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The politics of health: an analysis of the American Medical Association and compulsory health proposals, 1939-1949

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THE POLITICS OF HEALTH: AN ANALYSIS OF THE AMERICAN MEDICAL ASSOCIATION
AND COMPULSORY HEALTH PROPOSALS, 1939 - 1949

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF ARTS

BY
WARDELL SIMS, JR.

DEPARTMENT OF POLITICAL SCIENCE

ATLANTA, GEORGIA
AUGUST 1962
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CHAPTER I

INTRODUCTION

At the base of our society lies the diversity of interests resulting from various economic, political, social, religious and professional values and specializations. Under such circumstances, the lack of homogeneity of interest on all matters affecting society leads to a natural desire for the expression of special interests by various segments of society. These segments are composed of groups having appreciable common interest and a desire to press for their own program and policies through organizations devised for this purpose. These organizations in the United States are commonly called pressure or special-interest groups.¹

Group representation arises in part from the impossibility of representing perfectly all the diverse elements of society through the regularly elective and appointive officials. In this country, nearly all legislatures are elected from single-member geographical districts. This is a situation that notoriously magnifies the strength of a majority or plurality and it minimizes the influence of minorities. Denied direct representation in legislative bodies and frustrated in selling their ideas to parties, organizations resort to pressure tactics to make their influence felt.²


Pressure groups fill a gap in our formal political system by performing a function beyond the capacities of representatives chosen by the voters in geographical districts. Our system does not take into account functional interests. Instead, it attempts to force all into the procrustean bed of a two-party system. This makes pressure politics inevitable. Democracy emphasizes the importance of the individual man and of his right to express his interests and desires. Since it is the duty of government in a democracy to respect the wishes of the people, the people must have means by which their wishes and desires are made known. The pressure group seems to be a convenient means through which these wishes and interests can be expressed.³

Organized groups, therefore, for good or ill, perform a function of representation in the political system. The characterization of the lobby as the "third house" puts the point vividly, if somewhat exuberantly. The explanation of the development of this system of spokesmen for specialized segments of society probably rests in part on the shortcomings of geographical representation in a highly differentiated society. Legislators could speak authoritatively for the more or less homogeneous interests of their districts in a less complex society. The growth of the number of legislative questions created tasks which are beyond ready performance by spokesmen for geographical areas. No legislator could regularly be relied upon to look out for interests that spread across many districts. Organized groups supplement the system of geographical representation.⁴

Moreover, campaigns and elections are not the totality of politics. Our conception of the political process is broad enough to cover all sorts of efforts to guide, influence, or affect governmental action. The struggle for power, status, and privilege is never-ending. It cannot be restricted to campaigns and elections. Administrators act every day. Legislators make laws. Organized groups incessantly seek to influence those decisions which are, in a sense, the pay-off of the process of politics in which elections are episodes, albeit significant episodes. The decisions made between elections constitute the basic material of politics, the pelf and glory for which men and groups battle. A working conception of the political process must take into account the interaction of groups, interests, and governmental institutions which produce such decisions. V. O. Key writes that a working conception of the political system must make a place for organized interest groups; they not only seek to exert influence; they are part of the political system, elements as integral to the system as are political parties.\footnote{\textit{Tbid.}, p. 158.}

The persistent efforts of pressure groups to advance their particular interests are felt at every stage of the political process. Day after day, they work to create a favorable public opinion to influence nominations and elections to public office as well as to sway governmental decisions wherever they are made. Pressure politics constitutes a very important element in American government. The power of pressure groups is demonstrated not only before Congress and state legislatures, but also in administrative agencies and in media of mass communication which are important in forming public opinion. Ferguson and McHenry believe that, on the whole, the activities of
special-interest groups probably do more good than harm. However, the validity of this assertion is open to dispute.

The terms special-interest, pressure or political-interest groups will be used interchangeably in this paper. David Truman holds that a special-interest may be defined as a shared attitude group that makes certain claims on other groups in society for the purpose of achieving its goals. If and when it makes certain claims on any institutions of government, it becomes a political-interest group.*7 Irish and Prothro defined a pressure group as any organized attempt to influence the policies of government.8 The terms special-interest, political-interest groups will be used in this paper in light of the above definitions.

It is apparent that groups are instrumental in the political process. Yet the difficulty of this approach lies in trying to reconcile special-interest with national interest.

