
Interview: Dr. John Bigelow

Free-Market Health Care Is 'Freedom To Skin People'

Dr. John Bigelow is a nuclear chemical engineer, based in Oak Ridge, Tennessee. His life work has involved analyzing and making radioisotopes, using one of the world's finest high-flux nuclear reactors. At the same time, he has been active in civic activities, such as Boy Scouts and health care, for which he has received recognition, including a 1983 community service award from Union Carbide, over the years. From 1974 to 1985, he was active in county and regional health care improvement efforts, during the last years of the "Hill-Burton" impetus to provide facilities and treatment for all. Dr. Bigelow was interviewed on May 9, by Marcia Merry Baker, about this experience.

EIR: There are about 3,070 some counties in the United States, and after the 1946 Hill-Burton Act, the "Hospital Construction Act," there was a joint local, Federal, and state effort to look at needs, determine priorities, and do something about medical care. Could you describe your involvement in this?

Bigelow: There was a center, which consisted of several counties, and a metropolitan area represented by Knoxville, including about 16 counties, stretching out on all sides. It included Anderson County, where I lived. The various metropolitan areas were determined by the Census Bureau, and they were used for various purposes by the government. The Health Council of Knoxville area was called the East Tennessee Health Improvement Council, ETHIC. I don't know exactly when it was founded, but I came along in May 1976. At that time, I was appointed as the Anderson County Consumer Representative.

EIR: That was right around the time that the Hill-Burton effort was phased out.

Bigelow: My first contact with the Anderson County Health Council was in 1974. I became chairman of the Alcohol and Drug Abuse Committee for the Health Council in the fall of 1974, then president in 1977. They are the ones that sent me to Knoxville to represent Anderson County in ETHIC, in 1976. I was on the ETHIC Plan Development and Implementation Committee, and they made me chairman for the 1978-79 season. The county reappointed me in July 1982. In 1983, they made me president-elect, and in 1984, president. In spring 1985, they gave me another plaque, and in my recollection, that was basically the end of the road for the Health Council.

EIR: There was no longer community input?

Bigelow: Not by this Council, that consisted of representatives from different backgrounds in the community. It was ended in 1985. The state organization that gave the licenses, the Health Facilities Commission, said, "Forget it. We don't need you any more," or something to that effect. And the Council disbanded.

EIR: It happened nationally, too. During its existence, was the Council involved in determining basic ratios of beds per thousand people, or availability of different kinds of diagnostics and other things?

Bigelow: Well, yes and no. We were kind of given the beds-per-thousand-people ratio. Although, we complained about it. I didn't think it was right and appropriate for all cases.

EIR: Too high or too low?

Bigelow: I was thinking it was a little low. There were different views. There were discussions about that, including how we could change the system. But I don't recall that we actually accomplished anything along that line. They would only license a certain number of beds for a given facility, and this apparently didn't take into account the fact that people coming from more remote areas, who were usually in poorer health than the people within the area, would have to use those facilities because there weren't any in the remote areas. They might have to stay a little longer—they couldn't commute, and things like that.

EIR: That was written into the original 1946 Hill-Burton Act that rural areas needed a higher ratio.

Bigelow: I think for good reason. I don't think there was much contention within ETHIC, but we didn't seem to be talking to people who were listening. The licensing was coming from the state level. There was a difference among the state and county and regional levels.

EIR: How did ETHIC work?

Bigelow: There were different kinds of people on the Council. It was a representative organization. They did consider our proposals for people in the 16-county area. A lot of them had to do with retirement homes, or nursing homes. One, in particular, was a facility that was being proposed for juvenile delinquents, which entailed boarding them at a school, under very close supervision, and yet still trying to provide some sort of education for them.

EIR: Did your Council take up demographic needs? The disabled? Rural and urban? Impoverished?

Bigelow: We definitely had rural communities. At that time, the emphasis was on either taking aid to the rural community, or providing transportation—at least with public transportation, making accessible larger facilities in or near Knoxville.

EIR: So, it was a matter of making care available?

Bigelow: Yes, definitely. In fact, the Anderson County

Health Council was one of similar units, and I think probably the most active one of any unit within the East Tennessee region. One of the things that was done there, was to encourage a local person—he was on the Council, and his name was Byrd Duncan. He was really kind of a local fixture, and he was impressed by the effort, and using his own effort, and some of his own money, he established an outpost in a trailer, in a rural community.

