Farid S. HADDAD*


Michael Abraham Shadid [miyJa'iyl ibraHiym Cadyd] (1882-1966) was the father of prepaid and cooperative medical care, as well as the founder of Hospital Haramoon [marj`uÿwn Government Hospital], a badly needed facility in South Lebanon.

FAMILY

The exact date of the birth of Dr Shadid is not known; but he has estimated it to be around 1882. He was born in Judeidat [judaydat marj`uÿwn], a small town of a few thousand inhabitants in the Marj’yon [marj`uÿwn] County, which is presently in South Lebanon and was, before the end of World War I, in the Ottoman Empire’s Province of Syria.

“I was the twelfth child and was born a few months after my father died, in just what year I am not sure.” The first nine of his infant brothers died in infancy. His family name “Shadid” means “strong”. His mother’s father and her brother were Greek Orthodox priests. “When my father died he left my mother a one-room house, two mules, and twenty thousand piasters, a sum equivalent to one thousand dollars.” His mother was frugal and hardworking (washing, baking, and scrubbing). The money lasted ten years. “Among my earliest memories, as I recall them now after an interval of 60 or more years, are many that have to do with poverty. Why was I barefoot? Why were my clothes shabby and my lunch meager compared with that of other children? Why was my mother menial?” So many questions worked their way into the subconscious of the young boy; they, most probably, shaped his future ideals in life and resulted in his strife to establish social justice in his environment.

EDUCATION AND DEGREES

At first, he studied at the Greek Orthodox School in his hometown [judaydat marj`uÿwn]; later on, he went to the Preparatory Section of the Syrian Protestant College in Beirut, which was founded by American missionaries in 1866.

In 1898, at the age of 16, he emigrated to America where he literally peddled his way (jewelry and linen in Montclair, NJ; the towns around New York; the East including Virginia; the Middle West; and Texas) through college and into Washington University’s Medical School in Saint Louis from which he graduated with an MD degree in 1906.

TRAINING

In order to keep abreast of new medical and surgical advances, he continued, after graduation, to take postgraduate courses (PGC) in medicine and in surgery in Chicago (1911 and 1912), in New York (1912), in Philadelphia and Chicago (1922), and in Vienna (1928). He explains his going to Vienna for PGC: “There were two to three hundred American physicians taking postgraduate courses, for at that time the opportunities in Vienna for good training were unmatched anywhere.”

OCCUPATION

In the drought, the dust and the depression of the early thirties, the intensity of his beliefs and his fierce dedication drove this fiery young man, Dr Shadid, into the snowdrifts and the dust storms of the so-called short grass country of western Oklahoma. He worked in Maxville, Missouri, where he married Adeeba, or Edna Shadid, the girl to whom he had been betrothed in Syria on the day she was born. Soon after his marriage, he moved to Stecker Oklahoma (1908), then to Oklahoma City (1911); he opened a practice in Carter (1912-23), bought a Ford, and made over $20,000 in an oil and gas lease around Sayre, Oklahoma, which he bought for $300 and later sold to Skelly Oil Company for $21,000. From this money he bought four business buildings. He worked in Mangum (1923) then in Elk City where his income doubled to $20,000 per year. He opened a small hospital, the Elk Sanitarium, where he did surgery. His reputation as an excellent physician became widespread over the area. During the influenza epidemic of 1918, he tried intravenous typhoid vaccine with good results, which were published in 1929 in Clinical Medicine and Surgery.

In 1928, he went, with his daughter Ruth, on a vacation to Lebanon, Damascus, Haifa, Jerusalem, Egypt and Vienna. In 1929, in order to give the common people of America better medical care for less money and to remove the temptation to perform unnecessary surgery, Dr Shadid devised a prepaid cooperative medicine, thus anticipating the American Medical Association. He called a meeting of a number of his farmer-patients on October 29, 1929, in...
the basement of the Carnegie Library in Elk City. A few thousand farmers subscribed at $50 a share, built for themselves the Community Hospital in Elk City, Oklahoma, the first cooperative hospital in the USA, and equipped it. A family member would prepay an average of $25 per year, which covered room, board, nursing care, doctor’s fees, X-rays and laboratory fees. Dentures could be had for $25, major surgery for $20, minor surgery for $10, daily hospitalization for $3 a day, and a dental filling for $1.00. The hospital expenses are summarized in the following table:

<table>
<thead>
<tr>
<th>HOSPITAL EXPENSES IN DOLLARS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>74%</td>
</tr>
<tr>
<td>Depreciation</td>
<td>06%</td>
</tr>
<tr>
<td>Medicines</td>
<td>06%</td>
</tr>
<tr>
<td>Groceries</td>
<td>06%</td>
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<tr>
<td>Laundry</td>
<td>02%</td>
</tr>
<tr>
<td>Utilities</td>
<td>02%</td>
</tr>
<tr>
<td>Surgical supplies</td>
<td>02%</td>
</tr>
<tr>
<td>Linen</td>
<td>01%</td>
</tr>
<tr>
<td>Freight</td>
<td>01%</td>
</tr>
<tr>
<td>Office supplies</td>
<td>01%</td>
</tr>
<tr>
<td>Other</td>
<td>01%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>110 000</strong></td>
</tr>
</tbody>
</table>

The national news media coverage caused a flood of inquiries from doctors and communities asking for advice on how to start their own prepaid health group. Dr. Shadid traveled throughout Texas, Kansas, Washington, Idaho, Oregon, Minnesota, and Wisconsin, speaking and offering advice and expertise. It was for this purpose that he wrote two pamphlets entitled Principles of Cooperative Medicine, and Co-op Hospital Catechism. The purpose of cooperative medicine is to bring to the people, at cost, and within their means, the services of scientific medicine through periodic payment, group practice, and cooperative control, in order to avoid the dark and unwholesome medical practices prevalent at the time, and to provide a safer and more economical system of medical care and hospitalization. The three main principles of cooperative medicine are:

1. Reducing medical costs by having the people own, build, control, and manage their own hospital.
2. Staffing the hospital with salaried physicians. This would cut down on unnecessary surgery, unnecessary medical tests, and unnecessary medication. The physician is thus prevented from thriving on the misfortunes of the sick. In the current system of organized medicine, the physician puts profits before professional duty and before the interests of his patients. In the cooperative system the physician no longer prolongs the treatment and the hospitalization of the patients after the treatment has ended. The physician is free from the harassment of bookkeeping, collections, rent, and other administrative chores and overhead expenses. The competitors become colleagues. The physicians have more spare time to rest and take a vacation. They have no pecuniary reason to lead the patient to think he or she is sick. The hospital and all from 121 in 1932 to 1 000 in 1936. The membership grew to 1 800 families in 1940, and to 2 500 in 1949. In the final analysis his ideas were vindicated.

When the hospital became operative, in order to inform the members and keep them well aware of health matters and hygiene, he published the monthly Community Hospital Bulletin. Dr. J.P. Warbasse, the Editor of the American Journal of Surgery, the Annals of Surgery, and the New York State Journal of Medicine, wrote the following letter in 1945:

“This is the most important periodical published in the United States. This is because it is the first and only journal devoted to the interest of the patients and prospective patients, owning a hospital.

It is my belief that these patients and prospective patients are the people most concerned for the advancement and perfection of medicine. It is to them that the world must look for the demands of high standards and efficiency in medical practice. They are the people who have to pay the doctor’s bills, suffer the pains, and do the dying. They have the greatest stake in the problems of health...

I speak not only from experience but also with sincerity.”

The opposition of organized medicine to this innovation was very strong, vicious and unbecoming; it went on for 23 years. Dr. Shadid began to feel the “sting” of his medical colleagues before 1930. False rumors that the plan was a rip off, and that bankruptcy was inevitable, were spread around. Many slurs would be made about Dr. Shadid’s ethnic origin. He even received threats on his life. The Beckham County Medical Society excluded him from membership by disbanding and re-organizing without him. The Oklahoma Medical Association, in collusion with the Beckham County Medical Society, tried to revoke his license to practice medicine. This battle lasted four years and ended in 1940 by a Court writ. The hospital was blockaded to prevent him from obtaining physicians, dentists, nurses and technicians. The Oklahoma State Board of Medical Examiners quit certifying doctors they suspected were headed for the Community Hospital. On that account, the physicians were denied admission to many postgraduate courses and malpractice insurance. Most physicians of the hospital were drafted into the military, including his two physician sons, Drs. Alex and Fred V. Shadid. He was called “a peddler of rugs,” “a communist,” “a Nazi,” “an atheist,” “a fifth columnist” and “the communist Turk.” Firecrackers were shot while he was delivering a speech, or the fire siren was turned on. These lies and tricks seemed to spark and motivate him more. The more tenacious was the opposition, the harder he fought. Despite all the opposition, the hospital was enlarged seven times (1934, 1936, 1938, 1940, 1946, 1947, and 1949). The number of surgical operations rose
medical facilities will exist for the sole purpose of the welfare of the public and will cease to be institutions for the promotion of private gain. The emphasis is laid on prevention of disease. The incentive and the inducement to give dishonest advice is wiped out.

