretchedly inadequate "free" medical services in once-great Britain actually cost the average Englishman considerably more than an American pays for the most expensive private health and hospitalization insurance. The *London Economist* notes that "The British people soon found out that as taxpayers they had to spend more money than they had done before as patients."

Has Socialism improved medical care in England as its proponents guaranteed? The complaint of the *London Weekend Telegraph* of August 13, 1966, is typical. "Almost everything is wrong with N.H.S.," says the *Telegraph*. "It gives bad service, it treats its staff meanly, it leaves badly needed hospitals unbuilt, and, on top of all this, it does not even give value for money."

Doctor Lloyd Dawe, one of many English physicians who have in recent years immigrated to the United States, comments on his experience with the National Health Service:

As an intern in a London hospital and later in general practise

there, I witnessed the unbelievable waste, interference and bureaucratic regimentation that have accompanied Britain's unwieldy social experiment.

I paid government-imposed "fines" for prescribing the best medicine for my patients. I spent anxious hours in search of hospital space for the critically ill. I saw hospital grants frivolously spent . . .

Practise under the National Health Service soon became intolerable for me, as it has for thousands of British and European doctors who have left their countries to practise in America . . .

Anthony LeJeune says that under N.H.S. "the average wait for a non-urgent operation is 22 weeks, and the waiting-period may stretch to years." Professor Russell Kirk reports: "People have to wait up to seven years for treatment of hernias or varicose veins."

One of the major problems in the English system, as it is in any system where the patient does not pay out-of-pocket for a visit to the doctor, is over-utilization. The Honorable Enoch Powell, Minister of Health in the United Kingdom from 1960 to 1963, put his finger on the difficulty in his book *A New Look At Medicine And Politics*, noting: "There is a characteristic of medical care that makes its public provision exceptionally problematic. The demand for it is not only potentially unlimited; it is also by nature not capable of being limited in a precise and intelligible way." Doctor Dawe looks at this problem from the point of view of the harassed physician trying to practise medicine under the National Health Service:

Since medical care theoretically was available to everyone at any-time, we were literally swamped with patients, many of them with trivial complaints or with no ail-

ment at all. I remember one elderly woman who was in and out of the office three or four times a week. This old dear lived alone and mainly wanted someone to talk to.

Besides the heavy patient load, the time spent on government paper work was fantastically high. . . . Form-filling and correspondence with the government thus became one of the physician's major functions. He was reduced to the role of part-time clerk.

The N.H.S. provides a windfall for hypochondriacs who want company or sympathy and for malingerers seeking a vacation from work. Anthony LeJeune reports that "General practitioners have to spend an intolerable amount of time form-filling and catering to people who treat their National Health Service doctor as an automatic supplier of aspirins, tranquilizers, laxatives and vitamins. They may see almost as many patients in a day as an American doctor sees in a week." And, either passage of the N.H.S. worsened the state of health in England or it has severely multiplied malingering. Doctor Dawe says that "British businessmen found that absenteeism in plants and companies nearly doubled the first year the Health Service was in effect."

Incredibly harassed, British physicians are driven to attempt to reduce the crowds in their offices by pushing pills at patients in an effort to get rid of them. Donald Drake explains in the *Philadelphia Inquirer* of December 19, 1969:

It is generally agreed that British doctors tend to over-medicate but the reason is simple: It's been shown that British patients expect to get medicine from their doctors and when they don't they tend to summon the doctor more often for house calls. As one physician said philosophically, it takes less time to

write out a prescription than to make a house call or a physical examination.

According to Professor John Jewkes, who served on Britain's Royal Commission on Remuneration of Doctors and Dentists, more and more Britons are now seeking medical care outside of the National Health Service. These people, he reports, are "ready to make sacrifices in other directions in order to enjoy prompt hospital and specialist treatment, free choice of consultant and private accommodation." A poll taken fifteen years after the National Health Service was instituted in Britain showed that fifty-seven percent of the people there, including almost as many Laborites as Conservatives, now oppose universal and compulsory socialized medicine. But, once such a system is established, it is very hard to abolish — no matter how bad it is.

And it is bad. A recent *Philadelphia Inquirer* series on medical care in Europe, which openly espoused socialized medicine for the United States, freely admits that N.H.S. "is outrageously unfair to doctors." As Marjorie Shearon, a legislative specialist in such problems of health, education, and welfare, has commented: "Today, British general practitioners are in a sorry state. Their income is wretched. The better the service they give, the poorer is their remuneration. There is no way to prevent abuse of the system so long as patients have the unrestricted right to make office visits when they are not ill or when they have some trivial indisposition which does not require medical care." British physicians, you see, are paid on a "capitation" basis — that is, by the number of bodies the doctor can sign up as "his" patients. Again we quote Dr. Shearon:

Physicians in Britain depend on the size of their lists of patients, not on the number or quality of services rendered. One physician

said to the Editor: "It is medicine by blackmail. I have to give the prescriptions they seek. If I don't they will go to another doctor. And you know how women are, they'll take all their relatives with them. I can't afford to lose them."

Medical facilities in which the British doctor must practise have also suffered under Socialism. Most date back to the Victorian Era. Paul Harvey observes that "In the 17 states of the Southern region of the United States (an area equal to the United Kingdom in population) there have been 515 new hospitals constructed since World War II. In all of Britain, they have built only 10 new hospitals since the big war."

All of which has led many British doctors to vote against socialized medicine with their feet. Donald Drake reports in the *Inquirer* that each year Britain loses the equivalent of up to thirty percent of its medical school graduates to Canada, Australia, and the United States. Many a British "med student" picks up his diploma and his airline ticket the same day. Since the N.H.S. was passed in 1948, the number of students prepared to make the sacrifices for a career in medicine has greatly decreased. Fewer students are studying medicine in England now than before World War II. As a result of this decline, coupled with the emigration of trained doctors, nearly half of all junior posts in British hospitals are now filled by physicians from outside the United Kingdom. Countries like India and Pakistan have been drained of badly needed doctors to help fill vacancies left by the dearly departed in England. Even so, the quality of their skills is, to be gentle about it, unreliable.

