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Decline in U. S. Health Feared by Opponents Of Federal Insurance

Plan's Sponsors Put Cost Estimates Too Low, Expectations Too High, Critics Say

By CHARLES T. LUCEY, Scripps-Howard Staff Writer
WASHINGTON, Apr. 5—At first glimpse, there wouldn't seem much wrong with a national health service where everything is on the house. A doctor to call around at no cost, pills without pay, hospital care with Uncle Sam snatching the check. Even Riley never had it so good.

But wait, say opponents of the proposed compulsory health insurance plan. Let us raise a few points as follows:

First, they say Federal Security Administrator Oscar Ewing can't back up his figures of 325,000 lives needlessly lost in the U.S.A. annually. They say he's talking pretty big when he sounds off about saving 120,000 who die of such communicable diseases as pneumonia and tuberculosis.

Dr. Maurice Friedman, of Washington, cites a study reported in the New England Medical Journal showing that even where the most modern drugs known, sulfa and penicillin, were used in pneumonia treatment, death occurred in five or six cases per hundred. These were not cases of lack of medical care—but of the best care that could be provided.

Mr. Ewing says 115,000 of 600,000 deaths of heart disease and cancer should be preventable. Maybe, say critics. But they observe there is no known specific curative therapy for either.

Accidental Deaths
Mr. Ewing says we should be able to eliminate perhaps 40,000 of some 100,000 accidental deaths. But this has nothing to do with compulsory health insurance, with which it frequently is linked.

Second, opponents observe this isn't "free medicine" and that there can't be any such thing. It would be paid for by a 3 per cent employer-employee payroll tax, supplemented by general funds from the U. S. Treasury. What would the total tab be? Government advocates of medical care insurance say \$5 billion to \$6 billion annually.

But Dr. Paul R. Hawley, who as a major general was Gen.

Dwight Eisenhower's chief surgeon in the European theater, later chief medical officer of the Veterans Administration under Gen. Omar Bradley, disagrees. He says it would cost \$100 a year per person to provide the kind of all-inclusive service Mr. Ewing urges—or \$15 billion a year nationally. Out of his experience he insists there must be some limits on service to be available or inevitably there will be abuses.

Third, opponents question how much can be raked off the nation's total paycheck without causing trouble. Social Security deductions have been held to 2 per cent for employer and employee, but they're destined to go higher—maybe to a total of 4 to 6 per cent. Unemployment compensation grabs another 2 per cent. With the health insurance contribution expected to go to 4 per cent it could all add up to 12 per cent or more. All this, of course, is on top of income tax deductions.

Oppose 'Bureaucracy'
Fourth, opponents of medical care insurance shudder at the new government bureaucracy they say would be set up to run the health scheme. Advocates of the plan say it wouldn't be so bad—maybe 12,000 to 15,000 new federal employees and 45,000 to 50,000 in the states.

The commission found that Uncle Sam now assumes a varying degree of care for 24 million persons, about one-sixth of the population. It found the federal medical services devoid of any central plan. It said the government is assuming obligations without any understanding of their ultimate cost, the lack of necessary professional manpower to carry them out of their adverse effect upon the nation's hospital system.

The study found the government spending tens of millions of dollars for hospital facilities apparently not needed. It found 100,000 Veterans Administration beds built or authorized to care for men whose disabilities have no connection with military service.

One study showed 80 days required to process most death claims in the Veterans Administration against 15 days in private companies. A report of policy conversion showed VA employees handling 32 a day as compared with 32 in private insurance companies.

Would Swamp Doctors
Fifth, opponents say the almost unlimited service proposed for the government health plan would swamp doctors and dentists so that high quality medical care could not be given. They say manpower just isn't available to do the job as it is being envisioned.

Sixth, critics say that although physicians would be free theoretically to join or not join up for the medical care insurance system as they wished, actually economic circumstances would force them into it. People paying taxes into the health insurance fund naturally would go to a physician whose services were free, and not to one they would have to pay.

Seventh, many doctors say that although the expressed aim now is to not interfere in medicine, inevitably a body of rules and regulations would be built up in national health insurance that would mean interference. With government administering the funds and fees, they argue, government would call the tune.

Finally, the critics say, there just is not enough experience behind us in medicine to warrant biting off at one time all the problems involved in giving medical care to everyone in the land. There are many more objections, but these are some of the samples.

Tomorrow: The doctors' own pay-in-advance medical care idea.

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