

February 14, 1969

Mr. John Carlova
Senior Editor
Medical Economics
Oradell, New Jersey 07649

Dear Mr. Carlova:

I have enclosed with this letter the answers to the questions posed by Medical Economics to Mr. Reuther.

If the material is too long for your purposes and you must edit it, we, of course, would have to check carefully the edited version before you go into print. With this stipulation, you are free to publish the material as an interview with Walter P. Reuther.

Should there be any questions about any of this, please contact me.

Sincerely yours,



Joseph Walsh
Director of Public Relations

JW/mo

✓ CC: Walter P. Reuther
Irv Bluestone
Mel Glasser
Max Fine

MEDICAL ECONOMICS QUESTIONS AND ANSWERS
FOR PRESIDENT WALTER P. REUTHER ON THE
FORMATION OF THE COMMITTEE FOR NATIONAL HEALTH INSURANCE

1.Q. Mr. Reuther, you have long been known and respected for your vigorous efforts to develop better health care programs for your union members. What made you decide to extend your efforts to the entire U.S. with a national health insurance plan?

A. It is true that the UAW has placed great emphasis upon the negotiation of health care services and benefits. In the past 10 years our collective bargaining agreements have provided approximately \$2.25 billion for health care services for UAW members and their families. But it has become clear that the increased economic resources which our contracts commit to health care are not yielding comparable improvements in either the scope or the quality of health care our members and their families are receiving for these hard earned consumer dollars. We cannot escape the conclusion that UAW members and consumers of health care generally in America are being asked to provide increased resources to subsidize built-in waste and inefficiency in an obsolete, non-workable "system" of health services.

Increasingly it is becoming evident that progress in health care made through our collective bargaining efforts is being eroded. Costs are skyrocketing, and quality is not being safeguarded. These adverse developments affect not only UAW members and the companies which pay the premiums for health care insurance but they disadvantage everyone in the nation as a whole. This reinforces the UAW's long held conviction that it must exert its efforts to improve the well-being of the community at large as well as of its own members, a conviction which motivated the UAW many years ago to advocate and offer support for the Medicare legislation which was finally passed in 1965.

- 2.Q. Why do you think a national health insurance plan is necessary?
- A. We believe a nationwide program of health insurance benefits is necessary to fulfill the right of every American to comprehensive health care services of good quality.
- 3.Q. What's wrong with our present system of private and government-sponsored health insurance?
- A. The insurance industry has worked hard. It has made a constructive contribution. But after 20 years of major effort, 30 million Americans are not being reached by any form of health insurance, and they are the people who need it most. Two-thirds of all health care costs are not being met by private health insurance. We are inviting chaos in our hospitals by the design of the insurance coverages. The principal idea of private health insurance has been to sell a product. That's a wrong idea. Health insurance should help to assure that comprehensive, continuous health services of high quality are available without financial barriers; to encourage preventive care, early diagnosis and treatment; to speed scientific medical breakthroughs from the laboratory to the care and treatment of patients; and to provide financial protection.

To achieve the objectives I suggest we need to structure a system which will encourage economic use of resources as well as incentives to improved quality of care.

4.Q. You have testified before a Senate Subcommittee that the U.S. health care system is "fragmented." Do you think your plan for national health insurance could help to correct that defect? If so, how?

A. We have not as yet developed a detailed plan for national health insurance. The development of a legislative proposal -- a "plan" -- will require many months of work by many experts, including members of the Committee for National Health Insurance. We subscribe to ten basic principles (see attachment). There is no question but that the central fact of health care in America today is disorganization. The services are seldom organized around the total needs of the American family.

5.Q. How would the national insurance plan you propose be financed?

A. We see it as an integral part of the national social insurance system. The financing details are still to be worked out. We believe, however, that the costs should be met by contributions from employer-employee groups, from general revenues and from appropriate government agencies for special population groups (for example, the poor, the marginally employed, etc.). With respect to the employer-employee groups, special arrangements will have to be made for transfer into the program of those funds already being used to purchase health insurance.

6.Q. What benefits would it provide?

A. Truly comprehensive coverage would include protection against the costs of medical and surgical care in office, home and hospital, with emphasis on preventive services and early diagnosis. Hospitalization, of course, would be covered

as would mental health services, dental care, nursing services, nursing home care, home health services, drugs and appliances, eyeglasses, hearing aids, and other services designed to protect the individual's health or to restore him to good health when illness does occur.

7.Q. In general, how would it work?

A. While the details are still to be worked out, it is our intention to integrate national health insurance with the Social Security programs, as for example, disability insurance and Medicare are presently integrated. Such integration of health care insurance was originally planned when Social Security was first proposed in 1935.

8.Q. You have set up a "Committee of 100 for National Health Insurance." Will practicing physicians be represented in this group? If so, to what extent?

A. Our Committee is drawn from outstanding and concerned citizens in the field of medicine and health organizations, industry, farm, labor, education, the social services, youth, civil rights, religious organizations and consumer groups. There are at present more practicing physicians on the Committee than any other profession or calling.