Little wonder that whenever Conservatives raise the matter of the failure of socialized medicine in England, American "Liberals" become hyper-tense. It is better, they say, to discuss socialized medicine on the European Continent. Not, as

we have discovered, because socialized medicine is any better there — but because less is known about it in America. The fact is that socialized medicine on the Continent faces the same problems of doctor shortages, debt, and overuse as socialized medicine everywhere. *U.S. News & World Report* for August 10, 1970, comments on the cost of the French system, where the average worker now pays *thirty-three percent* of his wages for such state services:

In France, where the Government pays about 80 percent of the fees of physicians co-operating in the national health plan, deficits are getting out of hand. The social-security system's health fund will be about 165 million dollars in the red this year. If present trends continue, the deficit could rise to 1.8 billion by 1975, French officials say.

Leave it to the *New York Times* to euphemize this into a French asset, declaring that "As a result of all the *advantages* which the system accords, its officials have noted with rising alarm but general helplessness, *there is an overwhelming eagerness among Frenchmen to take good care of themselves* . . . The doctors, the medical laboratories, and the pharmaceutical industry, both manufacturers and retailers, are *prospering* as the deficit grows." One can only groan.

Germany has a government medical system administered by private insurance companies. Germans pay eleven percent of their salaries for government medical care; half the cost being hidden since it is paid by the employer. As always "free" medicine means crowded offices and long waits, driving fifteen percent of the population to buy extra private insurance. The situation is serious. As Donald Drake observes in the *Philadelphia Inquirer* for December 17, 1969:

Germany has a shortage of hospital beds . . .

Germany has only five heart centers capable of performing an average of 3,000 open heart operations a year when there is a need for 12,000. As a result, 9,000 patients either die or, if they have enough money, go to America and pay for the care out of their own pocket.

Despite the shortage of hospital beds, and because "the government is paying for it," the average German spends over twice as long in the hospital as the average American. Drake says "the average length of stay is ridiculously high — more than twice that of an American hospital. The average length of stay in a short-term, general hospital is more than 19 days as compared to 8.5 in the U.S. A German maternity case stays in an average of nine days." Why not, it's all "free," isn't it?

But it is Sweden that makes the heart of every American "Liberal" palpitate with joy. It is not British Socialism or Russian Socialism they want, so the line goes, but the sort of practical, sensible, efficient Socialism practiced in Scandinavia! Marx apparently gains something in the translation into Swedish.

If there is any place where Socialism should work, if it is a viable system, it is Sweden. A country smaller in population than Southern California, it has no racial, religious, or lingual varieties. It has a strong "work ethic" and a centralized population. And of course the Swedes profited from the two World Wars instead of depleting their human and financial capital by participating in them. One would think that Sweden should be sending us foreign aid and providing for our national defense instead of vice versa.

Yet, even with every advantage, Socialism in Sweden has proved seriously debilitating. *U.S. News & World Report* for February 7, 1966, revealed just how phony the

Fabian paradise really is. Alcoholism, suicide, and venereal disease there are among the highest, if not the highest, in the Western world. Crime is spiraling and Welfare demands are proving to be insatiable. Swedes now pay a staggering twenty percent of their taxes for socialized health care — the highest in the world.

At the time Swedish doctors were nationalized, seventy percent of the population already had private insurance programs. In the name of equality, however, those seventy percent were forced into compulsory government programs in order to provide super-benefits for the remaining thirty percent of the population not privately insured. And, as *U.S. News* has observed, "The present system is proving anything but a clear-cut success." There is now hardly a hospital in Sweden where there isn't a long waiting list for every sort of hospital care. Conservative estimates are that in Stockholm there are more than four thousand persons now waiting to enter hospitals. The waiting period for minor operations is up to six months. Consider this report from Sweden in *U.S. News & World Report* for January 24, 1966:

The average patient here finds his situation has worsened rather than improved. It is more difficult for him to get a doctor. He must wait longer to get into a hospital. And he may be forced to leave the hospital before he is medically ready for discharge . . .

Overburdened doctors must turn away thousands of patients annually — many of them old people who badly need medical care . . . Waiting periods for special treatment are sometimes so long that patients become incurably ill, even die, before they can get adequate care.

Gravely ill patients, in need of immediate treatment, had to be turned away from hospital emer-

gency rooms. There were not enough medical personnel on hand to take care of them.

The fault, of course, lies with socialized medicine. Swedish writer Nils Brodin is quoted in *Human Events* for October 24, 1970, as explaining that "the increase in utilization of existing facilities comes from those who demand 'hospital vacations.' When the tensions of life or home get too intense, many will 'rest up' in a hospital. Often a patient stays in a hospital a week before he is diagnosed, and even then the diagnosis may be hasty and inadequate. 'I'm paying for it . . . I've got it coming' is the attitude." Dr. Dag Knutsson, head of Sweden's medical association, estimated in the first years of the medical plan that *half* of the patients in Sweden's hospitals "need not be there."

The Swedish government, in order to relieve the shortage of doctors, has reduced the quality of care by chopping two years off medical school curricula and filling many positions with interns and students. Sweden has also imported a large number of foreign doctors. Yet today Socialist Sweden has fewer physicians per capita than the United States, West Germany, Austria, or even Italy. It is part of the syndrome of socialized medicine that nationalized health care drives up costs, drives down the quality of care, and drives out physicians.

About one-seventh of Sweden's doctors have managed to defy the government to remain in private practise, and they treat thirty percent of the Swedish patients who seek private care despite paying the staggering taxes for state care. Even so the Swedish government is placing pressures on private physicians to try to force them into the government maw. All private and semiprivate care is being gradually eliminated as something "anti-egalitarian." There are very few private hospitals, and private nursing homes are being forced out of business because of excessive taxation.

