Vaccine's Victims Contemplate Plans For Compensation

By JANE SMITH
Free Press Staff Writer

"It sounds encouraging," said Roger A. Mitiguy of Rutland Tuesday, upon hearing the news that the government will compensate persons injured by the swine flu vaccine nearly two years ago.

The 44-year-old former Proctor High School principal is one of four Vermonters reported to have contracted the Guillain-Barre Syndrome, characterized by temporary and long-term paralysis of the limbs. No deaths were reported in Vermont.

Like 45 million other Americans, Mitiguy was inoculated against swine flu in the fall of 1976. Ten days later he began losing control of his arms and legs.

Today he is no longer bedridden but he has limited use of his limbs. He does not know if he will work again, and his Social Security income is "nowhere near" his former salary, he said.

Mitiguy has a $900,000 negligence suit pending against the vaccine manufacturers — Merck, Sharp and Dohme Orthopaedic Co. Inc. of Delaware — and the federal government.

The Rutland man has no idea yet how much money the government is willing to give him. Consequently he said it was premature to say whether or not he will drop the lawsuit.

"I wouldn't have sued for $900,000 if I didn't feel I had $900,000 worth of damages," he said.

His lawyer, John Welch of Rutland, was in Washington for the day and could not be reached for comment.

An 18-year-old Shelton man still can't walk as a result of the Guillain-Barre Syndrome. And the swine flu shot is believed to be the culprit.

"He's still in a wheelchair," said his mother Tuesday, adding, "It will be two years in November.

"We're hoping it's temporary, but he stays the same," she said, asking not to be identified.

Like Mitiguy, she's hoping for compensation.

Although those who contracted the viral infection will not have to prove government negligence to be compensated, they will have to prove the rare disease was caused by the swine flu vaccine.

At any given time there is an incidence of the syndrome.

"You can get it from having a cold," according to Margo Coolidge, a nurse with the Vermont Health Department, although the chances of its happening are slim, she said.

Mitiguy says he's not bitter. But he believes the government was negligent.

"I think the whole thing was badly managed. The vaccine wasn't properly checked out before they administered it on such a massive basis," he said.

Doctor In The House

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Califano

By Peter H. Goll, M.D.

LAST WEEK, at the invitation of Congressmen Toby Moffett, I attended a "town meeting" on health, education and welfare matters" with HEW Secretary Joseph Califano. The two auditors at the University of Connecticut Health Services Center were jammed with interested citizens, all patiently waiting to hear The Word from the New Moses.

Debonair and self-effacing, the Secretary was confident, articulate, relaxed, and well-informed. After a few introductory remarks about the statistical enormity of his responsibilities, he costily fielded questions from the audience.

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The HEW budget is exceeded only by those of the United States and the USSR. In essence, it is the third largest budget in the world and measures — if I am not mistaken — more than $100 billion. The enormity of this figure was belied by the appearance of the ruddy, well-rested Secretary, who referred to projects costing millions of dollars as though they were penny ante considerations.

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The Secretary indicated that a form of national health insurance would become a reality within the next three years. When I questioned him directly about what he had learned from studying socialized medicine in other countries, he admitted that such national systems would not be appropriate for implementation in the United States. Since we are a "unique" country, we have to find "unique solutions" he had to say was frightening.

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To date the Carter Administration has failed to issue a national health insurance proposal that can be judged either in principle or in practice. And, it seems if some Administration advisers get their way there won't be one for quite a while. That would be a mistake.

Charles L. Schultze, chairman of the Council of Economic Advisers, has written President Carter seeking to discourage him from offering a comprehensive national health insurance plan on grounds that it would be too inflationary and would make even more difficult the President's attempts to fulfill his pledge to balance the federal budget. He maintained further that a full-scale national health insurance plan was not necessary to get federal control over health-care costs.

The problem is that the premises implicit in Schultze's memorandum may be false. First, nobody thinks that a national health care plan, even if enacted next year, could be immediately implemented in total. Kennedy and the labor unions pushing the hardest for a comprehensive plan envision a phasing in of a program that would not even begin until 1982.

Second, Schultze's focus on the effectiveness of a national health insurance program in getting a handle on health costs leaves the implication that such a plan would be primarily an economic measure. In fact, there are other major issues involved. Twelve percent of the nation's population has no access to medical coverage of any kind and millions more are forced to turn to substandard care in overcrowded facilities.

This, in turn, raises another issue addressed in the Schultze memo, his proposal to the President to limit his health-care plans to the provision of coverage for catastrophic illnesses. There is no doubt that for many in the middle-income brackets this would be the most important feature of a national health insurance scheme. But it would hardly meet the problems now faced by those who cannot pay even modest doctors' bills.

None of this is to suggest that the cost implications of a national health insurance program won't be paramount in any debate over it. But the President should get a detailed proposal before the public so that debate can, in fact, occur. Only then can a meaningful public discussion of costs, of administrative procedures, of the appropriate timetable for implementation, of qualitative controls, take place.

And only then could the public really judge whether national health insurance could, in fact, deliver in practice what it offers in principle.