Friday, June 30, 1978

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Doctor In The House
Lakeville Journal (Lakeville, Ct.) 6/1/78

Califano

By Peter H. Gott, M.D.

LAST WEEK, at the invitation of Congressman Toby Moffett, I attended a "town meeting" on health, education and welfare matters" with HEW Secretary Joseph Califano. The two auditoriums at the University of Connecticut Health Services Center were jammed with interested citizens, all patiently waiting to hear The Word from the New Moses.

Debonair and shirtsleeved, the Secretary was confident, articulate, relaxed, and well-informed. After a few introductory remarks about the statistical enormity of his responsibilities, he coolly fielded questions from the audience.

What he had to say was frightening.

He left no doubt that the federal government is actively formulating methods of becoming more involved in our daily lives. The Department of Health, Education and Welfare employs more than a million persons. The Department's budget constitutes more than 30 percent of the entire federal budget.

The HEW budget is exceeded only by those of the United States and the USSR. In essence, it is the third largest budget in the world and measures— if I am not mistaken — more than $30 billion. The enormity of this figure was belied by the appearance of the ruddy, well-rested Secretary, who referred to projects costing millions of dollars as though they were penny ante considerations.

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MR. CALIFANO spoke of medical costs as though they were a personal affront to the serve for two or more years in a manner prescribed by HEW and, thereafter, he would be subject to further government control.

Hospital costs were to be regulated by fiat. Drug costs and medical fees were, by implication, to be limited by legislation.

The Secretary indicated that a form of national health insurance would become a reality within the next three years. When I questioned him directly about what he had learned from studying socialized medicine in other countries, he admitted that such national systems would not be appropriate for implementation in the United States. Since we are a "unique" country, we have to find "unique solutions".

No matter that government-controlled medicine has not worked abroad; we have only to find the "right" federal system here. The "right" system, I might emphasize, is not free enterprise.

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I AM NOT angry. I am enormously saddened. The practice of American medicine, with all its recognized faults, remains patient-oriented. Most doctors still care about the people they treat.

When Mr. Califano recently returned from England on Thanksgiving eve, his arm was in a cast. A Washington orthopedic surgeon changed the cast so "the arm wouldn't itch." The Secretary said, with a wide and disarming grin, this is not the kind of service one would be able to obtain under the British health system. He was correct in that statement.

So, what we are left with are the smooth, well-groomed bureaucrats who trumpet reluctant to acknowledge the obvious: Taxes. Increased taxes.

For all the marvelous Federal programs which cannot be funded by the printing of worthless paper dollars, the government will rely on you and me. Whether through insidious increases in Social Security "contributions" or an out-and-out tax increase, the working man will — in the final analysis— subsidize each brave new federal program.

And you can be sure the Feds will take their cut and percentage to support the hundreds of thousands of workers who sit in vast neon-lighted office buildings and push increasing mounds of triplicate forms around formica desk-tops.

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HOW CAN a responsible adult encourage a young person to enter the medical profession? The young doctor has little to look forward to if the present trend continues. Following a minimum of 11 years of drudgery and sacrifice after high school, he can anticipate a limited income and constant supervision and control by an increasingly centralized government.

If the tenor of medicine appears to be changing and physicians seem less caring and more concerned with the business of medicine, ask your doctor about government interference, legislated cost-control, Medicare red tape, wage freezes, workman's compensation, malpractice premiums, defensive medicine, and other pertinent subjects which form a large part of his working life and detract from his commitment to curing disease and keeping people healthy.

(Vt.) Burlington Free Press 6/21/78

Vaccine's Victims Contemplate Plans For Compensation

By JANE SMITH
Free Press Staff Writer

"It sounds encouraging," said Roger A. Mitiguy of Rutland Tuesday, upon hearing the news that the government will compensate persons injured by the swine flu vaccine nearly two years ago.

The 44-year-old former Proctor High School principal is one of four Vermonters reported to have contracted the Guillain-Barre Syndrome, characterized by temporary and long-term paralysis of the limbs. No deaths were reported in Vermont.

Like 45 million other Americans, Mitiguy was inoculated against swine flu in the fall of 1976. Ten days later he began losing control of his arms and legs.

Today he is no longer bedridden but he has limited use of his limbs. He does not know if he will work again, and his Social Security income "is nowhere near" his former salary, he said.

Mitiguy has a $900,000 negligence suit pending against the vaccine manufacturers — Merck, Sharp and Dohme Orthopedica Co. Inc. of Delaware — and the federal government.

The Rutland man has no idea yet how much money the government is willing to give him. Consequently he said it was premature to say whether or not he will drop the lawsuit.

"I wouldn't have sued for $900,000 if I didn't feel I had $900,000 worth of damages," he said.

His lawyer, John Welch of Rutland, was in Washington for the day and could not be reached for comment.

An 18-year-old Sheldon man still can't walk as a result of the Guillain-Barre Syndrome, and the swine flu shot is believed to be the culprit.

"He's still in a wheelchair," said his mother Tuesday, adding, "It will be two years in November."

