From the President

Can We Trust the Government with Our Medical Care?

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The short answer is No. And thinking that, we would be in good company. A new survey finds that Americans trust Amazon more than the federal government. The most trusted entities were our military, Amazon, Google, local police, and universities. Congress came in as the least trusted, edging out political parties and the press.

Bureaucratic incompetence and cronyism are not the only reasons we should be wary of government involvement in our medical care. The federal government has a checkered history when it comes to medical judgments.

Forced Sterilizations

In light of state governments’ recent love affair with post-term abortions (aka infanticide), forced sterilizations are at the top of my list. Although other states had tried, Indiana became the first state in the country to successfully pass a forced sterilization law in 1907. The law applied only to the “feebleminded.” California and Washington jumped on board in 1909. By the 1920s, 33 states had forced sterilization laws. Heads of psychiatric institutions were free to sterilize anyone they considered social misfits. We now cringe at the words of the revered Supreme Court Justice Oliver Wendell Holmes in the 1927 case, Buck v Bell, upholding Virginia’s sterilization law for the institutionalized “feeble-minded.”

“The welfare and that of society will be promoted by her sterilization. It is better for all the world if, instead of waiting to execute degenerate offspring for crime or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind.... Three generations of imbeciles are enough.”

In fact, Carrie’s mother was a prostitute, but not feebleminded. After Carrie’s release, she maintained a job as a domestic worker and became an avid reader. Her “feebleminded” daughter was on her school’s honor roll.

With the third branch of the federal government on board, between 1909 and 1979 more than 20,000 government-funded forced sterilizations were performed. The last legal forced sterilization was in 1981. These went beyond the mentally challenged. Latinos and blacks were easy targets, particularly in the 1970s after Medicaid-funded family planning service offered sterilization. Some patients were bullied into consenting with threats of having their welfare benefits or medical care taken away. Sometimes patients were coerced into a tubal ligation immediately after their infant’s delivery. At other times, tubal ligations were done during Cesarean sections unbeknownst to the patients. These sterilizations were such an open practice in the South that they became known as a “Mississippi appendectomy.”

In North Carolina, an IQ of 70 or lower qualified a person for sterilization. Here, state social workers could file petitions for sterilization. One social worker sterilized her entire caseload.

The Indian Health Service with its captive audience was worse. Between 1973 and 1976 some 3,400 Native American women—including minors—were sterilized without permission or with defective consent forms.

The Tuskegee Study

The “Tuskegee Study of Untreated Syphilis in the Negro Male” lasted from 1932 to 1972. The U.S. Public Health Service used 400 mainly poor, illiterate, black sharecroppers with syphilis as lab animals. They were told they had “bad blood,” but not that they were actually suffering from a serious disease. That was the extent of the “informed consent.” In exchange for having their lives ruined, the men received free medical exams, free meals, and burial insurance. Although originally projected to last 6 months, the study actually went on for 40 years. The men were never given adequate treatment for their disease. Even when penicillin became the drug of choice for syphilis in 1947, researchers did not offer it to the subjects. Nor were the subjects given the choice of quitting the study. All subjects succumbed to untreated syphilis so our government could track the natural progression of the disease.

Once the study became public in 1972, it took a nine-person panel appointed by the assistant secretary for health and scientific affairs to decide that the study was “ethically unjustified.” A class-action lawsuit filed the next year resulted in a $10 million settlement for the victims and their families.

Germ Warfare

This one is personal. My first patient that died, whose name and face I still remember, was a drug addict with bacterial endocarditis due to Serratia marcescens. The medical resident was baffled. Drug addicts are more susceptible to unusual bacteria, but where did this Serratia come from? It came from our own government.

Throughout a week in September 1951 as part of the U.S. Navy’s “Operation Sea Spray,” a presumably harmless bacterium, Serratia marcescens, was sprayed over San Francisco in a biological warfare test. The U.S. Army’s monitoring of 43 sites around the city determined that San Francisco had received enough of a dose for nearly all of its 800,000 residents to inhale millions of particles each day during the week of spraying. Consequently, cases of urinary tract infections and pneumonia in San Francisco also increased after Serratia marcescens was released.

During Senate subcommittee hearings in 1977, the army revealed that between 1949 and 1969 open-air tests of biological agents were conducted 239 times in populated civilian areas, including Minneapolis; St. Louis; Mechanicsburg, Pa.; the Washington, D.C., National Airport; and New York’s subway system.

Had President Nixon not terminated the program in 1969, how many more sprays would we have had?
Experimental Vaccine

In 1989, a study sponsored by the Centers for Disease Control and Prevention (CDC) tested an experimental measles vaccine on 1,500 six-month old black and Hispanic babies in Los Angeles. The CDC director, Dr. David Satcher, admitted in 1996 that “a mistake was made” and “it shocked [him].” The consent papers the parents signed said the children would receive one of two vaccines, but they were not told that one of the vaccines was experimental and unlicensed.

A deceptive brochure was distributed with the consent form. The brochure advised: “This vaccine has been shown to be effective in younger children. Over 200 million children around the world have received this vaccine, but Los Angeles County is the first place in the United States where it is being offered.” It was not until a significant number of children in Africa and Haiti had died from the vaccine that the study was stopped in 1991.

The Veterans Health Administration

The Veterans Health Administration (VA) is the current model of a government-sponsored single-payer health system. Let the headlines do the talking. A 2014 report by Sen. Tom Coburn (R-Okla.) found that more than 1,000 veterans may have died in the last decade because of malpractice or lack of care from VA medical centers.

Even after the long waits were revealed, “Deceased” notes on files were removed to make statistics look better: veterans would not be counted as having died while waiting for care at the Phoenix VA hospital.

In January 2015 it was reported that more than 1,600 veterans waited between 60 and 90 days for appointments at facilities operated by the VA Greater Los Angeles Healthcare System. About 400 veterans waited 6 months for an appointment. The average wait time, according to documents dated Jan 15, 2015, was 48 days.

By April 2015, despite major reforms, government data show that the number of patients facing long waits at VA facilities had not dropped at all. The number of medical appointments delayed 30 to 90 days has largely stayed flat. The number of appointments that take longer than 90 days to complete has nearly doubled. This was far from the government’s goal of 30 days.

A 2018 report from the Department of Veterans Affairs inspector general found that the Washington, D.C., VA Medical Center has for years “suffered a series of systemic and programmatic failures to consistently deliver timely and quality patient care,” and heightened potential for waste, fraud and abuse of government resources.

Finally, in May 2018, veterans saw relief with the VA’s Choice program, which the bipartisan bill passed and was signed by the President. Under the law, if the VA cannot provide the veterans with the level of care they need or the level of care they expected, or had long wait times, the veteran can seek care in the private sector.

Q.E.D.

Conclusion

The noted 19th century statesman and orator Daniel Webster said, “Good intentions will always be pleaded, for every assumption of power; but they cannot justify it…. It is hardly too strong to say, that the Constitution was made to guard the people against the dangers of good intention, real or pretended.” Given the government’s track record, even the most jaded bureaucrat cannot justify such betrayals of patients’ rights and the public trust.

There is another theme between the lines: offer the people free stuff and then use it as a cudgel to keep the recipients in line. The helpless, the poor, and Native Americans were easy targets. Now “Medicare for All” threatens to trap the rest of us in a system with no escape.

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REFERENCES