

# A Letter to Mississippi Physicians

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Dear Esteemed Colleague:

Although I am willing to take the time away from my practice and expend the necessary energy, it is obviously impossible for me to personally visit with each individual physician in Mississippi for a serious discussion of Medicare. Besides, 1900 cups is a whale of a lot of coffee!

Therefore, I have tried to write down what I would say. I invite you to consider that we are sitting in your living room. Please patiently “listen” to what follows.

Let me state at the outset that in all candor I do not in any sense or to any degree consider myself an ultimate authority on this or any other subject. What I am about to say is my conviction based on years of study, research, observation, and reflection. I wish to make it perfectly clear that I do not maintain that I cannot be wrong, for I could very well be. What follows is my honest opinion, else I would not say it.

If I sound dogmatic, it is just a manifestation of my conviction and concern, and not intended to imply that there is no room for honest difference of opinion.

Not wishing to remain in error, however, I invite you to point out where I am incorrect so I may incorporate your correction in my thesis.

Furthermore, I have no least design to inflict my ideas on you. But I make no bones about the fact that I am earnestly trying to courteously and convincingly persuade you.

Please pardon the length of this epistle, but the gravity of the situation demands a more penetrating study than one page would afford.

The time has come.

You will now decide whether or not you are going to be a government employee and practice socialized medicine.

In making up your mind, please consider the following:

1. Medicare is part of the Social Security Amendments of 1965 (HR 6675) and was signed into law as PL 89-97 on July 30, 1965.
2. Medicare is socialized medicine for one segment of the population.
3. This portion of socialized medicine goes into effect on July 1, 1966.
4. Socialized medicine, stripped of its deceptive whitewash, is reactionary; it is the imposition of central power and control over America and Americans in the false guise of beneficence; it is the opposite of the American way.
5. Medicare was drafted by politicians and bureaucrats. Official representatives of the medical profession were not consulted about the provisions of Medicare.
6. Socialized medicine around the world has always made infinitely worse the very “inadequacies” its advocates proposed it would cure.
7. Not a single hospital was built in England during the first ten years of socialized medicine—and only one in the first thirteen years. For the last ten years, an average of 400 doctors have left Britain annually to get away from socialized medicine.
8. This present day socialized medicine is not the wave of the future—it is not progress; it is a resurrection of the same ancient, worn out, discredited, discarded, warmed-over, old world fraud it has always been.
9. Socialized medicine has always, in every era and in every location, arrested progress in medical science through restrictive, burdensome, suffocating regulation, leading to loss of incentive, stagnation, and decay.
10. On February 2, 1966, the Belgian government collapsed because of its free national health service. The 9000 doctors demanded that it be stopped or they would withhold their services. They gave as their reason that “free treatment in the state health service lowers medical standards, interferes with their freedom in treating patients, and hurts the country’s economy.”
11. The Italian Mariotti Project would nationalize all physicians. Canadian medicine is again the target of the socialist government. Mexican, Swedish, German, Czechoslovakian, Hungarian, Libyan, Cuban, Polish, Bulgarian, Rumanian, and Chilean medicine is socialized, and struggling with difficulties. Russian socialized medicine is experiencing shortages. Greek socialized medicine is, this month, plagued by exposure of corruption, fraud, and abuse.
12. Since socialized medicine is political medicine, under it quality invariably deteriorates and availability naturally decreases.
13. It is inevitable that the provider will feel very little responsibility for and the recipient place very little importance on a service that is so valueless as to be “free.” Thus, both patients and doctors unavoidably stand to lose under Medicare.

