

Letters to the Editor

Re: Learning from inspirational leaders in a time of crisis

I am a physician, retired for some years. In reading Dr Richard Byyny's reflections (*The Pharos*, Winter 2021, pp. 2–7) on inspirational passages and their importance during various periods of his career, it stirred a memory of my own. I was a young internist offered a nursing home floor populated by the moderate functioning elderly. I remember purchasing a small paperback focusing on issues specific to such people: falls, nutrition, polypharmacy, immunizations, depression, managing patient and family expectations, end of life issues and clinical approaches. A small piece of the *Talmud* (Tractate Berachot 8b) became the focus of a discussion amongst a group of us. In translation it stated, "be careful with an elderly scholar who had forgotten his learning, because the tablets and the broken tablets both were placed in the Ark." Rabbinic writings explain that the fractured pieces of stone from the tablets containing the Ten Commandments that Moses broke, as well as the newly carved whole second set of tablets, were both to be accorded an equal amount of honor by being placed beside each other in the Ark of the Covenant. The authors of the Talmudic passage wanted to make clear via analogy that those aged who suffer a decline in the ability of mental retention or perception deserve no less dignity for the loss.

Clearly, this was the spiritual adjunct to my new clinical situation. I copied the passage and placed it near my office desk where it was easily and constantly visible. Lessons learned from a single circumstance, captured in a special phrase, become timeless values when they are generalized. As my career took varying paths, to a specialty, to teaching, and to administration, I found its lessons useful in each new venue.

When such well worded phrases find a home in us—different phrases from different sources according to the individual—they help us mentor, in ourselves and others, the professionalism we all desire.

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Re: Now is the time to enact a U.S. health care system

In the Spring 2021 edition of *The Pharos*, Dr. Byyny posited a tiered universal health care system (pp. 2–7) with a single-payer component comprised of all the programs currently funded by the state and federal government (Medicare, Medicaid, VA, Indian Health, CHIP, etc., and the uninsured) and a private sector comprised

of employer-based health companies and the self-insured. The provider fees for the former group will be set by Medicare and, for the later, by private insurance companies.

As Dr. Byyny points out, 31 percent of health care expenditures are for administration. The vast majority of this is related to high overhead of insurance companies (30 percent), hospitals (25 percent), and provider overhead due to dealing with multiple payers which would change very little under his proposed plan.

The solution is always about the money and who controls it.

Under a true universal single-payer system, there would be one payer and one fee schedule for all providers whether capitated or fee-for-service. All hospitals would be non-profit, and private insurance companies wouldn't exist other than those that would have their billing services contracted to the single-payer. Hospitals would have separate payments for operational and capital expenditures. Pharmaceutical prices would be negotiated by the single-payer. All patients could access any physician or hospital and would have a health card containing all their medical records to be updated with each visit.

Dr. Byyny's proposed National Health Reserve System could be utilized as an organizing and administrative vehicle to provide oversight and coordination at the national level. The transition to such a system is well-documented in the current bills proposed by both the House (HR 1976 U.S. National Healthcare Act) and the Senate (S.1129 Medical for All Act of 2019) for universal single-payer health care.

Let's get started!

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In *The Pharos*, Spring, 2021 editorial Dr. Richard Byyny once again uses COVID-19 to make a case for creating a U.S. health care system. This National Health Organization would entrust our nation's health and economic welfare to career bureaucrats and replace the current federalist approach which relies on elected officials accountable to the local citizenry. Now that's certainly something to ponder. Of course, the COVID-19 calamity was not just national in scope but rather a worldwide pandemic. Well then, perhaps we really need a world health system. Conveniently, we already have a World Health Organization in place. How'd that work out for us?

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Re: The exile of Rudolph Nissen

Dr. Nakayama's brilliant piece on "The exile of Rudolph Nissen" (*The Pharos*, Winter 2021: 6–21) reminds us of the tumultuous years of academic medicine in Nazi Germany and immediately after World War II. Nissen's life is emblematic for thousands of German (and later also Austrian and Eastern European) refugee scientists, professionals, writers, and artists of all stripes who were forced out of their careers. Albert Einstein and the group of German physicists involved with the Manhattan Project are perhaps the best-known examples. Closer to medicine, immigrant physicians like Franz Groedel and Bruno Kisch founded the American College of Cardiology.¹ Over the years, 27 of the group of refugee scientists went on to win the Nobel Prize, 16 of those had found a new home in Britain.² The exodus certainly affected the standing of German science around the world. More than 75 years after the end of WWII, a full account on the impact of this massive loss of scientists is still wanting.

It is perhaps less well-known that the Nazi authorities took a very nuanced approach in the way they treated physicians and scientists. They facilitated the exodus of academics to Turkey,³ and kept Berlin's Jewish Hospital open, even throughout the war,⁴ while the Jewish population was rounded up and died in the Nazi concentration camps.

Paradoxically, other individuals of Jewish ancestry were declared "not Jewish" by the authorities. For instance, it seems puzzling that Otto Warburg remained unharmed by the Nazis.⁵ One of the reasons was that Reichsmarschall Hermann Goering, the second in command after Hitler, ordered a re-examination of Warburg's ancestry, and ruled that Warburg was only a "quarter Jew." As a "quarter Jew," Warburg was not allowed to teach at a university or to hold any higher administrative posts, but he was allowed to continue with the work in his laboratory. Still, when Warburg was awarded his second Nobel Prize in 1944, Hitler's decree forbade him to accept the prize.

According to the book *Hitler's Gift—The True Story of the Scientists Expelled by the Nazi Regime*, by Jean Medawar and David Pyke,⁶ the majority of refugee scientists found a new home in Britain, the British Commonwealth, China, and South America. Nissen's path through Turkey was another path taken at a time before the outbreak of the war, and at a time when the immigration policies of the United States were restrictive. Some of those who made it to the U.S., many arriving in New York and moving West thereafter, expressed disappointment over the shallowness of academic life in America, and, like Nissen, left America again.

Like Nissen, many also turned down attractive offers to head university departments in post-war Germany.

One of them was my medical school teacher in Zürich, Professor Erwin Ackerknecht, an influential member of a small group of largely emigre historians of medicine who professionalized their field in the U.S. Even though, Ackerknecht became dissatisfied with America's business culture and the academic "provincial monotony," in the Midwest, where "grown-up so-called intellectuals, could only talk about ball games."⁷ After the war, Ackerknecht settled in Switzerland rather than in Germany.

Of note is, another group of refugee scientists who left Nazi Germany in solidarity with their academic colleagues, including the pharmacologist Otto Kraye (AQA, Harvard Medical School, 1944), the physicist-turned-biologist Max Delbrück (CalTech), and the anthropologist Heiner Meinhard (University of Newcastle-upon-Tyne). Other prominent scientists, like the biochemist Franz Knoop (University of Tübingen), left academic posts altogether.

In short, the history of German science and medicine in exile has many dimensions and still needs to be written. Dr. Nakayama's piece on Rudolph Nissen gives us reason to reflect today on the lasting effects of *Hitler's gift to the Free World*.

References

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