EIR: So, there was innovation and philanthropy.

Bigelow: Yes. Then, doctors from Oak Ridge would go out there to his trailer about once a week. There would probably be a nurse who would go there more often. So, the trailer was a place to meet patients and examine them, and write prescriptions. But the medical staff was primarily furnished either from Clinton, the county seat, or Oak Ridge.

EIR: Do you remember some of the kinds of diseases and conditions that your Council had to deal with?

Bigelow: Yes. A slightly different project, was to deal with the dental care of people. They set up a project involving mothers, as volunteers, and they trained them to some extent in what to look for. They went to various schools and examined the children. They found that the teeth in the county were very bad. So, the Public Health Department set up a dental office in Clinton, and various people volunteered for transportation to bring the worst cases where they could get professional dental care.

EIR: Did you ever deal with recommending a clinic, or a new hospital wing, or new bassinet unit, or something that then would look for state or Federal funding?

Bigelow: My personal interest at the time was in alcohol and drug abuse. We had a committee of the Health Council. We did work to find out what services were being provided for persons in this category and try to disseminate that information. For example, in Oak Ridge, there was a help-line, called “Contact.” It’s an international effort. They try to man the telephone line 24 hours a day. People who are desperate and don’t know what else to do, call in, and they have at their finger-tips information as to where the person should go. Or maybe, they just give them a pep talk, or some means of moral support. There were two or three professionals as part of the Contact program. And if it appeared necessary, they would call a professional and have them contact the person that called. That was not really considered part of the health program, because it was really more mental health, than health. Although there were certainly some people who were just plain sick, and didn’t know what to do.

One other thing: When I was president of ETHIC for one year, we’d had some hearings. And I said at the hearing, “Here are these people who are in dire need, and you’ve got empty rooms in your hospital. Can’t you develop some sort of program for treating these individuals to the point where they

could go to a halfway house, or something?” Some took affront, but about six months later, they did institute such a program, in 1985. Unfortunately, it didn’t last more than a year or two. For what reason, I know not.

EIR: One thing that comes up today, is, “Who’s going to pay,” if you want to expand care to all who need it? In the past, bills were met, there were ways found to pay. What about your experience?

Bigelow: The success of the dental clinic rested very heavily on Jeannie Bertram [of the Council], who rounded up, and twisted the arms of people, for example, the dentists, to provide dental care, and some other citizens, to provide the money to get a second-hand dental chair and have it installed. She was very much a go-getter, and that’s why the Health Council kept her for 30 years.

EIR: When you came in, there were different needs—urban, the rural hollows, etc. Are they being met today?

Bigelow: That is a subject that was pretty much swept under the rug, after that. I think that Jeannie Bertram in the Anderson County Health Council still provides screening for eye-glasses and teeth, and assists the county health department in providing dental care. Otherwise, she’s watching out, if possible, mostly in the way of preventive maintenance for health care. If you really get sick, then you have to go to the hospital. And if you are real sick, I think they’ll take you in an ambulance. All of which costs a lot of money. This ambulance is operated by the Anderson County Rescue Squad, which goes around and requests contributions periodically. So, I think that, as far as I’ve heard, rural people are getting medical treatment—maybe not in all cases.

EIR: What is your evaluation of the Hill-Burton approach for meeting needs, compared to today?

Bigelow: I think that that idea was a really good one. And I was very sorry to see it thrown out the window. . . . The salary was terminated for the paid administrator of ETHIC. If we had had a person there who could have served as the nucleus, I think we would have continued to keep trying to influence the Health Facilities Commission. But in 1985, that was the end. Also, “the beginning.”

EIR: Yes, it was said to be the beginning of “free-market” health care.

Bigelow: That’s crazy. It is out and out crazy. The free market is not a situation where you consider the general welfare, that’s for sure. The “free market” means that you are free to skin anybody you can. So, I do not advocate a free market. On the other hand, I don’t advocate Soviet-style control either. There must be a happy medium, and I thought that the provisions of the Hill-Burton Act that organized local communities into discovering their own needs, were great. We need to go back to that.