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A Reformer In Western Oklahoma: The Struggles and Successes of Dr. Michael

Shadid

by Alvena Bieri

Good health care for everyone is a hot subject in the early 1990's as political parties and politicians struggle to come up with a workable plan. With millions of Americans unable to afford health insurance, with babies going unvaccinated against common and preventable diseases, and with middle income people declaring bankruptcy trying to pay for a single, expensive illness, the topic is timely. The life and work of an extraordinary physician who practiced what he called "cooperative medicine" in western Oklahoma in the 1930's and 40's provides a rich study in how excellent health care was delivered to families on low incomes.

His name was Michael Shadid, and his book, Crusading Doctor: My Fight for Cooperative Medicine, one among many he wrote, has recently been re-issued by the University of Oklahoma Press, with a

forward by Ralph Nader. In 1929, Shadid, after 22 years of medical practice in small western Oklahoma towns, started the first cooperative hospital in the United States in Elk City, Oklahoma. Patient owned, it offered an inexpensive prepayment plan which provided comprehensive care, including dentistry. It was staffed by a group of well-qualified physicians, all of whom worked for a salary. Legally, it was a non-profit, non-dividend paying organization. By 1935, the Community Hospital, as it was called, employed several internists, an ear, eye, nose and throat specialist, and the only urologist in western Oklahoma. A group practice, Shadid was fond of pointing out, was the very concept that had made the Mayo Clinic (which, of course, the poor could hardly afford) so successful.

Shadid called himself "the doctor for the people." His anti-elitist, anti-

monopolistic philosophy was one with his concern for the welfare of his patients, especially the farmers of western Oklahoma. "Wholistic" medicine as he practiced and preached it included cost control, prevention of serious health problems by early treatment, expert diagnosis by several doctors conferring together, all resulting in maximum efficiency in delivery of care. He explained, "It is estimated that one-third of the deaths in the United States every year are preventable. But under the present setup, the patient doesn't go to the doctor for a slight illness—he can't afford to...Why this tragic failure? Because under our system, the doctor is a private tradesman with services to sell—and only sick people will buy them."

By the time he wrote these words he had been practicing medicine for a

"If only I could have been here sooner!"

generation, all the while evolving his approach to medical costs. Shadid was born into a very poor but strict Greek Orthodox family in Lebanon. Impressed by his short stay at the American University of Beirut, at age sixteen he immigrated to the United States and immediately started trying to earn enough money to put himself through medical school. The swift and thorough Americanization of Michael Shadid included peddling trinkets door to door, for a good profit by the way, and giving inspirational talks at churches on the Holy Land, with which he was most familiar. Other members of his family immigrated too, and his brother pioneered—of all places—in Greer County. He married the girl to whom he had been promised at an early age. After graduating from George Washington University Medical School in St. Louis, he first practiced at Stecker in

Caddo County, then in Carter, south of Elk City, spent a few months in Mangum, and finally settled permanently in Elk City.

"a right not a privilege."

Early in his career he had his first glimmerings of possible benefits of cooperative medicine. In those days he was treating typhoid, tuberculosis, and many preventable childhood diseases. Realizing that even simple preventive medicine was a luxury the poor could not afford, he came to believe that basic care with a strong emphasis on prevention of disease is "a right and not a privilege." This last phrase

is his own, though it sounds strikingly contemporary. Shadid compared much medical

treatment to an autopsy where the doctor says sadly to himself, "If only I could have been here sooner!" He came to encourage his patients to be conscious of "ways of helping themselves as consumers." Soon the competent young doctor began to attract patients from Texas as well as western Oklahoma—from Hereford, Quannah, Wichita Falls, and some from as far away as Tucumcari, New Mexico.

Shadid spent eleven years in Carter. Despite the rigors of providing for a wife and family of six children, two of whom became doctors and his colleagues, he worked hard to increase his medical skills by taking special courses when and where he could. Still, his thinking turned more and more toward what he referred to as "the economics and sociology of my profession." He theorized that the majority

of people who "cannot afford to pay for high medical care and hospitalization on a fee-for-service basis can afford to pay for it if permitted to pay a given sum periodically when well." It was like saying they could afford the wholesale, but not the retail, price of medicine. The Shadid idea was not a health insurance scheme which provides at best only partial coverage and is a record keeping, claim filing, inefficiency ridden nightmare. The Shadid system required a sum paid one time for membership in the organization and a yearly fee. These payments covered everything.