In summing up the situation under socialized medicine in Europe the *Philadelphia Inquirer* declared in its lengthy examination of these matters that "None of the European systems studied offered substantial incentives to doctors to do a superior job. Many of them, in fact, reward inefficiency."* And, the Philadelphia paper admits: "Most experts surveyed in Europe said that the top care provided in the U.S. is second to none in the world."

But American "Liberals" are busy building the impression that American medical care is *not* the best in the world. Inevitably these attacks on the quality of American medicine are "documented" by citing infant mortality statistics as proof that American medicine is second-rate at best. Seldom are any other criteria mentioned. Typical is this statement from the widely syndicated Sylvia Porter:

We may boast we have the most advanced health care services in the world. But the fact is that since 1950 we have dropped from sixth to thirteenth place in infant mortality — behind such nations as Japan, Finland, New Zealand, East Germany . . .

This is a disgrace in a nation as rich as ours.

This is the reason why "socialized medicine" is about to become a fact of U.S. life.

The statistics come from the U.N. World Health Organization's *Demographic Yearbook*. And Sylvia Porter and the others who use them as propaganda know very well the *Yearbook* specifically warns that such figures *should not be used for comparison* because the standards of measurement for different nations vary. Many variables affect these statistics. The methods used are not even uniform in the United States, each state having its own requirements.

Reports of births in many countries

are the responsibility of parents; but as there is no punishment for not reporting, a sizable percentage of infant deaths go unrecorded. In the United States the attending physician is responsible for certifying births and deaths, and *all* are immediately reported. Here, too, one heart beat means a live birth. But in other countries this is not so: In Sweden, for example, a birth is not counted unless the baby lives through the dangerous first twenty-four hours. And Swedish parents have *five years* to report a birth, with the result that deaths of children up to *age five* are often excluded from the statistics. In the U.S.S.R., infant deaths are not recorded if they occur within twenty-eight days after birth. In parts of Germany, a baby is not registered as having been born until he is baptized — again, affecting the infant mortality records. The impact of legalized abortions on reducing the incidence of recorded infant mortality is not now known, but it is obviously significant in countries such as Japan where it is generally available.

The point of going into all of this, however briefly, is that in the oft-cited field of infant mortality the "Liberals" are comparing apples with potatoes in a situation where we are keeping accurate records by a strict standard and no one else is. There are, of course, areas where you *can* measure the relative quality of health care. For instance, many of the countries cited in the rigged statistics as having a lower infant mortality rate have two to three times the rate of tuberculosis, a leading killer in infectious diseases.

The fact of the matter is that socialized medicine has nowhere improved

*Please keep in mind that while we have severally quoted the *Inquirer's* lengthy series on this subject, these are admissions against interest. Author Donald C. Drake makes no bones about the fact that he is for socialized medicine on the ground that it is the only system that guarantees medical care for everyone. That it also severely reduces the *quality* of medical care for everyone is not so important to him as his egalitarian commitment.

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medical care. Even the proponents of Marxist medicine no longer claim that doctors will be better doctors under a government system. Political medicine proves to be bad medicine. Ask any doctor who has served in the military if he was concerned about the health of his patients before he went into the service. He will tell you that he certainly was. Then ask him if his attitude changed when he was in the military, and he will tell you that it was impossible to have the same concern. Military medicine is mass medicine, with little of the doctor-patient relationship. Yet he was the same man in both situations. While working for himself he was a good doctor; while working for the government he was less so. The difference wasn't in the doctor, but in the system. The collectivists are now working to replace a personal system of voluntary exchange with one of cattle-car medicine.

Doubtless few Americans would even consider socialized medicine if projections of the cost of future medical care were not so frightening. *U.S. News & World Report* for August 10, 1970, offered these statistics:

Spending on health care, by individuals and governments, is more than five times as large as it was just two decades ago. In 1950, outlays for health took a nickel out of every dollar spent in the U.S. for goods and services. By 1975, health care will take almost 9 cents of each dollar.

The projection will no doubt prove accurate if we get more socialized medicine, but the statement is highly misleading. It does not take into consideration the vast expansion of population in the past twenty years, nor the tremendous inflation which has driven up all prices. Medicine is being used by politicians as a scapegoat for inflation — which only the politicians can cause.* Ironically, the same manic-progressive

deficit politicians who caused the inflation of medical costs now pretend to want to save the public through further deficit spending for socialized medicine.

The truth of the matter is that the great increase in inflationary government spending over the last decade has been largely a product of the efforts of the Department of Health, Education and Welfare, which is already knee-deep in medicine and wants to be neck-deep. That Department now spends more than all the profits after taxes of all the corporations in the United States. (Corporate profits are \$49 billion, H.E.W. spending is \$58 billion.) Inflationary government spending for H.E.W. is now seven times the total amount of federal spending in 1940. Yet, while they increase deficit spending more and more — which *alone* causes inflation — the politicians blame doctors for the inflation of medical costs.

Highly trained doctors, supplementary personnel, sophisticated equipment and drugs, are all expensive. But advances in training and technology allow our doctors to be ever more efficient, and this is reflected more in the quality of American medical care than in its cost. The average American stays in the hospital 8.5 days. The average Swede's stay is fifty percent longer, as is that of the typical Englishman, and the average German stays in the hospital three hundred percent longer.† Figuring costs on a daily basis, the dollar savings to the patient are obvious. Propagandists for government medicine always point to the high costs of hospitalization, but they forget to mention that because of the quality of our system Americans spend much less time in hospitals than do those in countries where socialized medicine has a stranglehold.

*Inflation is an increase in the money supply which bids up wages and prices. It is caused by deficit spending.

†See *Congressional Record*, December 12, 1969, Page S17334.