9.Q. What will be the functions of the Committee?

A. We will conduct a broad educational program. We will work with professional organizations and consumer groups. We shall design a health insurance program to meet the basic needs of the American people. We shall draft legislation embodying that kind of program and we shall work to have legislation enacted by the Congress at the earliest possible date.

10. Q. How would Medicare and Medicaid fit in with the plan you propose?

A. Medicare is social insurance. We expect it will be integrated in the total program. We do not see a place for Medicaid which is means test medicine.

11. Q. Would your national health insurance program be compulsory? In other words, would the public have to join it?

A. In all likelihood yes. It would work in a manner similar to Social Security. You see a basic principle of social insurance involves the broadest possible spreading of risk. If everyone contributes, everyone is eligible for benefits at the lowest possible costs.

12. Q. Would private health insurance survive?

A. Private health insurance, as you know, continues to provide important services and programs in connection with Medicare -- which is of course a form of national health insurance for those over 65. (I believe there may well be a contribution to the broader program which voluntary health insurance can and should play.) It is however not possible at this time, when our technical experts are just beginning to work on structuring the "plan", to define what the role of private health insurance might be.

13. Q. Would patients have a free choice of physicians under your plan?

A. Yes, they would have a free choice of physicians or health care plans.

14. Q. Would practicing physicians have to join the plan?

A. We would expect that practicing physicians would want to participate, just as they participate in Medicare.

15. Q. What would physicians in the plan be paid -- by a fee-for-service, salary, or what?

A. Details of the plan have not yet been worked out. It is still much too soon for that. I would expect that physicians would be paid in a variety of ways as they are now.

16.Q. Would the plan increase or decrease a present problem of physicians -- paperwork.

A. I would hope it would decrease considerably the amount of physician paperwork. I recognize this is getting to be an increasingly troublesome problem. In large measure this derives from trying to keep up with more than 1200 different health insurance carriers, each with many different conditions of eligibility and coverages. A universal health insurance system would do a great deal to simplify this.

17.Q. Would it accelerate the current trend toward group practice? Toward hospital-oriented practice?

A. National health insurance can encourage more rational patterns of organization for the delivery of services. Our Committee believes that the insurance program can stimulate the development of organized medical teams and groups of professional, technical and supporting personnel for the efficient and effective provision of comprehensive health care, and encourage the efficient and economical use of manpower, facilities and supplies.

18.Q. If so, would this help physicians to increase their productivity by working in groups and close to hospitals?

A. The productivity of physicians can certainly be increased when they are practicing in groups. The physicians' arms can be extended by the use of assistants and his skill enhanced by the new technological opportunities for improved service to patients and his own continuing education. It is neither practical nor economically feasible for every solo practitioner to have a computer in his office.

19.Q. Many physicians are working long hours - an average of 60 hours a week. Might a national health insurance plan help doctors to reduce their work-week and gain more time for rest and relaxation?

A. Doctors should have the fullest opportunity not only for rest and relaxation but also for the pursuit of continuing education and of leisure activities of their choice - like the rest of us. To the extent that national health insurance can and would establish conditions for the health team approach in the organization and delivery of health services and bring real technology to the field, the doctors' work load could be significantly reduced. But the doctor will always be in charge. The new technology and fuller use of other members of the health team will help him keep up with the demand for health care.

20.Q. Computers and other forms of automation are just getting started in hospitals. Would a national health insurance plan speed up such automation?

A. I certainly hope the potential of the 20th century technological revolution is not limited, in the health field, to the hospitals. The difficulty is that we have not fully understood the dimensions of this revolution. It's almost beyond human comprehension to realize the simple fact that 95 percent of all scientists who have lived in the history of the world are alive today. Their creative and productive minds are unlocking the mysteries of the universe, making it possible for us to achieve more technological progress in the next 25 years than we have made in the last 2,500 years. The problem is not science, nor is it technology. The problem is man. Science and technology are neutral in the affairs of man, for they have no ideology and they have no morality. What we need to do is to find a way to shape science and technology to human purpose. In the health field, certainly a national health insurance program would increase the capability of the medical and health professions to apply technology in meeting the complex challenges confronting us.

21.Q. Do you think a national health insurance system would facilitate comprehensive areawide health planning? If so, why?

A. I think meaningful health planning, both State and areawide, makes sense. I am certain a nationwide health insurance program would help to bring more rational approaches to the development of our health resources.

22.Q. Would a national health insurance plan reduce the cost of health care? If so why?

A. I don't really believe overall costs will be reduced. I think unit costs can be reduced by providing incentives for organized efforts. It is the rate of increase of medical costs that concerns the economists and millions of Americans. In other words, I'm convinced from evidence we already have that more care and better care can be more equitably provided for the dollars spent. This goes back of course to the question of better organization for the delivery of services. It should be remembered that the U.S. spends more money and a larger percentage of our GNP for health care than any other nation. But we're not getting full value for our expenditures. For example, we rank 15th among the nation's of the world in infant mortality. That is a shocking fact.

