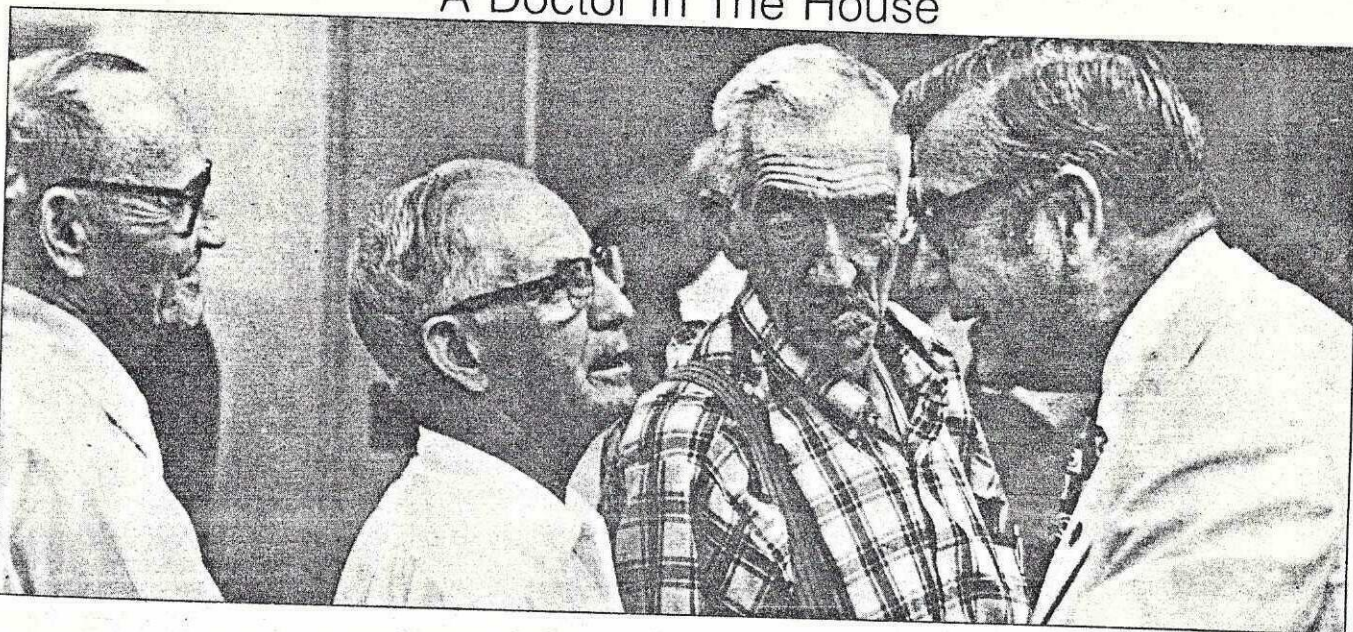


Congressman Tim Lee Carter

A Doctor In The House



James Slaughter

His office in the Rayburn Office Building in Washington looks very much like every other Congressional office—the desk piled high with papers, the bookcases filled, the walls covered with photos and awards, except sitting on one corner of this man's desk is a small sculpture of a doctor—a pediatrician or an obstetrician, or maybe a country doctor—holding a baby by its feet.

"I don't have as many night calls as I did," says Dr. Tim Lee Carter, now an eighth-term Republican Congressman representing the fifth district of Kentucky. Even the late hours of occasional night sessions of Congress cannot rival those of a country doctor in rural Monroe County, Kentucky. "It was rugged. The roads were poor in the area around Tompkinsville. We had to do deliveries in the home... I even amputated a leg in a home... I never turned anyone down regardless of his ability to pay," says Dr. Carter, now sixty-eight, reflecting on his twenty-seven years as a country doctor.

Carter attended medical school at the University of Tennessee and in-

terned at the Chicago Maternity Center. He practiced in Tompkinsville until World War II when he served as a combat medic before returning to private practice. He is currently one of four physicians serving in the U.S. Congress. The others are Rep. Larry McDonald (D-GA), a urologist; freshman nonvoting delegate Melvin Evans, a former cardiologist in St. Croix, Virgin Islands; and Ronald Paul, an obstetrician-gynecologist from Texas. There is also one dentist, Dan Crane (R-IL). All are frequently called on to prescribe medication or lend diagnostic skills to colleagues and staff assistants.