14. Charity, although dear to the donor, is lightly regarded by the recipient.
15. People almost never value anything that is free.
16. Anything that tends to lower the standards of medical care is evil. Anything that is evil is unethical and immoral.
17. Socialized medicine has been tyrannically imposed on civilizations since time immemorial; it was part of Caesar's "magnificent society" two thousand years ago.
18. On the other hand, the practice of private medicine is tried, proven, and time-honored.
19. America's private medicine has produced the healthiest, longest-living populace in recorded history.
20. Why should physicians now approve of nationalized medicine when they have long opposed it on moral, legal, and ethical grounds?
21. Socialized medicine has always proven to be demoralizing to doctors and patients.
22. Ponder this—would a patient be wise to place his life in the hands of a doctor who has lost his self-respect for practicing government medicine? Then again, perhaps the patient would be even less wise if that physician were of the type who had not lost his self-respect for doing so.
23. Admittedly, American physicians have not attained (and obviously never will attain) their perennial goal of conquering all disease. But they have come closer to doing so, and are still more diligently making more progress in that direction now than any other group in the world has done presently or at any time in the past.
24. By all yardsticks, medical practice in the U.S. is the finest in the world because it has not been socialized.
25. Government produces nothing; therefore it has nothing to "give" to anyone except what it has first taken from him or someone else (minus a sizeable brokerage fee).
26. Medicare is legal plunder. It promises the possession of someone else (the doctor); it promises something the government does not possess (medical knowledge).
27. It is a mark of moral bankruptcy for one group (legislators) to arbitrarily guarantee the professional ethic of a second group (doctors) to a third group (the citizens).
28. Only doctors can practice medicine. No one else is equipped by training and experience to do so.
29. And Jesus answering said unto them "They that are whole need not a physician, but they that are sick" (Luke 5:31). My Lord said sick people need a physician—not HEW, not Medicare.
30. The Bauer Amendment adopted by the AMA House of Delegates in 1961 puts it this way: "The medical profession is the only group which can render medical care under any system."
31. Wilbur Mills, author of Medicare, states that it will not work without the willing cooperation of doctors.
32. Therefore only doctors can impose socialization on the medical profession: by being a party to it—by participating.
33. On the other hand, now that PL 89-97 has been enacted, only doctors can prevent the socialization of medicine: by declining to be a party to it—by not participating.
34. If physicians permit Medicare for those over 65 to operate now by participating, it is only a matter of a short time until all patients and all doctors are totally nationalized.
35. If doctors don't firmly stand on principle now, they will be pitifully, ignominiously begging HEW for a few more pennies per visit in the near future. Socialized medicine in Japan offers an indelible example.
36. Those over 65 are being led to believe all services will be provided under Medicare. But Part A and Part B of Title XVIII provide only limited services. For instance, annual check-ups, the first \$40 under Part A, the first \$50 under Part B, vaccinations, etc. are not covered.
37. There are approximately 18.5 million persons in the USA 65 and over.
38. All over 65 (except certain criminals) are eligible to receive "benefits" under Part A of Title XVIII of PL 89-97. This includes an estimated six million over 65 who have never been under Social Security and thus have paid no Social Security "taxes." For this six million, Part A of Medicare is pure charity.
39. Private insurance companies estimate Part B will cost \$10 per month. So 70% of Part B is pure public charity, the funds coming from general revenues. Yet Part B is called "insurance," the \$3 is called a "premium," and anyone 65 or over may sign up.
40. In the main, Medicare is public charity.
41. Physicians should be suspicious of and fear there is deception in an inconsistent system of "social security" that on the one hand (Part A) ceases to collect fluctuating "premiums" and begins to pay changeable benefits at age 65; but on the other hand (Part B) begins to collect fluctuating "premiums" at age 65 for unsure, changeable benefits in the unknown future.
42. Under Title XIX, all recipients of welfare, regardless of age, will be eligible for Medicaid by 1970. There are in excess of 200,000 on welfare in Mississippi alone. It is estimated that Title XIX of the present law, without amendment, will cover forty million people by 1975.
43. And, of course, all of this is only the beginning. On February 25, 1966, Senator Harrison A. Williams (D, N.J.) introduced S 2983, and Representative John E. Fogarty (D, R.I.) introduced HR 12976 which would provide presently uncovered diagnostic services, and for all persons over 50!
44. On March 1, 1966 the President asked for six to eight billion dollars for a hospital modernization program outside of Hill-Burton to provide the anticipated increase in facilities which will be required by Medicare.
45. While money is squandered by the bureaucrats in administering Medicare, doctors participating in Medicare will be required to be economical. Cheap treatments and cheap prescriptions are to be given preference. HEW employed referees will set the standards—not the patient's doctor.
46. If you participate in Medicare, any praise or commendation will go to the bureaucrats, but its failures will be blamed on YOU.