The fact is that the cost of medical care has not even kept pace with other necessary commodities and services. A chart in *U.S. News & World Report* for December 8, 1969, illustrates that in the past two years the cost of medical care has risen 12.9 percent while meats are up 13.6 percent, the cost of owning a home is up 18.2 percent, men's clothing is up 12.8 percent, shoes are up 12.7 percent, and public transportation is up 13 percent. Doctors' fees rose an average of 3.7 percent per year between 1956 and 1968, while average wages in general rose 4.2 percent. It now costs less to visit a doctor than to call a plumber or television repairman. Even the *Philadelphia Inquirer* concedes that doctors' fees are a minuscule part of total health costs:

Many persons angered by the high income of doctors in the U.S. hold the simplistic view that health care costs could be held down by simply reducing physicians' incomes.

This would have only a minor effect.

If the income of the nation's 280,000 physicians was cut by more than half to a ridiculously low \$17,000 annually — a foolish move that could destroy American medicine — the national expenditure for health care would be cut by a paltry eight-tenths of 1 percent.

Much of the pressure which is pushing up the cost of medical care comes from the government — which already pays for thirty-six percent of all medical care in the United States. *U.S. News & World Report* for August 10, 1970, quotes Merle A. Gulick, vice president of the Equitable Life Assurance Society, as stating that it is "significant that all medical-care prices have accelerated since 1966, the year Medicare began. Hospital prices have risen at the rate of about 15 percent, and other medical-care com-

ponents have risen about 6 percent." America is already beginning to pay for the over-utilization that inevitably accompanies "free" medicine. As *Lancet*, the prestigious British medical journal, has observed:

If taxi fares were abolished and a free National Taxi Service was financed by taxation, who would go by car or bus or walk? The "shortage" of taxis would be endemic and the "taxi crisis" a subject of periodic public agitation.

One does not have to be an economist to realize that an unlimited wish for something of value is impossible to supply. If politicians promoted Cadillacs at government cost to everyone for the asking, General Motors could never meet the artificial demand. The same is true of "free" socialized medicine. When demand exceeds supply prices go up.

Besides the flooding of doctors' offices with Medicare and Medicaid patients, there is also an influx of union members who are totally covered by company-provided insurance. As one Midwestern physician told your correspondent:

"First dollar" insurance coverage, whether it be from the government or from a private company as part of a union negotiated contract, is basically unsound. Since no fee is involved people come into the office every time they have the sniffles or need a Band-Aid changed. It costs an insurance company and the doctor about \$10 in administrative costs alone for a call that the person would not make if he were paying for it himself.

I practise near a General Motors plant. Absenteeism there runs three or four percent from Tuesday through Thursday and fifteen percent on Fridays and Mondays. Doctors' offices are flooded with peo-

ple who aren't really sick but who want a slip from the doctor on some imaginary pretext so they can go hunting or take a vacation. Since they get a given number of days a year in sick pay they use every day of it and it doesn't cost them anything. All of this only escalates the cost of medical care and crowds doctors' offices with kooks and malingerers.

The introduction of Mr. Nixon's National Health Insurance will multiply this problem a hundred-fold. And of course the taxpayer will be asked to support a whole new layer of bureaucrats to administer the program. If other federal programs can be used as a guideline, there will probably be at least one paper-shuffling bureaucrat at an average salary of \$12,000 per year for every practising doctor. The administrative cost of Medicare and Medicaid is estimated already to be greater than the doctor cost, while the administrative cost of *private* insurance programs runs at only about thirty percent of the premium. The current cant about the "high cost of medicine" as an argument for nationalizing our health industry is as phony as Dr. Quack's Cancer Cure.

Another of the often mentioned reasons why we must install more socialized medicine is the allegedly inadequate "delivery system" — "Liberalese" for having too few doctors to take medical care to the people. It is alleged that federalized medicine will produce enough doctors to inspect every wart and rash in the nation. Which is pure balderdash!

There are 318,000 medical doctors in the United States. With a national population of approximately 200 million, this is an average of one doctor for every 640 persons. No other major nation in the world enjoys anything close to this ratio. Of these doctors, 170,000 are engaged in full-time private practise and 20,000 are in part-time private practise.

The remainder are mostly employed in government service, research, teaching, and administration. The problem is not that there are not enough graduating doctors, but that too few are in direct patient care.

The more than 30,000 doctors now in government and administrative work, if returned to private practise, would be adequate to care for three cities the size of Los Angeles. Of course this is impractical, but who will doubt that federalized medicine would mean tying *more* physicians into such tasks?

Would there be more doctors if we were to have a system of National Health Insurance? England had 44,000 physicians before instituting socialized medicine. The National Health Service has since produced a gigantic implosion, and as a result Britain now has only 23,000 doctors. If American medicine is turned over to the federal bureaucracy we can expect that *fewer*, not more, young men will be attracted to the profession. And of those who do study medicine, more will be government administrators rather than practising physicians.

Bureaucratic complaints about a faulty "delivery system" really boil down to the fact that more doctors prefer to practise in Beverly Hills than in Watts. This should not be too surprising since even the most humanitarian physician does not appreciate being mugged. But it is also true that people get sick in Watts. So what to do? Certainly socialized medicine is not the solution. The shortage of doctors in "ghetto" areas might be greatly alleviated without government compulsion if the foundations and such organizations as the N.A.A.C.P. and Urban League would stop playing revolutionary games long enough to run campaigns recruiting young physicians to practise in Negro neighborhoods and rural areas, meanwhile offering scholarships and loans and special preparatory training to qualified Negroes seeking to become medical students.

The only other alternative is for the

government to shanghai doctors for forced service in minority areas, or pay them large subsidies to serve there. Such solutions not only assume the inferiority of the minority people but introduce forms of compulsion alien to American traditions. Clearly, whatever problems exist with our medical "delivery system" cannot be solved by socialized medicine short of taking away from the physician his Constitutional right to decide where he will work. This is a problem for the *private* sector — one which *can* be solved by urging the foundations, for example, to make it a priority consideration.

