ORIGINAL ARTICLES

Scientific and General

THE PHILOSOPHICAL BACKGROUND OF COMPULSORY HEALTH INSURANCE*

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THE Constitution of the California Medical Association enjoins upon the president the duty and the privilege of the delivery of an address at the annual meeting of the Association; a task that is a duty because our law imposes it, and a privilege because it gives to one about to make his final official appearance the opportunity of communicating to his fellows any thoughts which he may hold to be significant.

It had been my intention, earlier, to review some of the great accomplishments of Medicine; to deliver a panegyric upon its glories—an encomium upon its achievements. But, as you all know, only a few months ago the specter of Compulsory Health Insurance again appeared and, as we gathered our forces to resist it, some of the ominous portents—the sinister implications of this socialistic proposal became so apparent that I deem it my serious duty to call them to your attention.

Whenever the American people have been presented with the collected Marxian doctrines called Socialism, they have rejected them emphatically, and the Socialist party has never been a serious contender in the political scene. But the social-economic planner has made an interesting discovery: that if the individual doctrines are wrapped separately, and neatly and attractively labeled "social progress," the same electorate which rejected the group may sometimes be persuaded to accept the single article. It is thus that the socialization of the Republic is taking place, and I intend to show you the present scope of the process, and the important part played, or to be played, by Compulsory Health Insurance.

PROPOSALS OF PLANNERS

The planner, about whom I shall have something to say later, professes to believe that there is an urgent need for the enactment of a law establishing a system of compulsory health insurance; that the urgency is shown by the present state of health of the people, and that the public health would be greatly improved if the people were allowed to enjoy the benefits planned for them by the far-seeing altruists who are the proponents of such legislation. I should like now to attempt the refutation of these arguments and, if I am successful in refuting them, examine the motivations which remain after the more obviously apparent motives have disappeared. Whether the true motives are actually those alleged is, I believe, a matter of considerable moment to us, and of greater importance to us as citizens—as Americans—than as members of the profession of Medicine. I say this because, if compulsory health insurance were enacted into law, and if it did have the beneficent effects its proponents profess to believe it would have, then we physicians, as members of a profession which has always striven to prevent disease, to prolong life, and to alleviate pain and suffering, would rejoice. If such legislation failed of its objectives; if, as seems almost certainly the case, the health of the people were harmed rather than helped, then we could, under one condition, change the law and restore the system of free enterprise which has so well cared for the health of our people. I say, under one condition; namely, that we remain free men. But Socailism does not intend that we shall remain free. As long ago as 1845 DeTocqueville saw this and said that democracy extends the sphere of individual freedom, while socialism restricts it. Democracy, he said, attaches all possible value to a man; socialism makes him an agent —a mere member. I do not mean to argue that the enactment of compulsory health insurance will, in itself, cause us to lose our freedom, but that it is, as I hope to show you, an integral part of a social philosophy which looks to the submerging of personal freedom in the all-powerful state. Remember too, that all history shows us that a sociological error once enacted into law is not repealed, but is rather compounded by amendments, new rules, directives and decrees.

It is very fashionable at the moment to maintain that the health of the American people is in a deplorable state and one would think, to listen to the professional do-gooder, that people were dying like flies of untended illness and that merely to look at people in the street would make one shudder. It is argued that the cause for this terrifying condition is the interposition of a financial barrier between the sick person and the doctor, and that all that is needed to greatly elevate the standard of health in the United States is the removal of that barrier. The most popular argument at the moment is that which the planners like to call "the five million 4F's"; that the rejection by the Armed Services of this enormous number of young men presumably in the prime of life reflects the deplorable state of our public health as nothing else has been able to do.

MEDICAL NEGLECT EXAGGERATED

I may remark in passing that it is strange that neither my medical friends nor myself ever come in contact with the cases of medical neglect which are so frequent in the literature of the proponents of compulsory health insurance. In San Francisco, compulsory health insurance is actually in existence, having been established some years ago by city ordinance for all municipal employees. It is interesting to note that these persons are cared for by the same physicians who serve private patients and that in spite of the fact that no financial barrier between the municipal employees and the physicians exists, the incidence of ruptured appendices is materially higher among them than among the private patients of the same physicians.