47. When the public becomes disgruntled with the poor quality and lack of availability of care under socialized medicine, it will vent its wrath on DOCTORS, not Wilbur Cohen or HEW.
48. HEW, the liberals, the bureaucrats, and other socialists will never admit the inherent fraud of socialism or their own guilt in perpetrating it, but will, instead, divert the blame to DOCTORS for the predictable shortcomings of socialized medicine.
49. Non-participation is not a strike against patients. A strike is the withdrawal of services. Nonparticipating physicians will individually continue in the future, as they always have in the past, to expend every effort in behalf of all individuals who seek their services.
50. Non-Participation is not a strike against Medicare. Section 1802 specifically states that doctors may choose not to “undertake to provide . . . services” under PL 89-97. In other words, you do not have to practice under Medicare.
51. Section 1801 of PL 89-97 prohibits the imposition of Medicare on a doctor who declines to be a participant.
52. The 13th Amendment to the U.S. Constitution prohibits involuntary servitude.
53. In Article I, Section 8 of the U.S. Constitution the central government is granted no authority by the citizens through their states to engage in the business of medical care or insurance.
54. The only portion of L 89-97 that is involuntarily imposed on physicians is compulsory inclusion in Social Security and the mandatory payment of Social Security taxes.
55. The socialization of medicine in the United States is not intended as an end in itself. It is planned as a means to an end—the total socialization of America.
56. The socialization of America will complete the socialization of the world.
57. Total world socialism is the avowed aim of the communist conspiracy.
58. Lenin stated that the keystone in the arch of the socialist state is socialized medicine.
59. “Liberals,” “moderates,” “intellectuals,” New Dealers, Fair Dealers, New Frontiersmen, Great Societies, socialists, the Scholars, one-worlders, communist dupes, communist frontiers, communists; and all leftist organizations including the ADA, CFR, AFL- CIO, UN, UNESCO, CPUSA, etc. foster socialism, including socialized medicine.
60. Many advocates of socialism today vow they are anti-communists.
61. In 1883, when Chancellor Otto von Bismarck initiated the first “national compulsory health insurance,” he adopted communism “to fight communism.” And since then, sixty-four countries have done the same.
62. America is daily being forced to adopt more and more communism—and each time we are told that the reason is “to fight communism.”
63. Some persons (including some doctors) cooperate in socialism because they accept the solemnly made statement “it is inevitable.” The truth, however, is that this oft-repeated untruth is, in reality, propaganda conceived and promoted by the socialists themselves to get otherwise good people to be accomplices in the socialist destruction of the market economy which originally was America.
64. Some will participate in Medicare because they abhor the thought of being considered out of step with modern times, or of being old-fashioned, or of opposing the majority. Paul the Apostle, by Divine inspiration, wrote in Romans 12:2, “Be not conformed to this world.”
65. In early 1948, 84% of the doctors in England voted 9:1 against socialized medicine, but in the next few months threats, abuse, misrepresentation, and accusations caused them to surrender.
66. After World War II, when the Labor Government of Australia imposed socialized medicine, 90% of the doctors refused to participate. As a result the Labor Government was defeated and the law never went into effect.
67. So, you see, socialized medicine is NOT inevitable.
68. This controversy over socialized medicine is only one, but a most important, battle in the war by the socialists to collectivize America and thus the world.
69. Social schemes are instigated by a small group of grasping men for base purposes—not humanitarian love of neighbor or the welfare and health of the nation, as deceitfully claimed.
70. Contrary to what we have been told all of our lives, it does not take two to make a fight. Doctors (and all Americans) are having war waged against them unilaterally. A war not of their choosing, which they have not provoked, and in which they have not volunteered to fight—but a war for their (and their country’s) enslavement, nevertheless. The socialists are the aggressors. Repeatedly they have slapped our face and bloodied our nose by insulting us with accusations that we are not practicing good medicine. They have put shackles on us legislatively. Come July 1, they will tie our hands behind our back with restrictions. And still many doctors refuse to realize or admit that THEY are in a fight.
71. Doctors (and all Americans) must realize this war of aggression for their enslavement IS going on—and if they wish for themselves and their children to be free—THEY MUST FIGHT TO WIN—NOW.
72. Medicare, though it is called such, is not insurance. There is no contract. There is no policy wherein the provisions are stated. It is whatever “the Secretary (of HEW) may direct” at any given moment.
73. Section 1803 provides that persons participating or not participating in Medicare may have other health “insurance.” This provision is necessary to give lip service to the basic doctrine of freedom of contract. But the action by many insurance companies (undoubtedly at the behest of HEW) cancelling their health policies as of midnight June 30, 1966, threatens to give that forbidden monopoly in this area to the social planners of Medicare anyway—through intentionally staged default.