23.Q. The cost of hospital care in particular is skyrocketing. Would your national health insurance plan help to level off such costs? If so, how?

A. The health insurance plans which are in existence today have grown up piecemeal. The need for insurance has always been expressed most strongly with regard to coverage of charges made by high cost components of the medical "system." This, in turn, has increased demand for hospitalization and exerted

pressures on surgeons' fees and in-hospital physicians' visits. Limited entry into the "system" has resulted for new and innovative services and methods of treatment. The present insurance plans have helped to make preventive care almost a lost art. We spend over \$53 billion annually for health purposes, but only \$3 billion is being spent for all types of preventive medicine. Increased stress on prevention, elimination of economic and other barriers to early diagnosis and treatment, introduction of more effective controls on hospital utilization, payment for appropriate alternative care in place of hospitals, like nursing home and home health services -- these measures can and should hold down health care costs.

24.Q. Would such a plan improve patient care? If so, how?

A. I would expect it would -- through removal of economic barriers to preventive services and early and appropriate diagnosis and treatment, through making the great talents of specialists available to a broader range of patients, through encouraging fuller use of mental health services when required, through paying for and thus stimulating use of the full range of rehabilitation services. These are only a few of the ways in which the physician and all other members of the health team would be encouraged to practice the kind of medicine of which they are capable and which the patient requires. National health insurance would be a great boon for quality of care.

25.Q. You have strongly advocated the extension of prepaid group practice. Do you see your proposed national health insurance plan as a means of extending such practice. If so, why is this desirable?

- A. I think national health insurance could and should encourage the extension of organized, prepaid patient care. I think it should encourage experimentation in new arrangements -- new types of organizations of physicians and other providers of services, providing comprehensive personal health services on a prepaid basis. We live in the space age. Yet we are travelling in a Model T economic vehicle with respect to the organization of health care. We are subsidizing waste and inefficiency in our present "system" for the delivery of health services. Yet, prepaid group practice plans have clearly demonstrated their ability to provide high quality care in an efficient and economic manner. The studies of the experience of 7 $\frac{1}{2}$ million government employees and their families over a period of years show the prepaid group practice plans to have a 55 percent lower hospital utilization rate than the average of all Blue Cross-Blue Shield plans and a 57 percent lower hospital utilization rate for the commercial indemnity insurance plans. The experience of the Community Health Association in Detroit is much the same with a 46 percent lower hospital utilization rate than Michigan Blue Cross-Blue Shield.
- 26.Q. I have read that the Community Health Association -- the UAW's own prepayment plan -- has 78,000 members all in the Detroit area. Yet, as I understand, the plan expected to sign up 400,000 members in the Detroit area; plus millions nationwide. Is this correct? If so, what happened?
- A. First of all, you should know that the Community Health Association is not the UAW's own prepayment plan. It is a community based organization, with a community based program and a community board of directors. Of the 17 members of the board, only 7 are either directly or indirectly identified

with the UAW. The others are all representatives of the community, representing the academic, the business, the professional as well as the consumer elements of the community. Next you should know that CHA enrollment has increased from just over 2000 members in 1961 to now over 78,000, as you indicate. The growth has been steady and unbroken. I don't know where you got the 400,000 or the millions figures, though prepaid group practice plans in this country have grown to the point where they have several million members. We never anticipated that CHA alone would grow to that size, even though we expect organized prepaid patient care to be a major component of health delivery of the future.

- 27.Q. Britian has a national health insurance plan that has proved frustrating to many patients and physicians. Would the plan you envision be an improvement on the British system? If so, in what ways?
- A. Let me make it abundantly clear: we are talking about nationwide health insurance as a means of helping to improve America's health services. Every industrialized nation except the United States has either a national health insurance program or a national health service to provide medical care to large segments of their populations. Britain has a national health service. In America, we do not need to imitate all or any of the existing programs as "how-to-do-it" models. But we do need, most urgently, in view of the health status deficiencies in America, to bring to bear our own talent and resourcefulness to effect a program that will truly serve the needs of all of our people.
- 28.Q. Quite a few U.S. physicians are fearful of "socialized medicine." Need they have any fears that your national health insurance plan would fall in that category?

A. National health insurance is not "socialized" medicine though that is one of the scare words that will be used. The same kind of propoganda to create unreasoned, unfounded fear will be directed against national health insurance as was directed against Social Security more than 30 years ago and Medicare more recently. "Socialized medicine" means government ownership of the hospitals and other health facilities. It implies that physicians work for the government. We are not proposing this. We are proposing a nationwide insurance program -- a public system of enrollment, of financing, of acquisition of rights to the services that may be made available. But those services would continue to be provided by physicians and other private individuals, and by the private hospital system of this country. The very idea that there is even a threat of "socialized medicine" in what we are doing is out of the question. Indeed, national health insurance could be the last chance of avoiding "socialized medicine."

29.Q. Mr. Reuther, you obviously are convinced that a national health insurance plan is on the way in the United States. Would you care to estimate how long it will take to get here?