SELECTIVE SERVICE STATISTICS

Since the five million 4F's are so frequently invoked, and since it is at first glance so shocking a figure, let us examine it in some detail. One difficulty with the argument is that intellectually it is not very honest. In Senator Pepper's interim report the figure is announced on page one not as five million, but as four-and-one-half million but on page three of the same report the graph discloses the true figure to be 4,217,000. An error of 13½ per cent can scarcely be considered insignificant. Of the total number rejected 444,800 were rejected as manifestly disqualified, that is to say the totally blind, the totally deaf, the deaf-mutes, the legless, the armless and so forth. It seems perfectly obvious that no program of medical care could have influenced this figure. 701,700 were rejected for mental disease. Again I don't know of a program of medical care which would have prevented mental disease in these unfortunate people. 582,100 were rejected for mental deficiency, that is to say that they

* Address of the President, California Medical Association, given before the First General Meeting at the Seventy-fourth Annual Session of the California Medical Association, Los Angeles, May 6-7, 1945.

were the imbeciles, the idiots and the morons. The most casual knowledge of eugenics would persuade anyone that this group does not constitute a medical problem, and these three groups together reach the large total of 1,727,600. When these have been excluded there remain 2,426,500 or somewhat less than half of the originally claimed five million. Of this group 320,000 were rejected for muscular-skeletal defects, that is to say the clubfoot, the paralytic, the withered arm, the congenitally dislocated hip and so forth. Again I wonder what program of medical care might have made this group fit for military service. 280,000 were rejected for syphilis. The statute books are already loaded with laws regarding syphilis. There is probably not a community in the United States in which a person afflicted with this disease cannot secure treatment from the Department of Public Health. How, then, would compulsory health insurance have eliminated this group? 220,000 were rejected for hernia. Hernia is a congenital defect and if a person is born with a defective inguinal or femoral canal he is likely to have a hernia and medical care has nothing whatever to do with the occurrence of hernia. 160,000 were rejected for "eyes." Since eyes would seem to be useful adjuncts to men who were to be soldiers or sailors I presume that this means defective vision. If one is born with an eyeball too long or too short or one which is not a globe one will either wear glasses or not see very well and medical care has nothing whatever to do with it. Thus about one million more have been eliminated and the number of rejections on a basis of lack of medical care is about 1,500,000. Whether any program of medical care would have materially reduced this number is problematical. If the proponents wish to rest their case upon the need shown here (and they have made a great deal of it), I am content.

EXPERIENCE OF EUROPEAN SYSTEMS

Even if one admitted the need of a health insurance program it would be well to know in advance whether it would actually achieve the objects for which it is intended. Since compulsory health insurance plans have been in effect in various parts of the world for considerable periods of time it should be possible to discover the effect that such plans have upon public health by examination of the morbidity and mortality tables of such countries as enjoy the benefits of compulsory health insurance. Germany and England are countries which may reasonably be compared to our own being as they are, highly industrialized nations with large populations. Compulsory health insurance has been in existence in Germany for nearly sixty years and in England for nearly thirty-five years. Since so much has been made of the rejections for the Armed Services it will be interesting to compare these rejections with those in England. About 38 per cent of those called for induction in the United States were rejected for physical reasons. In England, although the standards for the armed forces are not as high as those maintained in the United States the rate of rejection was 50 per cent and this after England has "enjoyed" the benefits of compulsory health insurance for more than a third of a century.

Diphtheria is a disease about which we know a great deal, including how to prevent it and how to cure it. There are no secrets involved and the German and English physicians know fully as much about the disease as do those in America. Because of these facts, diphtheria constitutes an excellent index for judging the beneficent effects of compulsory health insurance upon the public health. In the last year in which comparable figures were available the death rate for diphtheria in Germany was 11.6 per 100,000 population. The same year in England the death rate for diphtheria was 11.7 per 100.000. But in the United States, without the benefits of compulsory health insurance, the highest death rate reported was 6.0 per 100,000 and in most of our cities it was 4.0. In this instance, at least, the alleged benefits of compulsory health insurance seem to have failed to manifest themselves.