74. In some instances, these are “non-cancellable” policies! But the fine print allows the company to do so since all policies in the group are being cancelled.
75. These companies are thus assisting HEW to coerce eligible persons to sign up for Medicare. This is irresponsible and immoral collusion with evil.
76. By this action the insurance companies (with certain notable exceptions) have forced those 65 and over to sign up for Medicare or face the prospect of having no health protection. Was the collusion voluntary or involuntary on the part of the insurance companies? If involuntary, I can find no provision in PL 89-97 authorizing the government to issue such a regulation. If voluntary, did the insurance companies conspire with the government (1) in exchange for the plum of being appointed fiscal agent for Part A or Part B; and/or (2) to get rid of their burdensome poor risk of old folks?
77. That insurance companies are acting as conspirators in their own (and their country’s) demise is reprehensible since through their holdings of stocks, bonds, mortgages, and loans insurance companies constitute the backbone of the country’s financial integrity.
78. That Medicare will destroy private insurance and private medicine should come as a surprise to no one. It was planned and promoted for just those reasons. That is its purpose!
79. So our advice to our patients should be: “If you have private health insurance, keep it; if you do not have private health insurance, buy it; if your company has cancelled your policy (many companies have), demand that they reinstate it (several companies have); if you have not signed up for Medicare, don’t; and if you have signed up for Medicare, withdraw.”
80. Patriotic Constitutionalists oppose socialism in all its forms.
81. Non-Participation in socialized medicine is legal, at long last agreed to by the AMA.
82. Even Wilbur Cohen (Undersecretary of HEW) on August 7, 1965, stated Non-Participation is legal.
83. Non-Participation is ethical. Section 5 of the AMA Principles of Medical Ethics states: “A physician may choose whom he will serve.”
84. Section 6 of the Principles of Medical Ethics of the AMA advocates Non-Participation: “A physician should not dispose of his services under terms or conditions which tend to interfere with or impair the free and complete exercise of his medical judgment and skill or tend to cause a deterioration of the quality of medical care.”
85. Non-Participation is honorable. By not participating in Medicare a physician is upholding the Constitution, preventing the communization of the world, and proudly maintaining the integrity of his profession.
86. The AMA’s Bauer Resolution of 1961, and reaffirmed, advocates Non-Participation: “The medical profession . . . will not be a willing party to implementing any system which we believe to be detrimental to the public welfare.”
87. Thus a physician who declines to participate in socialized medicine is acting in the highest traditions of the noblest of the professions.
88. Participating will be easy. It will be supinely “going along,” and it will assure that physician of “getting along.”
89. On the contrary, not participating will be hard. It will take courage, conviction, stamina, and dedication. All manner of pressures and hindrances will be imposed on the non-participant to “whip him into line.”
90. It is legal for an individual to advocate Non-Participation.
91. It is legal for an organization to advocate voluntary Non-Participation. Several county medical societies and at least five state medical associations have endorsed non-participation.
92. PL 89-97 gives the appointed Secretary of HEW and his designees almost unlimited authority over participants (doctors, patients, hospitals, etc.) in Medicare.
93. Do you believe that any jackleg bureaucrat, any egghead social planner, any compromising politician, any pay-off appointee, with no medical training and bound by no code, knows more about medicine or how to care for patients than doctors who are bona fide professionals with seven to nine years of qualifying training?
94. George Washington said: “Government is not reason; it is not eloquence; it is force! Like fire, it is a dangerous servant and a fearful master.”
95. Under Medicare the good doctor will be equalized with the mediocre doctor. There will be less incentive to be the best doctor possible.
96. Under socialized medicine, the Department of HEW has patients and the Department of HEW has doctors. But doctors do not have patients; and patients do not have doctors.
97. The Medicare doctor will merely be acting as an agent for the Department of HEW.
98. By participating in socialized medicine, physicians unilaterally become hired clerks—employees of appointed political bureaucrats.
99. All of the above is only a drop in the bucket of what will come to those who participate in Medicare. Doctor Philip R. Lee of the Palo Alto Clinic, the new Assistant Secretary of HEW, says that to take care of the increased number of patients expected when Medicare goes into effect on July 1, “Doctors are just going to have to work harder.” He also favors “allowing a nurse or a technician to go directly into the first or second year of medical school.”
100. By the end of 1965, 57% of those eligible for Part B of Medicare had not enrolled. The bureaucrats frantically put on an all-out propaganda drive of deceit. Threats of the deadline of March 31 were utilized. Most agencies of the government, entertainment stars, governors, and many others participated.
101. On January 31, eight million people—that’s 46% of those eligible—had not enrolled; 1.1 million had actually signified they do not want to enroll—God bless ‘em. Efforts by the social planners were intensified.