A. I believe the time is right for such a program and the American people want it. We are under no illusion that the task will be easy. But we are determined to see it through and to get the job done. The health care crisis is growing more serious each day. National health insurance will come sooner rather than later.

Reuther's strategy for a health-care revolution

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Reuther's strategy for a health-care revolution

By John Carlova

Senior editor, MEDICAL ECONOMICS

Slowly but forcefully, a movement to change the way most physicians practice in the United States is gaining momentum. Its leaders are a powerful group headed by Walter P. Reuther, president of the United Automobile Workers. Several months ago Reuther announced the formation of the Committee of 100 for National Health Insurance. Although the announcement was well publicized, many physicians greeted it with a massive yawn. Their indifference was based on three assumptions:

1. That this was just another national health insurance proposal, probably no different from others that have been tossed unsuccessfully into the Congressional hopper periodically since the early 1940s.

2. That Reuther didn't really think he could put over his plan and was making the gesture for personal or union reasons.

3. That, since the Nixon Administration has rejected the idea of national health insur-

ance, the political climate isn't right for such a program.

The first two assumptions were wrong, and the third is misleading. After thorough investigation, I found that Reuther's proposal is a well-planned, carefully paced project that envisions not only new means to finance health care, but a reorganization of the way that care is delivered. Far from making the proposal as an empty gesture, Reuther has assembled a highly competent staff to work out a detailed national health insurance program and a potent political organization with strong representation from both major parties to push it through Congress.

As for the climate in Washington not being right, Reuther apparently isn't aiming for victory this year, or the next, or the one after that. He appears to be looking beyond Nixon to a new man in the White House, possibly a Republican like Senator Charles Percy, who has expressed interest in national

health insurance, or a Democrat such as Senator Edward M. Kennedy, who has already made clear his feelings by joining Reuther's committee. What's more, with growing agreement that health care is a right rather than a privilege, the pressures on Congress to make adequate health services available to all—regardless of ability to pay—are going to increase tremendously in the next few years.

In brief, then, here's the way Reuther's grand strategy for a health-care revolution seems to shape up: He sees 1972 as the year to clinch enactment of his plan. Some Nixon stumbles between now and 1972—or a lack of action on the legislative front—could well bring a new, liberal-minded man to the White House. By that time, too, there's apt to be general satisfaction with Medicare and intense dissatisfaction with Medicaid, laying the groundwork for a Medicare-type program for everyone—that is, what will amount to a

national health insurance plan.

This appraisal is based on extensive interviews I had with leading health-care planners and administrators. I also went to knowledgeable physicians, to present and former aides who have helped Reuther to prepare health programs, to veteran "Reuther watchers," and to Reuther himself for the answers to these questions:

What makes a labor leader think he can initiate a national health-care program? In Europe, where substantially all countries have national health insurance programs of one form or another, labor has traditionally been the motivating force in getting such plans on the law books. "Even when the sponsorship appeared to come from the government, the pressure really sprang from the labor movement," points out Professor I. S. Falk, who lectures on medical care at Yale. "Some pioneer systems, like the German program that Bismarck set up in 1883, were attempts to absorb the growing strength of the labor movement."

Professor Falk is probably America's top authority on national health insurance. Back in the 1940s, as chief of the Social Security Administration's Bureau of Research and one of President Truman's advisers on health insurance, Falk helped to draft the original Wagner-Murray-Dingell bill for national

health insurance. Today, venerable but vigorous as he approaches his 70th birthday, he heads a group of experts who are working out the details of Reuther's national health insurance plan.

The plan, according to Falk, will be aimed at developing "a better organization of health-care services so as to make them more readily available to the public and to lend themselves more effectively to comprehensive prepayment."

Significantly, the Reuther planners are working slowly and carefully. They'll probably be on the job for a year or so. This, of course, would enable Reuther to come up with all the refinements of his plan at just the right time to start building public support—say, in 1970, leading up to the Presidential campaign in 1972.

Why does Reuther think his plan would be better than private insurance, the Blues, and Medicare-Medicaid? This question is pertinent because (a) Reuther has for more than 20 years used and, through the powerful bargaining power of the U.A.W., improved Blue Shield-Blue Cross in Michigan, and (b) he exerted a strong influence on the shaping of Medicare.

Responding to the question, the labor leader says: "In the light of the health-care crisis that we face, it becomes increasingly clear that the limitations of Blue Cross-Blue Shield prevent them

from accomplishing the job that needs to be done. They can't provide universal coverage, they're incapable of controlling costs, and—on the Blue Shield side particularly—they've been unable to do much about safeguarding quality of care, much less improving it. Most important, the Blue plans are incapable of using their economic leverage to improve organization for the delivery of medical care. Without change in the delivery system, it won't be possible to fulfill the right of the American people to adequate health care."

Private insurance has demonstrably failed, Reuther contends, because "after 20 years of major effort, 30,000,000 Americans aren't being reached by health insurance—and they're the people who need it most."