There is a whole cart-load of such phony issues of course. What is behind the move for socialized medicine is not a desire to solve problems but a drive on the part of collectivists to extend their power. According to *U.S. News & World Report* of August 10, 1970, some 176 million Americans are covered by some form of private health insurance.* Another thirty million have either opted not to buy insurance, neglected to buy insurance, or cannot afford insurance. It is for the latter-third of the approximately twenty percent that the other eighty percent would be forced to support the inefficiencies and destructiveness of compulsory government medicine.

Under freedom there will always be a few who must accept charity. But charity, we are assured by the proponents of socialized medicine, is demoralizing and degrading to the recipient when it is private, but somehow moral and uplifting when it is done at the point of a government gun. This is known as "re-

sponding to the challenges of our times." Fastening socialized medicine on all Americans because of the few poor whom we will always have with us is the hyperbolic equivalent of using a guillotine to perform a tonsillectomy.

Okay, if it's so outrageously stupid, why the big push for National Health Insurance? Because, simply, there are many *advantages* in such a scheme for its promoters. Most of those in the medical profession who favor socialized medicine are already on the government payroll or stand to gain financially by more government spending in this area. The advantage for the politicians is obvious. Middle-class Americans, their savings ravaged by government inflation, will become captives of politicians who will promise each election to escalate medical benefits.† And Leftist conspirators are pushing government medicine, as they have always done, *because medical control means people control*. Lenin described socialized medicine "as the key to the arch of a socialized state."

One of the two men most responsible for promoting socialized medicine in the United States was the late Walter Reuther, a Soviet-trained radical who pushed for "first dollar coverage" in industrial medical insurance and organized the committee which prepared the plan for socialized medicine being sponsored by Senator Kennedy. The Kennedy "Health Security Program" was developed by the Committee for National Health Insurance, which advertises itself as "non-partisan." The current chairman is Leonard Woodcock, Walter Reuther's successor as president of the United Auto Workers.

The other chief proponent is Wilbur J. Cohen, head of the Department of Health, Education and Welfare under Lyndon Johnson. Cohen, an out and out Marxist who now serves as an advisor to Nelson Rockefeller, has been working for socialized medicine from within the govern-

*In 1948 Oscar Ewing, President Truman's Federal Security Administrator, was championing socialized medicine with the declaration that "at a maximum, only about half the families in the United States can afford even a moderately comprehensive health insurance plan on a voluntary basis."

†Someday, such politicians will be held accountable not for what they have done *for* the people, but what they have done *to* them. But that day has not yet arrived.

ment for over thirty years.* He has also worked closely with the International Labor Organization in Geneva which has coordinated the establishment of socialized medicine all over the world. During the last session, acting on testimony from A.F.L.-C.I.O. president George Meany that the I.L.O. was a Communist-dominated organization, Congress cut off all U.S. funds assigned to support it.†

Leftists have made several attempts to implement socialized medicine as a whole ball of wax. After the last failure under President Truman in 1947, the collectivists switched strategies and adopted the approach of Fabian gradualism. As Jeffrey St. John of the Copley News Service has observed:

Advocates of socialized medicine in America began promoting a medical dictatorship disguised in humanitarian terms, knowing the nation would not accept a single one-shot Socialist package. They preferred tyranny on the installment plan or using the piecemeal approach.

"It is not easy to convert a free country into a totalitarian dictatorship," observed New York Prof. Leonard Peikoff during the 1962 debate over the King-Anderson government medical package. "Those who attempt it know they must move gradually, by a series of precedent-setting steps."

The forerunner to the Medicare program was the Forand Bill. The Communist Party of Illinois distributed a brochure entitled "The Forand Bill Can Be Won Now!" This brochure, under the subtitle "The Forand Bill Is The Minimum," described the Communist strategy on socialized medicine as follows:

The virtue of the Forand Bill is that it is a Federal rather than a State-aid measure and is built into

the Social Security system. With all its present limitations, the Forand Bill opens the door toward complete hospital, medical and surgical services for the aged — and ultimately for the whole population. It can be enacted at once by this session of Congress.

Forand himself said almost the same thing about Medicare after J.F.K.'s White House Conference on the issue. "If we can only break through and get our foot inside the door," he declared, "then we can expand the program after that." The Forand Bill did not pass, but it survived to become J.F.K.'s Medicare program.

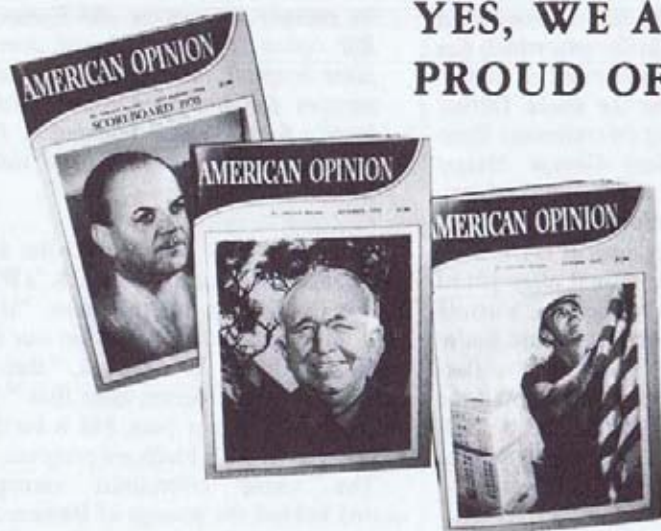
The whole collectivist menagerie united behind the passage of Medicare. In the April 1965 issue of the official Communist Party organ, *Political Affairs*, the Comrades were formally directed to fight for passage of Medicare as "the most important single piece of legislation today." But neither the Communists nor the Fabian Socialists who pushed for Medicare and Medicaid considered them anything but a step in the Left direction. Reporter St. John writes:

Liberal advocates of government-dictated medicine knew that passage in 1966 of Medicare and Medicaid, which the AMA feebly attempted to defeat, was a step toward a National Health Insurance program. Such lawmakers also

*Wilbur Cohen has formally affiliated himself with the Washington Committee for Aid to China, cited in the government's *Guide To Subversive Organizations* as "Communist controlled"; the Washington Committee for Democratic Action, cited as "subversive and Communist"; and, the Washington Bookshop Association, cited as "subversive and Communist." He has refused to repudiate his Communist associates and the Soviet Fronts to which he belonged.