As he was getting the plan underway in Elk City, he would often invite twenty or so people over to eat and after dinner would give them a convincing and entertaining sales pitch. He always stressed communication and when the hospital was operative, he put out a monthly newsletter. Shadid knew that many of his farmer constituency were sold on the farm cooperative idea. Owning a grain elevator or a cotton gin cooperatively and hiring a director to manage it were practical and widely accepted as a desirable business arrangement. So Shadid was fortunate that all over the Great Plains many others years before had helped lay the philosophical foundation for this idea of cooperation. He took comfort too in his observation that the socialist-leaning farmers of western Oklahoma were better read, better informed, and more open to new ideas than many townspeople.

His concern for patients was matched by his genuine belief that a cooperative hospital would benefit doctors as well. "Cooperative medicine," he maintained, "will improve the condition of doctors by freeing them from the uncertainties of private practice, the charity cases, the burden of uncollectible debts, the overhead

WESTVIEW, WINTER 1992

of office and equipment, the waste of time. It will give the doctors a chance for regular office hours, the use of all essential facilities, and freedom from economic pressures.

But...it seems that lurking in all idealistic plans is always a big "but". When doctors in Beckham County saw that Shadid was beginning to succeed with his cooperative hospital, they started to fight him. It would be more accurate to say that a thorough, unrelenting campaign against

"a peddler of rugs."

Shadid was mounted by the established medical community beginning in that county and spreading all over the state. The Beckham County Medical Association excluded him from membership by disbanding for a year and a half. Then when they started the group again, he was not invited to join. Next the Oklahoma State Board of Medical Examiners quit certifying young doctors they suspected were headed for the Community Hospital. In 1936 the Oklahoma Medical Association accused him of "steering" and tried to revoke his license to practice medicine. Their charge was that he was "sending out agents to solicit members." The real concern was that Shadid was threatening the system, and the doctors feared competition and loss of what they perceived to be the economic right to charge patients whatever they pleased.

Had it not been for the Farmers' Union, headed at the time by John Simpson, the support of Governor Bill Murray, and the legal backing of Oklahoma City attorney, Gomer Smith, the Community Hospital might not have been able to hang on. Even the usually conservative Daily

Oklahoman came out in Shadid's favor when the threat to him became statewide news. R. M. McClintock of that paper wrote, "From the political standpoint, it would seem to be the worst of times for the doctors to seek to punish one of their number, unless they have more serious charges against him than that he has been relatively successful in putting into operation a plan of cooperative hospitalization."

In order to spread his idea of cooperative medicine Shadid became even more active. In 1940 he ran for Congress and lost, claiming the election was stolen. His campaign made him the target of epithets that questioned his loyalty to this country and generally slurred him as a bizarre and dangerous quack. As usual Shadid reported these slurs in a rather matter of fact way in the book. The Vici Beacon called him "a peddler of rugs." At Cordell he was called a Communist, at Hollis, an enemy spy, at Hobart, "a millionaire". Some in Altus said New York Communists (undoubtedly the most vicious type) had contributed \$8,000 to his campaign. Some folks at Cheyenne said they thought a Nazi was his campaign manager.

Even after the election was lost, he continued his efforts to spread the gospel of cooperative medicine. He spoke widely in both the United States and Canada. Details are lacking as to the demise of the Community Hospital in Elk City, except that Shadid's son Fred headed it for a while till he decided to enter solo practice in 1953. The hospital closed for good in 1955.

It's striking that in Shadid's language there was a dearth of ideological talk. There was no sloganeering, no incendiary references to "oppression of the masses," no

call to the workers of the world—or the poor people of western Oklahoma, for that matter—to rise up and cast off their chains. Neither was there real rancor as he reported the antics of his enemies. I suspect that Shadid was very conservative in most ways. He was virulently opposed to abortion, he thought chiropractors were bogus, and he certainly didn't aim to overthrow institutions. Still, it must have seemed more than a little ironic to him that the very ideas of his adopted country, ideals he spent his life trying to put into practice, were so often repudiated by so many of those he was trying to help. ■

(*Alvena Bieri* lives and writes in Stillwater. Her work has appeared in Westview previously.)

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