Wasn't Medicaid enacted for this reason? Yes, says Reuther, but that program has failed, too. Though he's favorable to Medicare—and, in fact, expects it would be integrated into his plan for national health insurance—he dismisses Medicaid as "means test medicine" and a "mess."

The breakdown of Medicaid, in fact, is viewed by one leading health care planner as the trigger that may produce popular and legislative support for Reuther's plan for national health insurance. "We're in a very serious bind with Medicaid," says Jerome Pollack, professor of the

economics of medical care at Harvard Medical School. "The cutbacks and general retreat of Medicaid may spur action for universal health insurance."

Pollack, who was formerly associated with the U.A.W. and helped to set up welfare programs for the union, considers Reuther a "very knowledgeable" health-care planner and a "formidable man" in this field. Pollack also thinks the labor leader has picked the right time to get going on a national health insurance plan because "the cost of health care is now so high that universal coverage is a necessity." Another planner adds that "the machinery of private insurance is creaking and groaning."

That machinery may be groaning, but John C. McCabe, president of Michigan Medical Service (Blue Shield), thinks it will hold up. "Our problem," he explains, "is that government programs have created increased demand for medical care, forcing costs up." McCabe, who's had many a hard bargaining session with the U.A.W., views Reuther as "a very able man. I have nothing but the highest respect for him." As for the labor leader's health insurance plan, McCabe feels it hasn't a chance of being enacted in the near future, although "it's a strong possibility later on. That possibility will heighten the pressure on those of us who feel we'd rather

do what has to be done without government involvement."

How might Reuther's proposal change the practice of medicine? It's no secret that the labor leader strongly favors prepaid group practice. His interest goes back to World War II when, because wages were frozen, he concentrated on obtaining welfare benefits for U.A.W. members.

"He became tremendously interested in the Health Insurance Plan of New York and the Kaiser plan in California," recalls H.I.P. President James Brindle, former head of the U.A.W.'s Social Security Department. "He had me make intensive surveys of such plans, and he studied them himself. That's the way Reuther works—he's an extremely intelligent guy who doesn't pop off without knowing what he's talking about. Eventually he became convinced that prepayment plans were not only a way to finance health-care delivery, but a means to organize it efficiently. That's the basis of his thinking on national health insurance; he wants to change the present delivery system because he recognizes that the more money you pump into a disorganized system, such as we have, the more inflation you're going to get."

Reuther's interest in prepayment eventually led to discussions for a Detroit plan. The prospects of success seemed dim;

the city had relatively few doctors in group practice at that time, and organized medicine was hostile to the proposal because it involved salaried practice. However, the red-headed labor leader has a genius for getting what he wants. By bringing medical leaders together and emphasizing that he was primarily interested in improving the quality of health care, he finally lined up enough physicians for his plan, the Community Health Association. It got under way in 1961 with about 2,000 members, and today it has more than 78,000.

That's a far cry from the 400,000 members prophesied in 1963 by Dr. Frederick D. Mott, then executive director of C.H.A. However, it's only fair to mention that Reuther refused to force the plan down the throats of auto workers. Each was free to choose either C.H.A. or its competition, and many chose the Blues. Under national health insurance, however, Reuther anticipates that C.H.A. and other prepayment plans "would grow even more rapidly. I believe national health insurance should incorporate incentives to encourage such growth."

This, Reuther insists, doesn't necessarily mean that all doctors would wind up in salaried group practice. "I expect they'd be paid in a variety of ways, as they are now," he says. "And patients

would have a free choice of physicians or health-care plans.”

Joining the over-all national health insurance program, however, would be compulsory for all. Costs for care, says Reuther, “would be met by contributions from employer-employee groups, from general government revenues, and from appropriate government agencies for the poor and marginally employed.”

Would practicing physicians have to work within the plan? “I should think they’d want to participate, just as they participate in Medicare,” Reuther says. “After all, it’s in their own interests.” He lists four ways in which a national health insurance program would benefit doctors: (1) Their present heavy workloads could be significantly lightened through more efficient organization of the health-care delivery system. In other words, bringing more and better planning, technology, and professional aides into the field would help the doctor to keep up with the demand for health care. “Let me emphasize, however,” adds Reuther, “that the doctor would always be in charge.” (2) Physicians would have more time for rest, relaxation, and continuing education. (3) Increased group practice would largely release physicians from the harassment of non-medical distractions. (4) A universal health insurance system would alleviate the paper-work

barrage from the 1,785 different health insurance carriers, each with varying conditions of eligibility and coverage.

Will Reuther’s strategy work? That depends on a number of factors. All the experts I consulted agree that if the cost of medical care continues to outsoar the Consumer Price Index, if doctors remain a target for criticism, if Medicaid’s maladies grow worse, if the public intensifies its protests against the high costs of health care and Congress reacts with more and deeper probes into their causes, then the chances of national health insurance will increase.