The morbidity tables reflect the tendency of people to get sick. In the United States the rate of sickness is about 20 per cent; that is to say about one out of five people get sick each year. In pre-war Germany the population was almost evenly divided between those who were covered by the insurance program and those who were not. Among the un-insured the expectancy of sickness was identical with that in this country, that is, 20 per cent. But among the insured it was 200 per cent. Apparently the expenditure of the vast amounts of money involved succeeded only in increasing the rate of sickness about ten times. Of course this figure is largely due to malingering for the purpose of collecting the small cash benefits that are received by a sick person and that this is true is shown by the fact that when German money became almost worthless in 1923 the days of sickness as measured by inability to work fell off one-hundred-million. In 1928 a financial stringency made it necessary to impose upon the insured person a charge of twelve cents for the initial visit of the doctor and again the days of sickness fell off one-hundred-million for that year. This sort of thing must be counted among the benefits of compulsory health insurance.

"THE WAY OF HEALTH INSURANCE"

Dr. Nathan Sinai is one of the ablest proponents of compulsory health insurance, and the author of a book called, "The Way of Health Insurance." Remembering that he urges the people of California to avail themselves of the benefits of this socialistic legislation, listen to what he says about the effect of its enactment upon the people's health: "Contrary to all predictions, the most startling fact about the vital statisics of *insurance countries* is the steady and fairly rapid rate of increase in the number of days the average person is sick annually and the continuously increasing duration of such sickness.

"Various studies in the United States" (and I am still quoting) "seem to show that the average recorded sickness per individual is from 7 to 9 days per year. *It is nearly twice* that amount among the insured population of Great Britain and Germany, and has practically doubled in both countries since the installation *of insurance.*" And he adds that it "seems to be a safe conclusion that insurance has certainly not reduced the amount of sickness."

ON THE "DOMESTICATION OF INDIVIDUALISM"

But if the urgency of the need for compulsory health insurance is so poorly established, and if its alleged benefits turn out to be an increase in the amount of sickness, how is it that apparently sincere and intelligent people continue to agitate for its adoption? It is the answer to this question that contains the sinister implications to which earlier reference was made. Compulsory health insurance is a well integrated part of that revolutionary doctrine called "the domestication of individualism"—the taming of the individual—a doctrine which is defined as anything which makes the citizen more subservient to the State. Probably all too few Americans are aware that revolution is now a department of knowledge; that it has its philosophy, its text books, its literature and its intellectuals who are trained in it. Its professors have set down the technique to be employed, and I have just mentioned the rôle of compulsory health insurance.

Among other things to be accomplished (and it is alarming to notice how many of them *have* been accomplished) are the creation of racial hatred, the creation of class consciousness, the debasing of the national currency, the securing of physical control of the gold, and the neutralization of rival authorities, e.g., the courts. Think where the gold is; think of the current value of your dollar; think of the more than two hundred boards whose authority has superseded that of the courts, and notice how well the parts fall together. We are being charmed by beautiful words; by such words as "security," "planning," "freedom from want and fear," and our senses become so dulled that we fail to observe the subtle shifts of meaning that have occurred.

ON MISUSE OF CERTAIN WORDS

"Insurance" is a word which in our common usage stands for thrift, foresight, prudence and regard and affection for one's dependents. These current proposals have nothing to do with insurance by which is meant the pooling of funds accumulated on an actuarial basis to be used as indemnity for predictable catastrophes. A single glance at the problem will persuade anyone that no actuarial basis exists for the collection of funds for compulsory health insurance and that no one, in fact, has the slightest notion of the cost of such plans, but nevertheless, the word "insurance" remains a favorable symbol. "Health" is a word which ranks very high, representing something prized by all and for the maintenance of which no price is too great. But these proposals have but little to do with health, and in fact, even the word "compulsory" is misused since there is nothing in the proposed legislation which compels anyone to seek medical care or which compels anyone to give medical care and the correct name for such legislation is compulsory tax increase. Nevertheless, these words put together represent a favorable symbol since they appear to deal with a matter so vital as health on a principle so sound as insurance. "Planning" is a word which favorably influences us, since "to plan" means to arrange your resources, materials, and operations so as to secure the best possible result. But suddenly the word no longer has that meaning; it means the central direction of all economic activity according to a single plan, laying down how the resources of society should be consciously directed; in short, it means the socialization of American life.

