

BOOK REVIEWS

MEDICARE: POLICY AND POLITICS A Case Study and Policy Analysis

EUGENE FEINGOLD

San Francisco, Chandler Publishing Company, 1966
317 pp., \$3.50

When, on July 30, 1965, President Johnson flew to Independence, Missouri, and signed the "Medicare" bill in Mr. Truman's presence, an historic milestone was erected along the road to better health for the American people. Some would feel that for better or worse, depending on their orientation, a giant step had been taken. Others, viewing the event in the light of long-standing social legislation in other developed nations, might see Public Law 89-97 as a modest and even faltering step. But whatever one's critical evaluation of the nature of the Social Security Amendments of 1965, the new legislation is based in part on national recognition of a new principle, that a major group of the population has a *right* to have certain costs of medical care borne through the federal social security system. This book is focussed on the protracted struggle for adoption of this principle, the heated debates on policy issues and the political processes involved.

A political scientist with a deepening interest in the organization of medical care, Feingold has brought together a case study of "medical politics and medical economics" addressed to a disparate audience. His hoped-for audience consists of those who are concerned with contemporary American politics, those who are con-

cerned with the economics of medical care and those who are concerned with the "policy output of American politics and whose interests are thus both in the process and the substantive policy areas."

About one-third of this casebook has been written by the author, notably the initial background chapter and the key chapter dealing with the legislative history of "medicare." Interspersed in the matrix of introductory and interpretive writing which he has supplied throughout, are extensive quotations from medicare's supporters and opponents, carefully phrased paragraphs and sections which almost uniformly reveal the sort of bias expected in sharp debate. One can picture these tools of controversy being hammered out long into the night, in shirt-sleeve sessions not necessarily including the principals who were to deliver or publish the telling blows for righteousness.

The book has six chapters, certain of them voluminous because of the various substantial selections from the literature which have been included. Useful selected bibliographies are inserted at the end of each chapter and a general selected bibliography is presented at the end of the book, revealing the expert help the author acknowledges from the library of the Bureau of Public Health Economics of the University of Michigan.

The opening chapter, "Medical Care for the General Population," presents a rather sketchy exposition of some of the problems and issues in financing medical care for the general population. Its title is broader than its subject matter. The chapter deals with economic status and medical care, rising costs, the development and some of the effects of health insurance and differing philosophies of the role of health insurance. Such vital proposals and issues as universal coverage health insurance and patterns of governmental subsidization of voluntary health insurance to achieve wider population coverage are not dealt with, although the author summarizes the chapter as having treated financing of medical care "for the entire population." Further, the question of financing medical care for the aged is not "part of a larger question of social policy: How shall we treat our indigents?" but part of the larger question: How

shall we make comprehensive health care of high quality available to all on the basis of health needs and not on ability to pay?

The second chapter, "The Special Problem of the Aged," deals in satisfactory detail with its subject matter, the increasing number and changed status of the elderly, their greater medical needs and their financial needs including consideration of their resources, demands on these resources and the ways in which the aged have been meeting medical care costs. The special character of the book emerges in this chapter, with its selected quotations from disputed surveys and such sources as the American Medical Association, Congressman Cecil R. King, the Senate Special Committee on Aging, the Social Security Administration, the Bureau of Labor Statistics and the University of Michigan Survey Research Center. How proponents of a certain position can turn statistics to their purposes is amply illustrated.

In the chapter on "The Legislative History of Medicare," the author copes—on the whole successfully—with the difficult task of reviewing the history of legislative proposals for federally administered or sponsored health insurance. The author traces highlights of governmental health insurance proposals and controversies in the 1910–1920 period, in the Wagner-Murray-Dingell years of Roosevelt and Truman, during the Eisenhower administration and through the Kennedy and Johnson administrations to the passage of the King-Anderson Bill in 1965. Proponents and opponents of varying measures, the Whitaker and Baxter campaign of the American Medical Association against socialized medicine, the veering of political winds, the alternative measures, the hopeful compromises and the rising tide of support for some positive measure linked to social security financing—the story is here, though necessarily limited in length and in detail.

Attention is concentrated particularly in the period starting in 1959, when health care for the aged became a significant political issue as the House Ways and Means Committee held hearings on a reintroduced Forand Bill. The political process in action over the subsequent six years is ably presented by the author. As he states in his preface, one will find here "all of the characters in the modern

political passion play: the influential interest group, the powerful Congressional committee chairman, the political party, the Presidential candidate." The reviewer would only question one seeming omission in the detailed narrative, reference to unrelenting pressure for positive action by organized labor, exerted on the Congress and the administration alike.

The last three chapters are devoted to the policy issues which were paramount during the legislative struggle over medicare and which will no doubt be viable for a long time to come. The first of these was the argument that other mechanisms could achieve the desired results better than the administration's proposals: efforts by private organizations and individuals, including physicians; voluntary health insurance; and public assistance as liberalized by the Kerr-Mills law. Several selections from testimony of the American Medical Association, Congressman King and others delve into these issues. The material includes useful analyses of social versus private insurance and of the means test problem.

The second set of issues comprise the controversy over program cost estimates and disagreement over the use of the social security mechanism to finance hospital care insurance for the elderly, with the latter issue extending into a questioning of the soundness of the whole social security system. Again, the arguments are carried largely through selected quotations.

In the sixth and last chapter Feingold discusses what he considers to be the underlying issue which determines for most people whether or not they favor medicare—"one's attitude toward the role of government in society, and, in particular, toward its role in the provision of medical services." Quoted selections deal with the changing doctor-patient relationship, the thesis that medicare will bring federal control of medical practice and lower the quality of medical care, and rebuttals from congressional and administration spokesmen.

One might wish that the author had tackled in depth such issues as the institutional orientation of "Medicare," its virtual confinement to being solely a financing mechanism, the use of private intermediary agencies in a governmental program, the deplorable

interference with hospitals in their arrangements with hospital-based physicians and the whole series of questions raised by the essentially commercial indemnity insurance approach of the supplementary medical benefits program. But in justification of the author's selection of material, if these were not significant political issues in recent years, the cause may be found in the relative weakness of public health and "medical care" leadership, the willingness of liberal interest groups to compromise to almost any extent to get a social security measure enacted and the lamentable lack of awareness of these issues on the part of elected representatives.

Feingold has performed a useful service not only for this generation of teachers and students of government and of medical care organization but for the thinking politicians, the health profession leader, the behavioral scientist and others concerned with the processes and substance of change and progress. More government involvement in the provision and financing of health services is inevitable. Wider understanding of the policy process is highly desirable. With better understanding, many will echo the author's words in his concluding query: "Are our political forms and procedures adequate to the needs of a modern industrial society?"

FREDERICK D. MOTT