†Congressman John Rousselot tells me it is his opinion that it was the death of Reuther which permitted Meany to give such damaging testimony.

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knew the private medical system could not meet the demands Medicare and Medicaid created.

No enormity was spared in lying about how little Medicare would cost. With a straight face that must have been the envy of Jack Benny, President Johnson declared on January 9, 1964:

We must provide hospital insurance for our older citizens financed by every worker and his employer under Social Security, contributing no more than a dollar a month during the employee's working career to protect him in his old age, without cost to the Treasury.

A dollar a month, and at no cost to the Treasury! Who could refuse a deal like that? Congress passed Medicare in 1965, providing benefits for everyone over sixty-five regardless of need.

Why didn't the American Medical Association stop it? Reliable sources tell me that President Johnson met in private session with H.E.W. chief Wilbur Cohen and several top staffers of the American Medical Association shortly before the passage of Medicare. The members of the A.M.A. staff told Mr. Johnson there were twenty-one particulars in the Medicare Bill to which they objected. The President is reported to have turned to Cohen and said, "Wilbur, I want you to meet with these men and make them happy." Twenty of the twenty-one objectionable items were deleted from the bill and A.M.A. opposition was reduced to a whisper. The Fabians were willing to make almost any concession to get that "foot in the door," knowing they could handle it from there.

After the bill was passed, the Department of Health, Education and Welfare reinstated virtually all of the features to which the A.M.A. staff had objected by the simple expedient of inserting them as Executive Orders in the *Federal Register*, where after thirty days they have the

power of law. The doctors had been mouse-trapped.

The reception among the people who were supposed to be unable to survive without Medicare was a curious one. The government had to put on a huge sales campaign, complete with urgings from Hollywood stars and sports personalities, to get people to sign up for the program. The *New York Times* of January 23, 1966, reported:

The Federal Government is engaged in one of the biggest "sales" campaigns since its great effort in 1936 [date given incorrectly as 1926] to sign up an estimated 26 million eligible workers under the new Social Security Act

The [Social Security] agency has run a personal-interview check on a large sample of those who have declined to find out their reason. These fall into three main categories:

(1) Many said they already have insurance, or have been so healthy they don't need it.

(2) Many others said they couldn't afford the \$3 premium.

(3) A smaller but significant number said they opposed the whole scheme on political or similar grounds.

But the Socialists in Washington held the ace of trump. President Johnson called in the heads of the major insurance companies for a secret meeting. It is not known what promises or threats were made, but all the major carriers began to cancel their policies on those over age sixty-five on the same day. It was hardly a coincidence.

While promoting Medicaid in Congress, "experts" from the Department of Health, Education and Welfare had contended that Medicare would cost \$2 billion per year. They denounced contentions of doctors and insurance actuaries

that the program would cost over \$5 billion per year as fright-mongering by greedy doctors and other vested interests. Who was right? In 1970 Medicare cost the American taxpayers some \$7.8 billion, and the combined Medicare-Medicaid bill was \$14 billion. As Senator John Williams has observed:

Without a modification in the program the total costs of parts A and B of medicare during the next 25 years will equal or exceed the present national debt of about \$370 billion. The latest report of the trustees of the hospital insurance fund states that under present financing that fund will be broke by 1976....

Whatever happened to L.B.J.'s dollar a month with no drain on the Treasury? Tsk, tsk!

Now, of course, the Department of Health, Education and Welfare is looking for a scapegoat on which to blame its 300 percent "error." As you know, the doctors who warned it would happen have been nominated. It has been widely declared that some doctors are profiteering from the program, but it has gone unreported that the records of the Social Security Administration show that during fiscal 1969 doctors received only *eighteen cents* of each Medicaid and Medicare dollar. The scapegoaters also claim that doctors charge what they please under Medicare and Medicaid, and are calling for ceilings. The fact is that ceilings were placed on doctors' fees for Medicare and Medicaid in January of 1969! It has had little effect on the overall cost.

Much publicity has been given to one doctor in Colorado who is said to have received \$326,000 in Medicare fees in 1968. The scapegoaters didn't know, or neglected to mention, that the \$326,000 actually went to 124 physicians at Colorado General Hospital. One doctor had signed the bill for the entire medical

staff, a procedure authorized by the Medicare law.

It has also been widely reported that 2,500 doctors earned \$25,000 or more from Medicare in 1968. Unreported is the fact that this represents only *three percent* of the doctors treating Medicare patients. Furthermore, of those involved, a majority *specialize* in the treatment of the elderly who comprise the bulk of their practise.

Doubtless there has been fraud in some cases. Two (repeat, only *two*) doctors have been convicted. "Free" cash at the government trough always attracts the greedy. But the major reasons for the fantastic excess of cost over frugal promises are the inevitable over-utilization and spiraling overhead caused by the endless reams of paperwork, forms, and regulations common to all government projects.

One of the first devices designed by the Department of Health, Education and Welfare to put the blame on doctors for the skyrocketing costs of government medicine is the establishment of "Peer Review Boards." These Boards would be comprised of local doctors acting as H.E.W. agents who would snoopervise other local doctors. At a recent convention of the American Medical Association, Tom Tierney of H.E.W. told the assembled doctors that he was glad physicians are accepting the idea of "control" and that "control was no longer a dirty word." He said there is going to be control of the medical profession, but that he hoped doctors would control themselves through Peer Review Boards rather than be controlled by "others."

