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READ THE BILL

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Presented at a Symposium on the Wagner-Murray-Dingell Bill Sponsored by the UAW-CIO

Let me state that as a matter of principle the medical profession favors health insurance. Years before the Wagner-Murray-Dingell Bill was conceived, the Michigan State Medical Society had spent a great deal of time and money exploring this subject. This is a fact—as a result of this study you have today an established and proved system of pre-paid care which is constantly expanding and which is on a basis of free and voluntary acceptance. In four years 600,000 citizens of Michigan have enrolled and, we believe, with satisfaction to themselves. We have made some mistakes, we may make more—but so has the O.P.A.

While I am going to criticize many of the provisions of this bill, I do not ask any of you to believe what I tell you—but—I do ask that you do not believe the opposition until you yourselves have read the bill. Ask your Senator for S. 1161 or your congressman for HR 2861. Insist on getting a copy and reading it; the facts which I am going to state will be found in the bill. The medical profession is overwhelmingly opposed to the bill, because it seeks to impose a system of foreign, bureaucratic and inferior practice on the American people. We challenge its proponents to state that they be-

lieve foreign systems of medical practice are superior to that which we now have in America; we will stand on our record for service to all classes of society. I will quote from Dr. Ross T. McIntire, Surgeon General of the United States Navy and President Roosevelt's personal physician, "It is my hope that we shall never see medicine subsidized by the government. I hope that the time never comes when the practice of medicine or anything that has to do with it has to come under government control. It would be a disaster to this country; it would be a disaster to medicine;" and on the 28th of last November Dr. Thos. Parran, Surgeon General of the U. S. Public Health Service, said—"Our nation's health has never been better than it is now."

We are opposed to this bill because the impression is given you that for the tax you will pay you are going to get complete health service. You are not! There is no provision for dentistry, nursing, drugs, or medicine. There is merely a directive that a study shall be made for providing such services and to determine how much more you will be required to pay for this, Sec. 912.

The bill says that the payment to hospitals shall "be full reimbursement for the cost of essen-

tial hospital services, including the use of ward or other least expensive facilities"—Sec. 915, paragraph (g), (and your hospital service is limited.)

You have no guaranty that all of your strictly medical costs will be paid for out of the insurance fund, for the bill says that the Surgeon General and the Social Security Board may determine that—"Every individual entitled to general medical benefits may be required by the physician furnishing such benefit to pay a fee with respect to the first service or with respect to each service in a spell of sickness or course of treatment"—Sec. 911—paragraph A. This is to prevent you from getting too much service.

You will not have free choice of physicians—only a choice from the published list of general practitioners who have agreed to furnish service under the act—Sec. 905, par. 2 and 3. Will your doctor have signed up? In England after 30 years, less than half the doctors have signed.

You can change doctors only in accordance with such rules as may be prescribed—Sec. 905, par. 2—Have you tried to get a new tire for the old one?

The Surgeon General may limit the number of you who can choose a certain doctor—Sec. 905, par. 10.

The Surgeon General may allocate on a pro rata basis among the practitioners in any area those of you who have not chosen a doctor, or who having selected one

have been unable to get service from him.—Sec. 905, par. 11.

You may find yourself the collective responsibility of all the listed general practitioners in your area—Sec. 905, par. 12.

This may prove to be a case that what is everybody's business is nobody's business.

You cannot have a specialist any time you may think it necessary—"The services of specialists shall ordinarily be available only on the advice of the general practitioner," and "Subject to his consent"—Sec. 905, par. 5 and 2. And according to section 905, paragraph 11, you may have had no voice in the selection of the general practitioner! Now when the medical profession says the bill means regimentation of the people and the doctors, we are sharply criticized. On March 1, addressing an organization of women in Washington, D.C., Senator Murray is reported by the press to have characterized this charge as "devil words," but some months ago addressing a meeting in Montana the Senator said he thought the doctors would be extremely happy to entrust all their affairs to the Surgeon General. I ask this audience whether complete control of your medical affairs and ours is or is not regimentation?

Let's see what some more of the powers of the Surgeon General would be—"The Surgeon General is hereby authorized and directed to take all necessary steps to make available services and reports un-

der the act"—Sec. 905. There will be plenty of reports—as Congressman Miller of Nebraska said, "The physician's fingers will be stained with ink—not iodine."

He is empowered to hire doctors on a fee basis and arbitrarily set the fees; he can hire them on a salary, part or full time and set the salary, or on a per capita basis determined by the number of patients, and he may determine how many patients a doctor will have. The possibilities for political favoritism are unlimited—and another thought—will these doctors on salary, work a 40 hour week, and an 8 hour day, as in the government program in the Tennessee Valley Project?

The Surgeon General will determine who will be a specialist and what kind of a specialist he shall be. He shall choose the hospitals and set their standards.

He himself will appoint an advisory council of 16 members, not one of whom need be a doctor of medicine and all of whom may be appointed under political pressure. Furthermore, he is not required to accept any advice from this council.

He is empowered to appoint Appeal Boards and he is not required to abide by any of their decisions. All these dictatorial powers are found in Sections 903, 904, 905, 906, 907. These powers vested in one man constitute regimentation. The public has been told that none of the cost will come out of the general tax money—well, the bill provides

that employees of the various divisions of government may be insured under this Act, the employing state or locality paying 3½% of their salaries as insurance premiums—Sec. 964.