Another potent force may be gathering behind adoption of national health insurance. “Big employers are very much concerned about the fact that they’re not getting any increased production for the billions of dollars they’re pouring into health-care programs,” reports Prof. Harry Becker, a planner in the Department of Community Health at the Albert Einstein College of Medicine. “Industry is stuck with the built-in escalating costs of voluntary health insurance. Big employers feel that it’s going to require action by Congress and Federal agencies to establish the means for more efficient health-care delivery. So, while the unions are pressing for national health insurance to enable employees to stabilize eco-

nomic gains on the cost-of-living side, the employers want to escape from the inflation that’s becoming more and more burdensome in health-care programs.”

The current “social revolution” may also give Reuther’s plan a boost. Dr. Leonard S. Rosenfeld, director of the Division of Medical Services in the Health and Hospital Planning Council of Southern New York, says: “We’re in serious trouble, nationally and locally, on health-care policies. The concern over inadequacies in our health-care system is boiling up rapidly, and social militants may well add it to their list of protests.” Rosenfeld, who thinks Reuther’s proposal is “on the beam,” adds that “a lot depends on what happens in the cities this summer.”

A lot depends, too, on the stance that physicians take toward the Reuther proposal, a fact that the U.A.W. chief well realizes. Michael E. DeBakey, the distinguished heart surgeon, is vice chairman of the Committee of 100 for National Health Insurance and, Reuther says, “There are at present more practicing physicians on the committee than members of any other profession or calling.”

The labor leader elaborates on his feelings about doctors and organized medicine in the following somewhat dramatic statement: “I have great respect for the competence, education,

and commitment of people in the medical profession, many of whom I've had the privilege of knowing personally. In 1948 I was shot through the window of my home with a double-barreled shotgun. I was torn to pieces. Some very fine, wonderful, competent doctors labored over me all night long. I shall forever be grateful for what they did because they saved my life and made me whole. Overwhelmingly, people in the medical profession have the same kind of motivation these doctors demonstrated. Unfortunately, however, the voice of organized medicine—like the voice of backward sections of organized labor—hasn't been characterized by enthusiasm for social change."

As for practicing physicians themselves, many are too busy to be concerned about what Reuther is trying to do. Even in Michigan, the U.A.W. chief's home state, "there's not been too

much discussion about his national health insurance plan," says Dr. Robert J. Mason, president-elect of the Michigan State Medical Society. Why? "Because there are too many other problems, particularly government health-care planners who are making promises about services they're not in a position to deliver. Where are the men, money, and facilities to come from for all these extensive new plans? How are we going to get all this and not wreck our established institutions?"

Some of the established institutions in medicine, more than a few doctors feel, should be changed or discarded. Dr. Robert H. Ebert, dean of the Harvard Medical School, describes private practice as "one of the last of the pushcart industries." Other doctors, sensing the importance of the growing trend toward national health insurance, are keeping an eye on de-

velopments. "I think most physicians would favor the idea that all of our citizens should have health-care protection," observes Dr. William C. Felch, a trustee of the American Society of Internal Medicine. "Of course, to obtain the backing of doctors, the concept of universal health insurance would have to be carefully defined. The rights of both patient and physician would have to be protected." Reuther's plan for national health insurance, Felch feels, has "more muscle" than other proposals, and he gives it a "50-50 chance" of succeeding.

Reuther himself is more confident. He predicts his plan will become law "sooner rather than later. The American people want it, and the health-care crisis is growing more serious each day. Something has to be done soon—and our Committee for National Health Insurance is determined to do it."

DEC 10 1968

THE CIVIL RIGHTS DOCUMENTATION PROJECT
1527 NEW HAMPSHIRE AVENUE, N.W.
WASHINGTON, D. C. 20036

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(AC 202) 232-4883
232-7023

December 6, 1968

*Interview
Detroit*

Mr. Walter P. Reuther, President
Congress Industrial Organizations
Solidarity House
8000 East Jefferson Street
Detroit, Michigan

Dear Mr. President:

The Civil Rights Documentation Project is an oral history project whose primary purpose is to develop a sizeable body of knowledge with respect to the civil rights struggle that will be relevant to scholars, and other serious researchers in their future attempts to collect accurate information about the widely varied efforts in behalf of human rights.

The Project is sponsored by The Fund for the Advancement of Education for a two-year period, ending on April 30, 1969. The Project operates under the policy direction of a committee of which Dr. Ralph J. Bunche is chairman. Other members of the policy committee are: Mr. Frank Bowles, President of the Fund; Professor Sidney Forman, Librarian, Teachers College, Columbia University; Professor John Hope Franklin, Chairman, Department of History, University of Chicago; Dr. Margaret Mead, the American Museum of Natural History; Mr. C.A. McKnight, Editor, The Charlotte Observer; Professor Benjamin Quarles, Morgan State College, and Dr. Stephen Wright, President, the United Negro College Fund, Inc.

All of our research, our reading, and our conversation with those in the civil rights field whom we respect, suggest to us that you are among the persons in the nation we must talk with if our oral history collection is to be a competent research tool. Thus, we write to you to request at least an hour--perhaps more, perhaps less--of your time so that we might tape record an interview with you concerning the civil rights activities you have been engaged in.