The purpose of this study will be to analyze the activities of the American Medical Association in attempting to combat compulsory health legislation from 1939 to 1949. Perhaps this study will shed some light on the political influence, techniques, and skill of the medical profession in this country. It should help to illumine the current struggle over medical care. The method of study in this paper will be analytical and historical. The materials will be newspapers, periodicals, reports, public documents, and books.

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CHAPTER II

EARLY STAGES OF THE CONFLICT

Some Observations on the American Medical Association.—The American Medical Association was established in 1847.¹ According to Marion K. Sanders, in 1961, the American Medical Association had a membership of 178,000 licensed physicians.² Moreover, William Michelfelder believes that it serves as the spokesman for approximately 90 per cent of all private physicians administering to the needs of the public.³ There are three levels of organizations of the American Medical Association. They are the county, state and national societies.⁴

There are 2,055 county societies in the United States.⁵ Membership at the county level is virtually compulsory for whites.⁶ In the South, most state and county societies bar Negro members.⁷ The county societies select the delegates to the governing bodies of the state societies. It is a powerful group acting to influence the ideas and behavior of physicians and policies

⁴M. M. Davis, Medical Care For Tomorrow (New York, 1955), p. 96.
⁵Ibid.
⁶Marion K. Sanders, op. cit.
⁷"Negroes and AMA," Time, August 22, 1949, p. 32.
of private organizations and government.\textsuperscript{8}

The state societies are made up of the representatives from the local societies. They try to use their influence to shape state legislation which will affect their particular interest. They negotiate with the state agencies on the fee schedules and the standards. They provide advice concerning the programs for the needy persons and workmen compensation. Finally, they have the important responsibility of selecting the representatives to the American Medical Association's House of Delegates.\textsuperscript{9}

The American Medical Association is the product of its local and state societies. It is comprised of 155 representatives from state societies. The number is proportioned according to the number of physicians in each state society. The House of Delegates is the governing body of the American Medical Association. The American Medical Association's president is elected every two years by the House of Delegates. In addition to the president, it has, in Chicago, Illinois, where it was chartered, a staff of about 650 administrators, technicians, public relations personnel, and editors. The American Medical Association has four major publications: \textit{Journal of American Medical Association}, \textit{Medical Economics}, \textit{Hygeia}, and \textit{Today's Health}. These are used to disseminate medical knowledge to its members as well as propaganda expressing and supporting its political, economic, and social views.\textsuperscript{10}

\textit{Social Security Act of 1935.}--The great depression of the 1930's produced deliberations over the nature and scope of the social security program as well as provided the framework for action regarding compulsory medical care

\textsuperscript{8}M. N. Davis, \textit{op. cit.}

\textsuperscript{9}\textit{Ibid.}

\textsuperscript{10}\textit{Ibid.}, p. 97.
insurance. In 1934, President Roosevelt appointed the Committee on Economic Security to make recommendations for a program to deal with the social and economic problems of the 1930's. The recommendations of the Committee on Economic Security served as the basis for the Social Security Act of 1935. The passage of the Social Security Act in 1935 set the stage for the then battle over some type of national health program.11

Not all of the recommendations contained in the research report were adopted in the bill which was signed by President Roosevelt on August 14, 1935. Those who had labored for comprehensive social security legislation were disappointed. The strong opposition from the American Medical Association prevented the inclusion of health insurance in the Social Security Act of 1935, according to Fainsod.12 The American Medical Association had enough muscle to forestall the enactment of government health insurance wherever it appeared. Carter holds that President Roosevelt's Committee on Economic Security was subjected to pressure from organized medicine to exclude health insurance from Social Security. Health insurance was therefore not included in the legislation.13

In 1935, President Roosevelt appointed the Interdepartmental Committee to Coordinate Health and Welfare Activities. This Committee was entrusted with the task of making sure that the provisions of the Social Security Act

11 Committee on Medical Care Teaching of the Association of Teachers of Preventive Medicine (ed.), Readings In Medical Care (Chapel Hill, 1958), p. 626.


were being effectively applied. One of the chief interests of the Committee was the problem of medical care. Out of the Interdepartmental Committee was created the Technical Committee on Medical Care in 1937, consisting chiefly of experts from the Federal agencies concerned in whole or in part with health. Early in 1938, the Technical Committee recommended, among other things, that there was a need for a general program of medical care and insurance against loss of wages as a result of illness.14