"We're hoping it's temporary, but he stays the same," she said, asking not to be identified.

Like Mitiguy, she's hoping for compensation.

Although those who contracted the viral infection will not have to prove government negligence to be compensated, they will have to prove the rare disease was caused by the swine flu vaccine.

At any given time there is an incidence of the syndrome.

"You can get it from having a cold," according to Margo Coolidge, a nurse with the Vermont Health Department, although the chances of that happening are slim, she said.

Mitiguy says he's not bitter. But he believes the government was negligent.

"I think the whole thing was badly managed. The vaccine wasn't properly checked out before they administered it on such a massive basis," he said.

THE GREEN SHEET

News About the U.S. Department of Health, Education and Welfare

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two months after it began, when cases of paralysis were linked to the shots. In February 1977 the program was reinstated.

When Mitiguy began losing control of his arms and legs he had no idea what was wrong. Dr. Charles Poser, a neurologist at the Medical Center Hospital, traced the paralysis to the swine flu shot, Mitiguy said.

Today, about a year and a half after being inoculated at a public health clinic at Proctor High School, Mitiguy can walk, but only with assistance.

"I feel stronger than I did," he said.

"Initially all you can do is sleep. I was tired all the time, but I gained a lot of strength there," he said.

Mitiguy said he will think twice about taking part in another vaccine program.

"I would check very carefully with my physician before I did anything," he said.

Boston Globe 6/23/78

Carter and health insurance

To date the Carter Administration has failed to issue a national health insurance proposal that can be judged either in principle or in practice. And, it seems, if some Administration advisers get their way there won't be one for quite a while. That would be a mistake.

Charles L. Schultze, chairman of the Council of Economic Advisers, has written President Carter seeking to discourage him from offering a comprehensive national health insurance plan on grounds that it would be too inflationary and would make even more difficult the President's attempts to fulfill his pledge to balance the federal budget. He maintained further that a full-scale national health insurance plan was not necessary to get federal control over health-care costs.

The problem is that the premises implicit in Schultze's memorandum may be false. First, nobody thinks that a national health care plan, even if enacted next year, could be immediately implemented in toto. Sen. Kennedy and the labor unions pushing the hardest for a comprehensive plan envision a phasing in of a program that would not even begin until 1982.

Second, Schultze's focus on the effectiveness of a national health insurance program in getting a handle on health costs leaves the implication that such a plan would be primarily an economic measure. In fact, there are other major issues involved. Twelve percent of the nation's population has no access to medical coverage of any kind and millions more are forced to turn to substandard care in overworked facilities.

This, in turn, raises another issue addressed in the Schultze memo, his proposal to the President to limit his health-care plans to the provision of coverage for catastrophic illnesses. There is no doubt that for many in the middle-income brackets this would be the most important feature of a national health insurance scheme. But it would hardly meet the problems now faced by those who cannot pay even modest doctors' bills.

None of this is to suggest that the cost implications of a national health insurance program won't be paramount in any debate over it. But the President should get a detailed proposal before the public so that that debate can, in fact, occur. Only then can a meaningful public discussion of costs, of administrative procedures, of the appropriate timetable for implementation, of qualitative controls, take place.

And only then could the public really judge whether national health insurance could, in fact, deliver in practice what it offers in principle.

Providence Journal 6/21/78

Alternatives for those denied abortion option

Critics of the Carter administration's anti-abortion policy have argued cogently that if government rejects the termination of unwanted pregnancies, it is only reasonable that added resources be devoted to the prevention of such pregnancies and to the assistance of low-income women who elect to give birth.

Health, Education and Welfare Secretary Joseph A. Califano Jr. took his case to the Senate Human Resources Committee the other day, urging that the problem of teenage pregnancies receive greater attention. For a young girl still a child herself, he said, the birth of a baby "can usher in a dismal future of unemployment, poverty, family breakdown, emotional stress, dependency on public agencies and health problems for mother and child."

The secretary wants to sew up a system of matching grants to establish a "network" of community-based services devoted largely to counseling. Price tag: $60 million. Another $40 million would be added to beef up existing family planning and community health programs, with emphasis on teenagers. New research in prenatal care, birth control and fetal development would receive $32 million. And another $10 million would be set aside for the development of sex education materials and other projects.

Do we need such an effort? About a million teenagers become pregnant every year, 600,000 give birth and 40 percent of the deliveries are out of wedlock, the secretary notes. Another salient fact is that 60 percent of all children born out of wedlock end up on welfare. That figures out to about 144,000 welfare dependents born each year at the current rate.

The first question is whether society ought to turn its back on a problem that has such staggering social consequences when effective training and counseling might prevent a great deal of the suffering. The follow-up question is whether society can afford not to spend about $750 each on teenage mothers to avoid spending several thousand a year on each one who ends up on the welfare rolls.

From a moral and a practical point of view, there seems no question that the secretary is on sound ground. For low-income women, government has virtually removed the option to terminate unwanted pregnancies. Until this discriminatory law can be changed, some reasonable alternatives must be offered those affected.