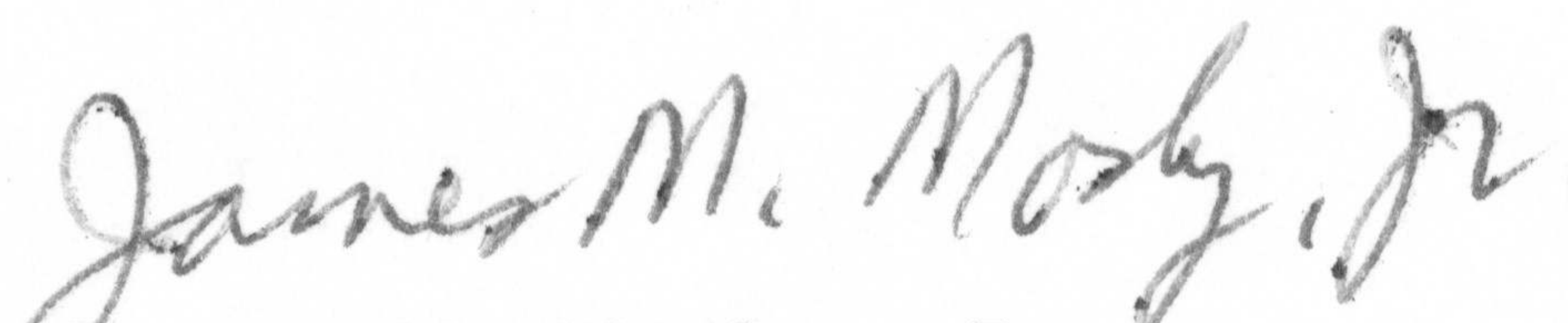
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4 PM*

We are already engaged in interviewing many of the national and local leaders who have played prominent roles in civil rights, and related activities throughout the nation. Thus far, we have received maximum cooperation from those persons who seem to realize the importance of such a documentary history.

The interviews we gather on tape will be transcribed. At the end of the project, the records of the interviews will be deposited at a major American center of higher learning. The manuscripts will be made available at the repository to scholars and others engaged in serious research, but strictly according to the conditions for their use agreed upon in advance by the person interviewed. You will, of course, have an opportunity to review the transcript of your interview before you release it to the Project. A copy of the transcript will also be given to you for your personal files.

Please notify us as soon as possible with your response to our request for an interview. Thank you.

Sincerely yours,



James M. Mosby, Jr.
Staff Associate

JMM/cyr

February 19, 1969

Dear Jeff:

Thank you for your kind note and the copy of your report on our interview.

It is always good to have the opportunity to visit with one's neighbors and I very much enjoyed visiting with you.

I send my warmest best wishes.

Sincerely,

WPR:ob
opeiu 42

Mr. Jeff Saltarella
Gunn Road at Ella Mae
Rochester, Michigan 48063

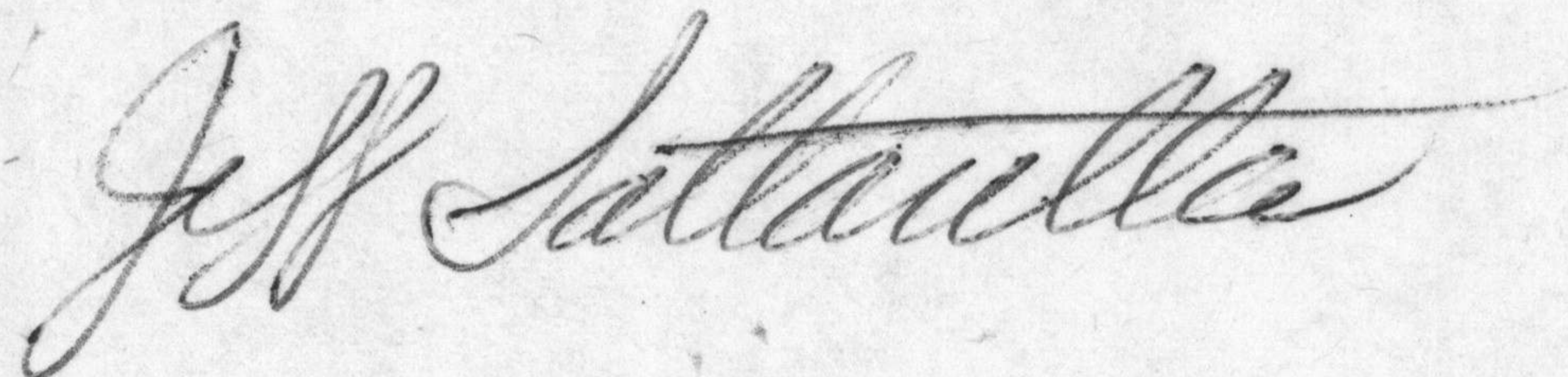
Dear Mr. Reuther:

I wish herein to thank you for granting me my interview. It was very interesting and exciting to meet you; I shall never forget this experience.

I also wish to thank you for your book. Many of your historical encounters and speeches were fascinating. I enjoyed reading it immensely.