3) The third principle, prepayment, periodic in nature, would allow the patient to seek medical help early on. The lack of money is no longer an impediment to seek medical help; in the current system, the patient does not avail himself of medical help except in emergencies. In the new system, money is no longer an obstacle to early consultation. The patient no longer medicates himself from fear of the high cost of medication and surgical operations. He is not afraid of costs, his annual prepayment has removed the economic factor and he knows that his physician has no pecuniary motive in recommending treatment or operation. He seeks medical help early. In the current system, medicine becomes very expensive because the physician has to involve many other health care providers in the treatment of the patient; this includes the diagnostic arms, the specialists, and the hospital. In the cooperation plan, the people can budget themselves for ill health and unpredictable illness. Members who are on a periodic prepayment plan, very seldom come with a ruptured appendix, whereas 50% of the cases of appendicitis that come from non-members, who are on a fee-for-service basis, are ruptured.

Dr Shadid pleads for a more democratic and equitable admission of physicians to the Hospital Staff. He also pleads for the nationalization of the medical license and against privilege, monopoly and intolerance.

The establishment of the Community Hospital became a model that was followed by the establishment of the Group Health Association in Washington DC (1937), the Kaiser Foundation Medical Care Plan (1942) and the Group Health Cooperative of Puget Sound (1940s).

HONORS AND ORGANIZATIONS

In 1943, Dr Paul de Kruif wrote a concise and beautiful article about Dr Shadid, “Courageously, resourcefully, Dr Shadid and these Oklahomans have pioneered a way to beat our shortage of country doctors. They have proved that even a poor community can build its hospital, pay for it, and hire a staff of competent physicians and surgeons...made possible by prepaid group practice—the country medicine of tomorrow” [1].

In 1944 Ratcliff wrote in Collier's: “A crusading Oklahoma doctor proves that health protection and Grade A medical care are within the reach of every purse. The first American co-operative hospital is a resounding success today and a milestone for tomorrow” [2].

In 1954, Oracle Junction, a play written by playwright Sari Scott from Los Angeles, and based on Dr Shadid's book, A doctor for the people, was performed on stage at the Margo Jones Theater in Dallas (January 4-23) [3].

In 1978 Dr Shadid was initiated into the Cooperative Hall of Fame. In 1982, Raouf J. Halaby wrote: “The unique role played by Dr Michael Shadid in the establishment of the Community Hospital and the great impact it had on the lives of thousands of farmers in the Western region of Oklahoma is an unprecedented feat in the annals of medical history. Equal in significance is the tremendous influence, which the philosophy and practice of Cooperative Medicine exerted at the national level.”

Mayer and Mayer wrote: “Thus, in 1929, before the origins of traditional health insurance, came the medical shot heard around the nation. In the small community of Elk City...” [4].

The story of Dr Shadid had such an impact that, in 1990, Ralph Nader wrote: “If Hollywood is looking for both drama and historical significance in the life of one immigrant to this country, the saga of Dr M Shadid has to be a leading candidate” [5].

Dr Shadid retired in mid-1946 after a heart attack. His son, Dr Fred V. Shadid, took over and immediately renewed efforts to remove the ostracism against the Community Hospital, but to no avail. In 1950, August 28, he filed a lawsuit against the Beckham County Medical Society. On 1952, April 22, just prior to going to court, the opposition folded and an out-of-court settlement was made. All the doctors of the Community Hospital were admitted to full membership privileges in the Society. The long hard struggle came to a victorious end after twenty-three years. The Hospital closed its doors in 1955. Dr Fred Shadid sums up the reasons: “Lack of dedication and sincere beliefs in the fundamental concepts of the cooperative ideas by members of the staff and the lack of leadership” [6].