There are about 5,000,000 Federal, state, county, and municipal employees on the public payroll. Should this bill become law, and the European pattern of one employee for every hundred insured persons be followed, we would have more than another million employees added to this number, and the premium cost from your public taxes would be around \$400,000,000 per year. The bill provides that all other wage earners will be taxed 6% on the first \$3000 of income, and it further provides that another 6% will be paid by the employer. You all know how the first 6% will be met—It will be deducted from your pay check. There is some dispute as to who will pay the employer's 6%. I have heard it argued that it will come from swollen profits. Now I hold no brief for the employers, but as a reader of the news of the day, I had thought that the excess profits tax and renegotiation had taken all the swelling out. This 6% might come from a company's reserves but in that case what about reconversion costs and the rehiring of service men after the war?

I talked with a high official of an internationally known firm having an employment list of nearly 10,000 men and whose production cost is largely payroll;

he said his company would have to add this 6% tax to the cost of the product and pass it on to the ultimate consumer. I asked a partner in a firm making machine products and employing 100 men who would pay the second 6%, and he promptly answered, "The buyers of our products." And finally I asked the owner of a neighborhood grocery and meat market, employing from 4 to 6 people, who would pay, and he at once said, "It would be added to the selling price of my goods."

The big business man, the small business man, and the little business man all said the cost would be passed on to the ultimate consumers, which is all of us. So it looks as if we will eventually all pay 12 instead of 6%. Is not the present social security tax a deductible item for the employer?

Now we have been hearing a great deal about "democratic processes"; it is quite a nice phrase, and we have also been hearing appeals for a bill to allow the soldiers to vote and express themselves on political questions. There are 60,000 doctors and dentists serving our boys on every sea and on every battlefield of the world, but they have been forbidden to write their representatives in Congress on the Wagner-Murray-Dingell Bill (and the bill is named in the order) because, and I quote, "Military personnel will not engage in any political activity while in the military service." Even students now in schools and finishing their medi-

cal education have been issued like orders. We are glad to know that this so-called health bill is recognized as "political activity," but we question the propriety of forbidding these thousands of professional citizens in the armed forces the right to express their views as to their own professional future, while the gentlemen of the Public Health Service are permitted to travel around in their uniform and speak for this, I quote again, "political activity." Are the proponents afraid of an expression of opinion from the medical staffs of the army and navy?

Mr. Dingell, one of the co-authors of the bill, recently stated that the opposition came from "an ill-willed, or misinformed, misguided reactionary minority in the medical fraternity." Note particularly that word minority and then take a look at the record: There are 295 practising physicians in Congressman Dingell's home district in Detroit. They were polled with this result: 10 were in favor, 9 were undecided, and 265 were against the bill.

In Montana, Senator Murray's State, every County Medical Society but one voted unanimously against it. In the one exception 4 voted for the bill, 64 against it. Authoritative sources from New York report an overwhelming opposition to the bill from the medical profession of Senator Wagner's State. These are the sentiments of majorities, not minorities.

Congressman Dingell in his recent press release said, "As sponsor of the bill, I hold that medical provisions and terms generally contained in the Act will have to coincide with the sound practice and experience of the Association (meaning the American Medical Association) and that the actual administration of this feature of the Act would have to be of necessity entrusted to expertness of medical men. To disregard these fundamentals would be to invite disaster."

It's too bad the Senators and Congressman did not observe these fundamentals when they were writing the bill. Had they taken advice from a responsible medical source they might not have made so many mistakes. Now I know they will say they had medical advice, but there are 160,000 doctors of medicine in this country, and Dr. Boaz, spokesman for the Physicians Forum, representing about 200 of the many thousands of doctors in New York State, and Dr. John Peters, one of Senator Murray's admitted advisers and spokesman for the committeemen of 430—430 from 160,000 doctors of this nation—do not speak for the medical profession. Some of the committee of 430 do not have medical degrees, many do not practice medicine and without practical knowledge they sit in chairs and theorize as to how it should be done.

You are being told that the Ca-

nadian medical profession is endorsing state controlled medicine. That is not so. They are now only in the nebulous stage of discussion.

The British Medical Association at their meeting last September 21, adopted this resolution:

"The health of the people depends primarily on the social and environmental conditions under which they live and work, on security against fear and want, on nutritional standards, on educational facilities and on the facilities for exercise and leisure. The improvement and extension of measures to satisfy these needs should precede or accompany any future organization of medical service."

Dr. Sigerist, we recognize you as a historian but you do not practice medicine. I do not believe you have ever legally qualified yourself to practice here. I believe you have been a citizen less than six months and we do not accept you as a spokesman for American medicine. I do not like to be personal but you recently wrote a criticism of the medical associations and said, "They look at medical problems not from the point of view of the society they are called to serve but from the narrow angle of the doctor's office and pocketbook." As a practicing physician I resent that charge and I do not believe you are competent to speak for us.

In criticizing this bill we have mentioned specific sections and paragraphs—no generalities. Read the bill.