

The road to nationalized health care

Nationalized medicine of the sort advocated by presidential aspirant Senator Edward Kennedy has been a longstanding project of the British oligarchy. But unlike Great Britain which early adopted the program of "socialized medicine" as part and parcel of postwar welfare state austerity measures, nationalized health care and cost containment in the United States has been a half century in the making.

Why?

Most Americans understood that such a program for "compulsory health care" does not of necessity mean a plan for improving the quality and quantity of health services provided. Every scheme put forward more or less proposed a structure for demographic control. Legislation for nationalized health care was successively voted down in Congress.

But today, a package of very similar proposals, in the form of Kennedy's Health Security Act and related piecemeal legislation, has been or soon will be passed into law. The 50-year operation went through four phases.

Phase one

In 1916, the core group which would begin the campaign for compulsory health insurance in this country was forged. The policy, not surprisingly, parallels that being put forth today. As one of its founders, Dr. Isidore Falk, put it: "The transformation of the existing system by government controls, rationalization of the existing health manpower and conservation ... the exploding mass of new knowledge and technology was thus incorporated into medical education and training; and medical practice became inevitable. ... There were growing apprehensions that the change in the medical care system were rich in potential promise for improvements ... but not without perspective dangers."

The founding organization was the American Association of Labor Legislation which counted among its members Louis Brandeis, Jane Addams, and Woodrow Wilson.

Phase two

In 1927, a coalition of the American Medical Association and the American Hospital Association effectively blocked the passage of any legislation for compulsory health insurance and so phase two was initiated. Adjustments in the strategy were made to begin implementing aspects of compulsory health care through the private sector.

In 1929, Blue Cross was established to act as the middleman between the hospital, the patient, and the doctor. Under this structural resolution to the "problem" of "nationalizing" health care, physical control over access to health care was created.

Among the founders of the Blue Association were many from the core group that began the campaign for compulsory national health insurance: Isidore Falk, M.D., the Rosenwald Foundation, the Russell Sage family, Edgar Sydenstricker of the Twentieth Century Fund, and a representative from the Commonwealth Fund which to this day is the primary source of Anglo-American influence over medical issues. The fund finances the World Population Council and the Fund of Funds and lists the Queen of England as the chairman of its Scholarship Fund.

In the meantime, reports were still being written and proposals drafted for a national health program. One such report came from the Committee on the Costs of Medical Care which presented five recommendations:

- 1) Better organization of personal health services, especially through comprehensive group practice.
- 2) Strengthening the public health services.
- 3) Group payment of the costs, whether through nonprofit insurance, taxation, or combinations.
- 4) More effective coordination of the services.
- 5) Improved professional education with increasing emphasis on the teaching of health and the prevention of disease.

Isidore Falk, a founder of the CCMC, hailed these recommendations, addressed primarily to communities and neighborhoods, as the "first formulation of a national health program in a pattern reflecting the circumstances, the needs, and the perspectives of the times, with implementation to rest mainly on voluntary actions."

Phase three

In 1965, Medicaid and Medicare were passed by the U.S. Congress, enabling Blue Cross to become increasingly involved in health care policy-making at the federal level. As the largest group health insurer in the United States, the Blue Cross Administration demanded the contract to be the claims processor for the program.

Under the federal legislation, standards were set for Medicare and Medicaid admissions, enforcing shorter stays. The institution of data bank profiles in the administration of Medicare and Medicaid led to the creation of the Hospital Systems Agency in the late

1960s which analyzes hospital performances, using cost-cutting guidelines. Furthermore, the legislation set reimbursement standards in such a way as to cut off private charities as a source of funding for hospitals. Now hospitals could receive only government and Blue Cross reimbursements, leaving no surplus for investment in new technologies.

More telling is the reimbursement track record of the Blue Cross Association.

In 1974, Blue Cross was the strongest lobbyist for the National Health Planning and Resources Act, which intends to reduce by 10 percent the number of hospital beds in the United States by 1980.

Blue Cross is also in the process of implementing stringent claims review procedures such that patient requests to enter hospitals will be screened twice before being accepted. Accompanying this move, Blue Cross is lobbying in Congress for strict application of the 1965 legislation they drafted, known as CONREVIEW. This bill requires states to eliminate "duplicate services and those in excess of local community needs." Finally, at the Oct. 6, 1978 First Annual National Hospice Organization Meeting in Washington, D.C., featured speaker and Blue Cross Vice President Neil Hollander gave Blue Cross's seal of approval to licensing hospices as a reimbursable form of health care.

Phase four

Running concurrently with the half-century effort to legislate compulsory health care is the process of destroying medicine as science, interjecting phony "ethical and moral issues" into the debate over medical science breakthroughs and new technologies. The "popular uprising" against the medical profession today stems directly from the policies and programs of the 1916 initiating group, but this final phase of generating a "popular mandate" for nationalized health is largely the work of the Commonwealth Fund.

The Hospice Movement grew out of the Institute of Society, Ethics, and the Life Sciences at Hastings-on-Hudson, founded in 1969. The Commonwealth Fund gave it a major financial push in 1972 to study "bio-ethical" issues—"dying with dignity." States the Commonwealth Fund Report:

"The Institute will begin a study of the 'Limits to Medical Care,' an assignment suggested by members of the Senate Health Subcommittee. The study will address ethical issues raised by the concept of national health insurance, with a particular effort to define justifiable limits of government support for certain classes of patients. The increasing array of expensive medical technology is giving medicine the ability to keep some seriously ill patients alive almost indefinitely and

confronts a government-supported system of health care with a need to limit the costs and kinds of care patients receive. The Institute believes that this highly charged issue should be approached as soon as possible, so that a framework of rational analysis and carefully defined options will be available when the debate 'goes public' as it must one day."

- The Commonwealth Fund initiated and funds—to the tune of \$82 million—the LABM program to integrate liberal arts into the medical school curriculum. This program is being carried out at the Pritzker School of Medicine at the University of Chicago which is also the home of Billings Hospital where Hospice leader Elizabeth Kubler-Ross was based until recently. The theory behind the LABM project is that if medical schools, which enjoy independent funding from the medical community, can be forced to "integrate" with the regular "humanities" schools, their power base can be broken.

- The Encyclopedia of Biobioethics ambitious anti-technology project against medical science. The coordination and study that went into planning this encyclopedia of "troubling philosophical issues in today's medicine," published in 1978, pulled hundreds of professors of law and philosophy and medical doctors into discussions and writings on the issues of cloning and dying with dignity. The effort was based at the Georgetown University's Kennedy Institute for Bioethics, which is funded by the Kennedy Foundation.

- The Commonwealth Fund provided the seed money for the attack on DNA research, which promoted the "human issues" of molecular genetics and fed the media scares around biological and genetic research. The campaign began at the 1977 conference on "Ethical Issues and Scientific Issues Raised by Human Uses of Molecular Genetics," sponsored by the Hastings Institute of Society, Ethics, and the Life Sciences and the New York Academy of Science. Approximately 350 scientists, philosophers, sociologists, and lawyers were in attendance.

- The Commonwealth Fund provided the funding for the projects to develop doctors' profiles at both the University of Connecticut and Harvard University called "Knowledge Performance Gap Among Physicians." These projects led to the establishment of the Professional Standard Review Organization which is an organization that monitors a physician's activity and behavior.

—Karen Steinherz