Dr. Carter remembers the time when a colleague, Rep. Bill Stanton (R-OH), came over to him on the House floor and said, "I have a pain in my abdomen. What do you think about it?" "I felt his abdomen and I felt a mass," says Carter. "I said, 'Bill, you've got a ruptured appendix.'" Stanton then went to see the Capitol medical staff, who cautioned him, "It's been a long time since Carter has practiced. We don't think it's anything that serious, but we'll do a blood count." They did a blood count and shortly thereafter, he was rushed to the hospital.

Throughout America's history, physicians have combined medicine with politics. In fact, Benjamin Rush was a physician who signed the Declaration of Independence. Dr. Carter is very proud of the Dr. Benjamin Rush Bicentennial Award for Citizenship and Community Service, which he received last year. This is an annual award to a physician who has made an outstanding contribution in citizenship and public service.

Political Medicine

Politics was not new to Tim Lee Carter. His father was a circuit judge who ran for reelection every six years and his brother succeeded him, making it the longest father-son tenure in the circuit judgeship in Kentucky. It was from his father that Carter learned the mechanics of politics.

But Carter decided to give up his medical practice in a three-man clinic, one of the busiest in the state, to run for Congress: "I knew that health was going to be legislated on considerably and I felt they needed someone who had expertise in this field. I thought that physicians should be involved in writing legislation because they know more about health delivery than nonphysicians."

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Economics was another factor in his decision to run for Congress. "I was financially able to run for Congress," says Carter. "If I had been defeated, I would have still been able to get along. Actually, at the time I ran, I paid more in income taxes than I received in salary." (The annual salary of a congressman is now \$57,000.)

The third factor that entered into Carter's decision was his health. He had lost a kidney in 1959, and still found himself working around the clock. He was afraid to continue at that pace.

Medical Billing

Carter's medical background has influenced his legislative activity in Washington. He is the ranking minority member and the only physician on the powerful Health and Environment Subcommittee of the Interstate and Foreign Commerce Committee. He was involved in writing both the diabetes and arthritis bills. He has also been very interested in cancer research and hematology.

In the current session of Congress, Carter plans to devote the majority of his time to two particular areas. One is medical assistance to those citizens who are not presently covered by any insurance at all. "I'd like to see the gaps covered," he says. The second area he will devote his attention to will be support for catastrophic insurance. That covers a broad area, but his primary concern is cancer, and more specifically leukemia—Carter's only son died of the disease two years ago.

One aspect of practicing medicine that Carter does miss in Washington is the actual doctoring, the doctor-patient relationship. He still sees some patients when he goes back to his district on weekends. His associates now have offices in a modern, well-equipped clinic, but their practice is still based on volume. "The fees we charged would have amazed anyone in this time," says Carter. "If I had charged people like they're charged today in a doctor's office, I'd been worth a fortune. I was raised under a different school—to spend a little less than I make."

A member of Congress is permitted to make up to \$8,500 a year in outside income. Most members of Congress make this in honorariums for speaking engagements, but Dr. Carter's extra income is derived from the doctoring he does on weekends in Kentucky,

and from awards presented to him for his work on health legislation. "I could easily make more than that, but I won't try," he says. "I just enjoy it thoroughly." He doesn't charge his patients, but most want to pay him something for his services. He recently received a \$19 check from a preacher for medical services he performed twenty-five years ago. The check was returned.

From Physician To Politician

Dr. Carter urges other physicians to consider a political career. "I think the medical profession needs to be involved in legislation. Who knows more about how to provide health services than physicians? We're the providers and to write the legislation without input from us wouldn't be drawing on the [available] expertise," says Carter. "But," he warns, "I'd advise them to practice for awhile until they're financially able to withstand a defeat or sustain a victory."

He feels that good physicians generally make good politicians and can get elected because "good physicians have an empathy with people. They know how to get along with them. They understand them. They study

them each day. They study their reactions." These qualities are assets when possessed by a public official.

A potential candidate must be prepared to retire from his practice and devote fulltime to campaigning. He must line up a chairman and pull together an organization, preferably including some workers with campaign and media experience. Most important, he has to have sufficient funds. Carter doesn't feel that the transition from private medical practice to politics is an impossible one. But it does take a serious commitment.

And your M.D. degree may even generate free press during a campaign. Last fall, Dr. Carter and his wife were dining in Washington's fashionable *Sans Souci* restaurant when the maitre d' asked if there were a doctor in the house. A woman was choking on a piece of beef lodged in her trachea. "I used what they call a Heimlich hug... she was just a little thing... I was afraid I'd break her bones, but I gave her that squeeze. She turned around and said, 'Oh, I feel so much better.'" The Associated Press picked up the life-saving anecdote and put it on the wire. "You just can't buy space like that, especially during a campaign," laughs Carter. ■