This is quite a mouse trap. A bill to establish Peer Review Boards is now before the Senate. Under this legislation, if H.E.W. does not believe that the Peer doctors are doing a good job of playing Big Brother, and keeping down the rising costs of Medicare and Medicaid, then the federal government can send in its own men to supervise local doctors. The A.M.A. favors a similar, though slightly watered-

down, version. As usual in medical politics, doctors find themselves faced with a choice between false alternatives. A former member of the A.M.A. staff analyzed the situation for me this way:

If the medical profession accepts the A.M.A. plan it assumes the public responsibility of holding down costs for unlimited demand. When the profession fails to accomplish this impossible task, as it would, and costs continue to rise due to artificial demand, public condemnation would pave the way quickly for the final victory of the compulsory nationalizers.

The A.M.A. is believed by the public, and by most doctors, to be a fierce opponent of socialized medicine. Until recently this was true. The A.M.A. had long been a *bête noire* of all "Liberals," but times have changed. And so, unfortunately, has the A.M.A.

The medical profession is, basically, divided ideologically Left and Right between doctors in private practise who charge a fee for services rendered and salaried doctors who more often than not work either directly or indirectly for the government or the unions. Less than a decade ago salaried doctors made up only thirty percent of the population of the U.S. physicians. Today they make up nearly forty-five percent of our doctors.

Physicians in private practise think the A.M.A. is their organization. In 1962 those in private practise made up ninety percent of the A.M.A.'s membership. But today the increase in doctors beholden to the government has greatly affected the composition of its membership — to what degree the A.M.A. will not say. That the salaried government doctors are *very* active is beyond question. Represented on the permanent staff, or as delegates to A.M.A. conventions, are H.E.W. employees, Public Health Service doctors, Veterans Administration physicians, union

doctors, medical faculty and researchers, plus representatives of Blue Cross and Blue Shield (who as fiscal agents for the government in its medical programs have been rabid promoters of government medicine). These people are almost always loyal to their source of income — which stands to expand as the government gets ever more into medicine.

Meanwhile, the typical physician in private practise is almost totally unaware of the serious changes which A.M.A. has undergone. He still believes that the American Medical Association is a bastion of Conservatism and the zealous guardian of private medicine.

But the story of the change in the A.M.A., which as short a time ago as 1962 organized the defeat of J.F.K.'s Medicare program, is the story of a change in the orientation of the A.M.A.'s permanent staff. The policy-making body of the American Medical Association is its 222-member House of Delegates, most elected by state societies, which meets twice a year to vote on A.M.A. policies and programs. Between meetings, the A.M.A. is governed by a board of trustees which in turn appoints an Executive Vice President who is the day-to-day boss of the 700-man staff in Chicago. While in theory it appears that there is strong local control over the national A.M.A., in practice the staff does pretty much what it wants to do. This was a source of great complaint for "Liberals" in the days of yore, but today it is the Conservatives who are complaining.

The real power at the A.M.A. now resides in the hands of Executive Vice President Ernest Howard. Dr. Howard is a graduate of the School of Public Health at Harvard. Following his graduation, he assisted in setting up socialized medicine in Peru while working for the Public Health Service. When he applied for a staff position at the A.M.A. following World War II, several members of the board of trustees were planning during his preliminary appearance before the board

to grill him closely on his attitudes about socialized medicine. But Howard upstaged potential opponents by announcing at the offset that he did not want to get the job under false pretenses, explaining that his real name was not Howard but Cohen. What that could possibly have to do with anything is unclear. But, impressed by the young man's apparent openness, the trustees did not question him about his South American activities and approved him as an addition to the staff.

Howard's stormy personal life has at times been an embarrassment to the A.M.A., but it is his manipulating behind the scenes that makes him a threat to medical freedom. While taking strong public stands against socialized medicine over the years, Ernest Howard has worked covertly to torpedo effective opposition to a government takeover. Former A.M.A. staffers and doctors who have worked closely with Howard tell me they consider him cunning, ruthless, and brilliant.

It was Dr. Howard who ran the palace coup in which former Executive Vice President F.J.L. Blasingame, a staunch foe of collectivized medicine, was ousted in September 1968, with four years to run on his second five-year contract. Howard then maneuvered his own appointment as Dr. Blasingame's successor.

Since his rise to power by coup, after a long career of patient gradualism,* Ernest Howard has staged a systematic purge of those members of the staff who were solidly opposed to collaborating with the government in arranging a sellout of the private physician to socialized medicine. These ex-A.M.A. employees believe the

*As far back as July 7, 1961, *Time* magazine noted: "Insiders nominated Bert Howard as the single most powerful individual. Though technically assistant to Bing Blasingame he dominates policy making, chairs the 'Legislative Task Force' that keeps a hawk-eyed watch on federal legislation, and swoops in to fight bills that run counter to A.M.A.'s principles. The headquarters' permanent staff inevitably wields great power. No one-year President... can dislodge it."

Association hierarchy has already come to terms with the H.E.W. planners. A former department director at A.M.A. has prepared "A Report To The Medical Profession" on what is happening. He observes what he cites as "speculation that a strong antagonism toward government intervention in medicine is detrimental to an employee's chances at the A.M.A." The "Report" reveals:

... Few physicians are aware that an ideological conflict has split the Board of Trustees between those who would collaborate with government and those who would strongly resist government intervention in medicine, that morale among the headquarters staff has sunk to a tragically low level in the past few months, and that these conditions are sapping the strength and vitality of the AMA and undermining its ability to represent effectively the scientific and economic interests of the medical profession.