Enclosed is a copy of the write-up I gave your interview, as I promised. I'm sorry it took me so long to send it, but I couldn't spare the time to type it during mid-term exams. I certainly hope you enjoy reading it as much as I did writing it. Again, thank you very much.

Jeff Saltarella

A handwritten signature in cursive script that reads "Jeff Saltarella". The signature is written in dark ink and is positioned below the typed name.

*Xmas Holiday
Dec 1968*

It is terribly difficult to be optimistic when examining the problems of this country, yet Walter Reuther very positively and sensibly discusses these problems. Mr. Reuther emphatically defends the young generation whenever problems created and/or faced by the young are brought up.

"The young people of today are as fine a group of people as we have ever seen. Young people should always ask difficult questions; this is both understandable and desirable."

In the words of Mr. Reuther, the youth of today are "a pretty fine bunch of youngsters in a deeply troubled world. They look at society's moral--the brotherhood of man--and ask 'Is the older generation hypocritical? Is the world hypocritical?'"

However, Mr. Reuther does not consider this to be the cause of the generation gap. Instead, Mr. Reuther believes that "it is very difficult for an adult to understand the youth...not so much because there are ideological differences, but because there there are technological advancements."

Mr. Reuther explained, "We will make more progress in twenty-five years at the present rate of progress than in 25 hundred years at the rate

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of several years ago. The world is 'speeding up' and the young people feel that they are being replaced by machines."

Mr. Reuther feels that the reason behind this technological boom is "simply that today there are, in the world, 95% of all the scientists that have ever existed. This fact indicates that the technological boom has just started!"

The future of the generation gap is, in the opinion of Mr. Reuther, "it will get bigger. The generation after this one will be even more difficult to understand."

Mr. Reuther remarked that "we must improve the communication between groups. The young and the old must learn to understand each other... but we cannot have effective communication unless everyone makes an effort to see problems through the other side's eyes. Communication is the capability of understanding others, even though you don't agree---and we have not been communicating."

One remedy for the communication-generation gap is bringing the two sides together. Mr. Reuther suggested that "the student...have a mechanism, either a student union or a student council, to afford them an opportunity to participate in a meaningful way in the process of discussing and creating their laws.

"The degree and kind of participation should vary by circumstance—a high school student, for example, is less capable of self-government than a university student," declared Mr. Reuther.

"Each level of student in every grade really should participate in some way."

The ideal student voice, in the opinion of Mr. Reuther, would be as powerful as, but not separate from, the administration's. Mr. Reuther feels that "no one group (including the faculty, the student body, and administration) can do the job of running the educational institute alone. All three groups must work together; in some issues one group should be given more voice than the others two, but the groups must work together--and thereby increase communication. This relationship would have to be a dynamic relationship, not a static. The groups would then would work together with common aims, and each would have a meaningful voice in government."

But Mr. Reuther believes also that the young people should also participate in political government; already, he feels, they have made an impact upon politics. "Politics are, more and more, turning to the young generation. In this latest election, the young people went out and really supported their own candidate. Much encouragement is

coming to the young through politics."

In fact, Mr. Reuther feels that today's youth will have tremendous impact upon virtually "every aspect of human society." Working as much as he possibly can with the young generation, Mr. Reuther sees in them the dynamic force of the world of tomorrow.

Mr. Reuther sees a future more complex, more perplexing in every way than our world; he sees new, more perplexing problems arising; but, as always, he looks optimistically and positively to the future: "The youth of America shall apply themselves to the solving of these problems. America must not be divided between young and old, or any other way; because we can overcome these, our problems!"

This is the entire manuscript of my interview with Mr. Walter Reuther; no portions shall be reprinted without his express permission.

Hand
Book ✓

Dear Mr. Keuther:

In my journalism class at Rochester High School, it is required as a semester exam to interview a prominent Rochester personality. I would sincerely enjoy the pleasure of interviewing you.

I understand, through mutual acquaintances, that a member of your household has been stricken with the flu, and I offer my sincere condolences. However, it is urgent that the interview take place within the ^{1st} week of January (December 30 - January 3).

It is possible for me to see you at any time during the first three days and after 2:30 upon the second. I live directly across from your house on Gunn Road, therefore transportation is no problem.

If accepted, the interview will deal with high school and/or college affairs, and, more specifically, student unions. The interview would probably not take more than one hour, and will not be published by any periodical without your signed approval. The first copy of the interview will be sent to your house for your perusal.

Thank you very much for your time,

Sincerely yours,

Jeff Sallatulla
1759 Gunn Road
(phone OL 1-0990)

(P.S. - I talk much clearer than I write)

Student - Union -

Union - normal sense - { association to deal with
problem - ~~union~~ -
employee - Employer relations

Students - need council - some structure or mechanism
afford opportunity to participate.

meaningful way = ~~decide~~ discuss + shape
decisions that affect their lives

→ degree of participation -
hands, discuss - show meaning
way - with circumstances

in school - participate - more broad - Union.

→ Faculty, administration part of people

Education institution
try - informed - computerized

individual - important - less in mass