

MEDICINE: CIVILIAN AND MILITARY

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About two and a half years ago a Bulletin editorial dealing with the pitfalls of socialized medicine suggested that there was a resemblance between government-controlled medicine as practiced in socialistic countries and the government-controlled medicine of our country's armed services. The article stated that under any plan of government control there is a necessity for regulation and organization, with emphasis placed on overall care of the mass instead of the individual; that both doctors and patients under any such system eventually adjust and must learn to accept bureaucracy regimentation and paperwork. These observations, along with the observation that doctors have been known to develop frustration and often a progressive loss of interest during their tours on active duty, brought forth a few indirect but huffily indignant responses from the commanding higher ups at nearby Fort Banning Army Hospital, who somehow felt that the integrity of Army medicine was being questioned.

The relationship between civilian medicine in the Columbus area and the military medicine at Fort Banning is a long-standing one involving primarily the care of military dependents. The association has weathered some forty years now in general good fashion. There have been years, of extremely close cooperation between the two groups; and there have been years when the groups have drifted apart and kept to their own backyards. At one particular time it may be the pediatricians in both groups who are the closest of buddies, while the surgeons are hardly acquainted: at another time the situation may be reversed, or then it is the turn of the obstetricians, or internists or orthopedists. The steady growth in size of both Columbus and Fort Benning has tended to make close association more difficult. although the intentions on both sides are always good. The waxing and waning of the relationship also is directly tied to the inevitable change and reassignment of medical personnel at Benning, and to the passiveness and inertia of the doctors in town.

Two such groups arbitrarily separated and isolated by the circumstances of their work and their environments, should expect to have occasional moments of friction. Actually, very few have occurred, and most of these have been minor in nature. There will always be instances, where legitimate criticisms exist about the way this patient was handled by the Army, or that patient was treated in town. There will always be instances where the criticisms by either group are unwarranted. It is easy for the civilian doctor to say, to a dissatisfied patient, "Well, what can you expect from the Army?" or to agree, after listening to some outlandish tale, when the patient says: "I'll never let one of those Army doctors touch me again." It is just as easy for the Army doctor, after an equally outlandish story, to comment that the case was mishandled in town, or to remark, "I can't

understand why that civilian doctor didn't take any X-rays". It is alarmingly easy to generalize from isolated instances; to say that Army medicine is poor, that civilian medicine is sloppy. It should be remembered that the volumes of patients seen daily in the civilian community and on the Post are tremendous. For each single "mishandled", dissatisfied patient, there are hundreds of silent, tolerant and satisfied ones.

From our own civilian point of view, we still have some reservations about medicine in the armed services, but they are general ones and not local, and ones that we feel are inevitable to any medicine that must be practiced under government directive. Since almost eighty percent of the practicing physicians in Columbus have served as doctors in the military services (and a goodly number of them at Benning), we should be pardoned if we sometimes feel that the civilian physician is often in a better position to be critical of military medicine than is the military physician to be critical of civilian practice. We are sure too that a statement such as the preceding one can raise the hackles of the dedicated career physician in government service; although it is likely to be understood by most of those "army doctors" whose service connection is temporary. But then we have had it both ways; we feel we know generally the problems in military medicine, we are not always sure that the military knows ours.

Nothing is more helpful to groups like ours than closer friendship through frequent meetings and joint programs. Wherever there is communication and familiarity, problems and prejudice: have a way of disappearing. This was brought home to us once almost twenty years ago in a prisoner of war camp where for several months, we lived with other Americans intermingled and in complete harmony with the British. One day the Germans segregated the barracks: the Americans on one end, the British on the other, with the washroom troughs between. Within a week we were "bloody Yanks" and "god dam, Limeys" and at each other's throats.

The annual joint meeting between the Muscogee County Medical Society and the doctors at Benning will be held this month. It is always one of the best meetings of the year. We are hoping that someone will recommend that a second joint meeting between our two groups be held yearly in the spring. And it should be held in town with the County Society as host.