As the "Report To The Medical Profession" indicates, the A.M.A. has been retreating ever since the "hawk-eyed" Ernest Howard "lost" the Medicare battle:

The American Medical Association's abrupt Medicare defeat after many victories in the long and exhausting war against it left the Board of Trustees in a state of confusion from which it has never completely emerged. Since then, the AMA has been drifting, unable to mount effective programs in any area. It has become increasingly vulnerable to pressures of the government interventionists and the schemes of labor bosses and others who seek to manipulate the AMA for their own invidious ends.

Those close to the situation know that this "drifting" is no accident. While ex-

pressing regret and dismay every step of the way, the A.M.A. staff is now working for more and more collaboration with those who would nationalize medical care. As the "Report" comments:

There is disquieting evidence that the collaborationist forces grow stronger, the resistance forces weaker. A conservative member of the Board [Dr. Edward Annis] told friends and supporters when he was a candidate for election that he was alarmed at the AMA's drift toward appeasement and that if elected he would reverse that drift. Recently, he had told friends he has grown weary of fighting a losing battle against the appeasers within the AMA. As the collaborationist philosophy grows stronger, AMA's will to resist government intervention in medicine will grow weaker.

The A.M.A. now advises doctors to fight socialism by imitating it. The Department of Health, Education and Welfare makes demands in excess of what it really expects, and the A.M.A. staffers then produce the face-saving synthesis which is what H.E.W. wanted all along. Lip service is still paid to the concepts of Free Enterprise, but then doctors are told, "We had better make the best deal we can or the government will really make things tough for us." It is like the condemned man being careful not to insult his executioner lest he make him angry.

One of the key battles within the A.M.A. was over whether health care is or is not a "right." Dr. Milford Rouse, then president of the Association, told the 1967 convention: "We are faced with the concept of health care as a right, rather than a privilege." Dr. Rouse continued:

If American freedom should become weakened or non-existent, there would be no need to concern ourselves with the progress of medi-

cine. The strength of every facet of American life is dependent on the strength of others. No one part of our nation can succeed if the others are failing. We can, therefore, concentrate our attention on the single obligation to protect the American way of life. That way of life can be described in a single word: capitalism.

This statement brought on a fantastic propaganda barrage from "Liberals" everywhere. The "Liberal" *Chicago Daily News* laid down a typical response:

It is unfortunate that the AMA, by electing Dr. Rouse, has taken another step backwards, reaffirming its conservative and obstructionist policy when new ideas are urgently needed to guarantee the delivery of high-quality medical care to all Americans. It is time for those whose conscience is horrified by such AMA policies in the field of social medicine to reaffirm that health care is a right which ought to be guaranteed to all by our society, and not a privilege . . .

The A.M.A. immediately became the target of New Left revolutionaries who invaded the next convention denouncing it as a meeting of the American Murder Association. Under pressure from avowed radicals, the A.M.A. collapsed on the issue. Its Planning Committee declared: "The thesis that every human being has a right to all needed health services is disarmingly simple and is now generally accepted." Since Dr. Rouse's term expired, succeeding A.M.A. presidents have declared that medical care is a right. . .

The point of all this flap over ideology is very practical indeed. If health care is a birthright, then socialized medicine is inevitable — it is, after all, the job of the government to guarantee rights. What this means is that every newborn child has an

automatic lifetime health claim on the fruits of every other American's labor. It also means that instead of voluntarily exchanging goods and services in the American tradition, doctors may be enslaved to serve this health right of citizens at the point of a government gun.

As soon as the A.M.A. adopted the idea that medical care is a right and not a privilege, the Communists and other radicals who had disrupted its recent conventions stopped their demonstrations. I attended the Boston convention in December of 1970 and found it very quiet indeed. The Marxists knew they had won.

The A.M.A. is now committed to National Health Insurance, although it claims to prefer its own socialized medicine program called "Medicredit," just as it came out with the phony Eldercare alternative before Medicare was passed. It was Dr. Gerald Dorman, a recent A.M.A. president, who gave away the strategy as follows:

I am not against having universal coverage of health care but I don't think we are ready for it at this point.... I am not against this idea of covering us all, we are working for it, but give us a little time to catch up.

In essence, the A.M.A. is asking the doctor if he would rather be hung in the morning or in the afternoon, with a green rope or a red one. American doctors have only two choices if they don't want to be literally enslaved. They can realize that they have been sold out by the organization they thought would protect their rights, and go to work to fight both the Kennedy and the Nixon plans for socialized medicine. Or, if they are unsuccessful in stopping its passage, they can refuse to participate. The fourteenth amendment to the Constitution prohibits involuntary servitude. Politicians can pass laws, but they can't take out an appendix.

When Medicare was passed, many doctors urged A.M.A. to come out for non-participation — a proposal under which doctors would continue to practise and perform medical services for all who sought them, but would refuse to have anything to do with the government program. The A.M.A. hierarchy killed the scheme. With the American Medical Association on record as being opposed to non-participation, agreeing that medical care is a right, and favoring National Health Insurance, the doctor's fate may well have been sealed by what he thinks is his own organization.

But it is not only doctors who have a big stake in the return of freedom to medicine. The results of socialized medicine in the rest of the world indicate conclusively that, under regimentation, medical care deteriorates. And, as the care gets worse the costs skyrocket. America's economy is already overburdened with taxes, and National Health Insurance might well prove the straw that broke the camel's back — after all, Teddy Kennedy's \$70 billion socialized medical package is quite a straw. You may be certain that Mr. Nixon's "economy" proposal will be more from the same bale.

My own view is that this thing can still be stopped. The so-called "health crisis facing America" is almost wholly the creation of about fifty men in the mass media who have turned on the propaganda machine at the behest of *Insiders* pushing America ever Leftward. Both doctors and their patients must work to expose this fraud or the health of generations of Americans will suffer as a result. Socialized medicine is on the way, doctor. Either you help to shoot down the trial balloon or we will all have to face the consequences. What is absolutely certain this time is that you cannot depend on the big guns at the A.M.A. to shoot it down for you. Their sights, apparently, are aimed at the nape of your neck. ■ ■