Dr Shadid was an honest, straightforward physician. Unlike the rank and file of contemporaneous physicians who, in principle, put their own interests before those of their patients, Dr Shadid put the interests of the patient first. He had a vast amount of courage to have been able to carry the fight to its logical end, despite the numerous attempts by organized medicine to impede and sabotage his efforts. At great expense to his health, to the wellbeing of his two sons-physicians who were drafted in the military, and despite the vile egotism of the medical profession, he continued with diligence, persistence, and persuasion his fight for the legal rights of the patients and followed up his ideals to their logical and fruitful conclusion by founding the Cooperative Health Federation of America (1946), of which he was elected the first President (1946-9). This was a significant step in the evolution of medical care.

HOSPITAL HARAMOON [7]

The impediments and the difficulties of the struggle to establish cooperative medicine did not halt the enthusiasm of Dr Shadid who later in life toiled and crossed the continents in order to realize his benevolent and charitable dream by founding Hospital Haramoon (called today “marj‘uywn Government Hospital”) at the twilight of
his life. Ever since he visited Lebanon in 1928 he realized how badly needed was a hospital in his native town. Later on, he began to feel his way as to how much the immigrants in his area were willing to contribute for such a project. From the beginning he was opposed by no less a person than the multi-millionaire President of the Orthodox Church of St Elijah in Oklahoma City, Mr Eddie. This opposition stirred him all the more to increase his vigor in soliciting funds for the project. He called for a meeting in the Church, which endorsed the project by a vote of 10 to 6. But Mr Eddie took it as a personal blow and kept opposing the project. Dr Shadid went on a solicitation trip to Wichita, but Mr Eddie’s effective fight had preceded him. The expected contributions did not materialize. “Our people (Lebanese and Arabs) were generally uncharitable ; but I found three exceptions : 

1. Mr Sam Farah from Flint MI, a native of Nazareth, who said to me : ‘I thank you for giving me the opportunity to contribute to this charitable project’ and handed me a check for $500.00.

2. Mr Hagger of Dallas TX, not a native of marj’ uyun, contributed $900.00 and said to me : ‘I do not want my name carved on the marble plaque’ and

3. A Mr Yafet, from Sao Paulo, Brazil, asked me how much of a contribution I put him down for. I said I only solicit people who formerly lived in the district where the hospital was going to be built ; to which he said : ‘but charity knows no geographical boundaries’ and had me put him down for fifty ‘conts’, which in 1951, was equivalent to $2 500.00”.

The trips were extended to Canada and New York. Because of the opposition of Mr E, the total amount collected was between 16 000 and 17 000 dollars only. In the summer of 1951, he flew to Brazil where, with the help of Mr Faris Dabague [dabagé, also spelled DeBakey in the US], a total of US$32 000 were collected. Unfortunately, the local committee (President Mr Dabague and Secretary Mr Rashid Abukessm) put the money in the bank ; and in 1955, the exchange rate was such that the value of the collections had dropped down to US$12 000. When Mr Dabague asked Dr Shadid about the name of the proposed hospital, he said “marj’ uyun hospital”. Faris Dabague asked whether it was possible to change the name and call it “Hospital Haramoon”.

In 1950, Dr Shadid had corresponded with Dr Elias Khouri, the Health Minister in Beirut, who agreed to maintain a 25-bed hospital in marj’ uyun as a government institution. Later on he also corresponded with Dr Nazih Bizri, the new Minister of Health. When Dr Shadid got to Beirut in 1951, he was able to extract from Dr Bizri a written statement that once the hospital was built, the Lebanese Government will furnish it and equip it and maintain it for the poor. One day in 1955, Dr Shadid received a letter from Mr Abukessm stating that the Committee called on President Chamoun [Cam’ uwn] who was visiting Brazil, and he promised to have the Palestinian government take over the proposed hospital and maintain it should we build it.