102. It has been admitted that at least \$2.5 million has been spent through the Office of Economic Opportunity to pay “volunteers” to personally call on those over 65 to persuade them to sign up. For instance, the rate of pay “credit” set by the OEC for these Medicare salesmen in Waldo County, Maine, was \$11 per hour for physicians, \$9 per hour for dentists, \$8 per hour for attorneys, \$5 per hour for accountants, \$3 per hour for secondary school teachers, \$2.50 per hour for elementary school teachers, and \$2 per hour for horses—yes, that’s right—HORSES.
103. The cost of mailings to those over 65 urging (even threatening) their acceptance of Medicare is in excess of \$1.5 million.
104. With all of this, by March 8, 1966, only 79% of eligible persons had signed up for Medicare.
105. Much to the consternation of HEW officials, and in spite of all efforts, one week prior to the original deadline to sign up for Part B of Medicare (March 31, 1966), four million of the eighteen and a half million eligible persons had still not signed up.
106. So, the cry for the socialization of medicine comes not from the “neglected,” “needy,” “mistreated” citizens at large, genuinely in need of help, but from the socialists in and out of medicine. It is not for the succor of the destitute, but to sucker us all into collectivism.
107. The politicians and the bureaucrats desire the nationalization of medicine. The people are not demanding it.
108. Socialized medicine, being the opposite climate from that in which American medicine has reached such heights, is, thus, a regression for America, not an advance.
109. With its unswerving history of having always arrested advances in medicine, socialization has only condemnation and failure to offer as its credentials.
110. Those physicians advocating non-participation are not opposed to progress, as accused. On the contrary, since socialized medicine is a retrogression, the non-participant is in the forefront of medical progress.
111. The practice of medicine involves only two people—the patient and his physician. Any third party is an intruder that dilutes and divides the loyalties and responsibilities inherent in patient-physician obligations. By not participating in Medicare a physician is simply adhering to and operating under this maxim.
112. For a physician to practice under Medicare he must comply with the regulations of the Secretary of HEW and work within the limitations of the prescribed utilization review (utilization committee). Thus he must forfeit his loyalty and responsibility to his individual patient and transfer these to the impersonal government. In so doing he betrays the trust of his patient and violates medical ethics.
113. A doctor who chooses not to participate in socialized medicine will not be turning his patients away. On the contrary it will be the bureaucracy which, in violation of the Constitution, denies the patient the services of his doctor.
114. So, the time to say “NO” is now, when only a minor portion of the physicians’ practice will be involved and when there will be the loss of only a small, insignificant portion of potential income. That risk and sacrifice now will be the most effective and the least costly. Such action by physicians now will cause government medicine to collapse for lack of participants.
115. Later, when all the population is included, the major portion of the physician’s practice will be involved and choosing not to participate then will reduce his income to almost nothing. He will either have to leave the practice of his chosen profession to make a living, or starve. It will be too late. No amount of personal sacrifice for principle then will be effective.
116. Non-Participation by physicians is in the best long-range interest of their patients, themselves, and good medical care.
117. The Oath of Hippocrates says: “I will prescribe regimen for the good of my patients according to my ability and my judgment and never do harm to anyone.”
118. All evidences point to the conclusion that to participate is not in the best interest of patients.
119. Robert Louis Stevenson wrote in his Eulogy of the Doctor: “above the common herd...the physician almost as a rule...in history he will be thought to have most notably exhibited the virtues of the race.”
120. The above should make it crystal clear to all physicians that if they participate in Medicare they will be party to the socialization (destruction) of the practice of private medicine because of which Americans enjoy the finest medical care in history.
121. What the future holds for you, your profession, the health of your patients, and the very survival of the Republic rest in your hands.
122. For the American miracle to continue we must have less government and more individual responsibility.

Based on these principles and determined to help reestablish and then preserve this independent representative Constitutional Republic of law, I decided years ago, after praying for guidance, that I would not violate my moral and ethical beliefs and render a disservice to my patients, my country, and myself as an accomplice in the enslavement of mankind by being a party to the setting of its keystone—socialized medicine.

Now you will make the decision—perhaps the most important decision you have ever made. There is no middle or “neutral” ground.

Are you saying to yourself as King Agrippa said to Paul in Acts 26:28—“Almost thou persuadest me,” but, but....

Do not let as yet unresolved conflicts and unanswered questions deter you. Take your stand now on PRINCIPLE. You can work out the details of implementation as the necessity arises.

“Choose you this day whom ye will serve”—Joshua 24:15.

Fraternally yours,  
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