MENACE OF COMPULSORY HEALTH INSURANCE TO OUR COUNTRY

In 1936, Senator J. Hamilton Lewis addressed the House of Delegates of the American Medical Association at its own request. I do not know the reason that the address was made but I was so shocked at his words that I can still repeat them verbatim. He said, "we are compelled to tell you that we do not recognize such a thing as physician and patient. We do recognize an entity called the citizen—a creature of the State." Note the natural superiority of an American statesman. Hitler wrote a large dull book to set forth the theories so neatly stated in these two sentences; a theory which completely reverses the entire practice of American government. It has always been American belief that the State was the creature of the citizen. Social planning proposes that the citizen will become the creature of the State. Such a state would bind us with the golden chains of security holding before us the glittering promises of freedom from want and freedom from fear. A wild bird well tended in a cage has freedom from want and freedom from fear but it does not have freedom.

The relationship of compulsory health insurance to this directed and subtle process of the tearing down of the American republic and the erection of a socialistic state seems to me to be obvious. Because it *is* subtle, it is not too easy to see. But as Abraham Lincoln said, "when we see a lot of framed timbers, different portions of which we know have been gotten out at different times and places, and by different workmen; and when we see those timbers joined together, and see that they exactly make the frame of a house, all the tenons and mortises exactly fitting, and all the pieces exactly adapted to their respective places, and not a piece too few or too many, we find it impossible not to believe that all understood one another from the beginning and all worked upon a common plan drawn up before the first blow was struck."

Thus it is with compulsory health insurance. It is too well integrated with the general plan, it falls too neatly into place, it fits too aptly into the domestication of individualism for all this to be coincidental. It was not by chance that Senator Lewis made his remarks in Atlantic City. If the whole picture seems incredible, remember the words of David Hume—"It is seldom that liberty of any kind is lost all at once." But to lose it gradually will not make our loss more bearable. The rejection of compulsory health insurance is an essential part of the preservation of our freedom, but it is only part. We must point out to our people again and again that security, so-called, it not the highest aim of life—that it can be purchased, but that the price is freedom, and that as Benjamin Franklin said—"a people which would exchange its liberty for a fancied and transient security deserve neither liberty nor security."

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CLINICAL-PATHOLOGICAL CONFERENCE*

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AND
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CHAIRMAN Mast Wolfson: The Clinical-Pathological Conference will start immediately. We will pass the case history slips. Dr. William Dock and Dr. Alvin Foord will then make their comments.

CASE 1.—J. L. H., male, age 44. Executive of defense plant. Patient admitted to Huntington Memorial Hospital.

Was first seen by his attending physician on March 2, 1943, for the complaint of a sense of pressure in his chest, bouts of epigastric distress and attacks of fever accompanied by frontal headache.

The sense of oppression in his chest was not a pain, and the patient felt that if he could give a hard cough that he would get relief. This symptom had been present for only a few weeks.

The epigastric distress was irregular in its occurrence but had been present for many years. Five years previously an internist had studied him clinically and by x-ray and had ruled out at that time an ulcer. In March, 1939, he had had an appendectomy for acute phlegmonous appendicitis. The epigastric distress was prone to come two or three hours after meals or about midnight, particularly at times when he was working under great stress. Accompanying his distress was a sensation of fullness high in the epigastrium and frequent eructation of a bitter-tasting fluid. There had been no vomiting,

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* This is the edited electric recorder transcript of the discussion of three case reports presented at the clinical-pathological conference held at the third general meeting of the Section on General Medicine of the California Medical Association, Los Angeles, May 8, 1944.

In this Clinical-Pathological Conference three cases were considered. Dr. William Dock, Professor of Medicine, School of Medicine, University of Southern California conducted the Conference.

Dr. Alvin G. Foord, Associate Professor of Pathology, School of Medicine, University of Southern California, discussed the pathological findings.