Dr Shadid first obtained a piece of land on a western hill overlooking the town of Judeideh from the Abuzuluf family who had emigrated to Brazil from Judeideh ; the most famous members of the family were Jiryis Elias Abuzuluf, and his son Sa’id ; they originally came from HASbayya and were the first to have established commercial relations with Egypt. The scenery and view from the site is superb. To the West, one sees a forest of gigantic oaks that covers the wide stretch of the slope of a hill whose foot touches the Litani river, the other slope rises to form the peaks of Jabal Rihan with its pines that surround the Jazzín area ; to the Southwest are the houses and churches of Qleí’a and beyond them can be seen Beaufort Castle [qal’at Shqif] which on a clear moonlit night, still reverberates with the sounds of the hoofs of Saladin’s horses battling upon the armor of Richard the lion-hearted’s soldiers. To the South comes into view Jabal ‘Amil which glides into the Galilee Mountains of Palestine. To the North, one can view the slope of NyHa with the new road that leads from Jazzîyn to the Bekaa. To the East, the vista is the largest ; one sees, in the foreground, the town of Judeideh with its houses, churches, mosque and olive groves; and beyond, one can see in the distance from left to right, the houses of Blat and Dibbîn, the road bifurcation, Ibl Assaki, Khiam ; beyond that and rising with the mountain slope of ‘A’rkoub, the villages of Shuwayya, Hibbariyeh, Shib’a, Rachayya el Fukhar, Kafar Hamam, and Kafar Shuba ; and far in the background, crowning them all, behind Mimis, Kfeir and HASbayya (capital of Wadi AlTaym) rises the majestic Jabal El Shaykh with Kasr Shbeib, also called Jabal Haramoon [Mt Hermon] ; in winter, its head is covered by a white turban of snow which at sunset turns into a beautiful rosy hue. [7]

After his wife died in 1953, Dr Shadid went to Lebanon in September 1956 ; he enlisted the help of two young architects to complete the building plans he had brought with him from the States. The plans were finished by June 1957. Later a book of specifications was drawn and typed ; but the specifications were unsatisfactory. Dr Shadid visited the site with Mr Kalim Kurban [kalîm qurbAn] and Najib Lteif [najîb lTaîf]. A bid was entered and the lowest was for 204 000 LL (August 6) ; the money available was only 160 000 LL ; so all bids were rejected. The cornerstone of the projected hospital had been laid before. Emile Bustani, a member of the Cabinet and responsible for reconstruction, made a speech and contributed 1 000 LL. At the prodding of Mr Bustani, Point Four promised to contribute 40 000 LL in equipment if the Government would give 40 000 LL for construction. Dr Shadid spent much time writing letters to raise money from rich people in Beirut, but got no reply. He contacted Tapline and Aramco without any result. He contacted the town coun- cils and the Emir of Kuwait who was staying in a multimillion palace in the Lebanese mountains but “I never got a dollar from an Arab or a Lebanese other than 1 200 LL from Mr Radi Barakat.” He typed 125 letters signed by
Bishop Khuri and mailed them to the US, but got only $135. Finally Mr Edgar Abbood completed the American Plan and put it for bidding. At this point 71,000 LL were turned over to President Chamoun; and Mr Dabague sent $15,000 and promised to later send another $5,000. The construction of Hospital Haramoon was finished in 1959. The hospital was inaugurated in 1960.

Having completed the two major accomplishments of his life: the founding of the Community Hospital in Elk City, and the founding of Hospital Haramoon in Judeidat marj ʿuṣw, Dr Shadid established, in 1958, a $50,000 scholarship fund at the American University of Beirut.

All his life, Dr Shadid battled against the greed of physicians and in 1922, his fight with diabetes started. He had a heart attack in 1946. In 1963, he lost a limb, and on 1966, August 13, he died while playing cards with friends. “We bow our heads” wrote Freda Ameringer in a front page editorial, “a great man lived among us, gone now to a well-earned rest.”

Memorabilia pertaining to Dr Shadid and the Community Hospital were donated in 1984 to the Western History Collections at the University of Oklahoma libraries.

The saga of the extraordinary Dr Shadid reflects the image of his childhood experience as an underprivileged and poor child. All his life he strived to obtain better medical care for the underprivileged. “He dared break through the barriers of decaying medical tradition ... and suffered persecution and ostracism so that the way might be cleared to wide opportunities for ... service to the public and the profession”.

“The idealism of the past can help nourish the motivation of the future” wrote Ralph Nader, “No better example of service can be recounted than that rendered, amidst a maelstrom, by Dr Michael Shadid and his sons. They practiced medicine as if only people mattered”[5].

The epilogue to this story has not yet been written. A time will come when the people will awaken from under the yoke of the traders in health, and will revive Dr Shadid’s concept of a cooperative health system based on prepayment and nonprofit.

Bibliography of Michael Abraham Shadid

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