The Interdepartmental Committee called the National Health Conference in Washington, D. C. in July, 1938, to discuss the findings and recommendations submitted by the Technical Committee. Invitations were sent to a large representation of people from the medical profession, from agencies working in health, from labor, from industry, from agriculture, and from other groups of citizens. The purpose of the conference was to clarify issues and stimulate constructive criticisms. The American Medical Association's spokesmen denied at the conference that anything was wrong with medical economics and warned that federal intervention could lower the quality of treatments. Nevertheless, the conference adopted a program under which the Federal Government was asked to appropriate funds to support building construction and medical care program in the states.15

Wagner Bill of 1939.--In 1939, Senator Robert Wagner of New York introduced the first medical care bill in Congress. It provided for grants-in-aid to the states for the expansion of public health services and maternal child care, the construction of needed hospital and health centers, the development

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14 Committee on Medical Care Teaching of the Association of Teachers of Preventive Medicine, op. cit., p. 289.

15 R. Carter, op. cit., p. 105.
of a general program of medical care and disability insurance. There were other medical bills introduced in Congress subsequent to the Wagner bill. Senator Arthur Capper of Kansas sponsored a medical care bill in 1941 and Representative A. J. Elliot of California sponsored a medical care bill in 1942.

In 1942, Fortune Magazine conducted a poll on medical care. It indicated that 74.3 per cent of the population believed that the Federal Government should support a national health program. In 1943, the Wagner-Murray-Dingell bill was introduced. This bill was an extension and revision of the Social Security Act, which was expanded to include a national health program. But the bill died in the Labor and Public Welfare Committee. Richard Carter avers that the alarms and excursions by the National Physicians' Committee prevented the bill from getting a hearing.

Michael M. Davis asserted that political stagnation of the situation of medical care was modified by the entry of presidential leadership. Mr. Roosevelt, in 1944, had included adequate medical care in his list of basic human rights. However, Roosevelt's private thinking seems to have been that sufficient political support was not evident. But in December of 1944, Mr. Roosevelt set up a committee to draft a national health program. His intention was to send

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17 Committee on Medical Care Teaching of the Association of Teachers of Preventive Medicine, op. cit., p. 626.
18 M. M. Davis, op. cit., p. 280.
19 R. Carter, op. cit., p. 207.
a special message to Congress the following spring concerning medical care. However, Roosevelt died the following spring.  

Truman's Message to Congress.—Moreover, Roosevelt's successor, Mr. Truman, showed unexpected interest in health legislation. In fact, on November 19, 1945, Mr. Truman laid before Congress the first message on health ever presented by a President. In his health message to Congress, President Truman cited five major problems. They are the following:

1. The faulty distribution of doctors and other medical personnel, which can only be corrected if adequate facilities for the practice of modern medicine are made more generally available.

2. The need of public health services and better provisions for maternal and child care.

3. The need of provisions for research and education, to increase the powers of medicine and improve the quality of medical care.

4. The cost of medical care, which cannot be met by individuals afflicted with illness and disability, by the casual offer of philanthropy, or by the gratuitous services of physicians.

5. The loss of earnings entailed through sickness and disability, which deprive an individual of income at the very time it is most needed to meet the costs of medical care.

To meet these health problems, President Truman proposed that "Congress adopt a comprehensive and modern health program for the nation, consisting of five major parts, each of which contributes to all the others." Some aspects

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22 Public Papers of the Presidents of the United States (Washington, 1961), p. 482.
of the President's five proposals to Congress are the following:

1. The Federal Government should provide financial and other assistance for the construction of needed hospitals, health centers, and other medical, health, and rehabilitation facilities. Federal financial aid should be available not only to build new facilities where needed, but also to enlarge or modernize those we now have.

2. Our programs for public health and related services should be enlarged and strengthened. The present Federal-State cooperative health program deals with general public health work, tuberculosis and venereal disease control, maternal and child health services, and services for crippled children.

3. The Federal Government should undertake a broad program to strengthen professional education in medical and related fields, and to encourage and support medical research.

4. Everyone should have ready access to all necessary medical, hospital and related services. I recommend solving the basic problem by distributing the costs through expansion of our existing compulsory social insurance system. This is not socialized medicine.

5. What I have discussed heretofore has been a program for improving and spreading the health services and facilities of the Nation, and providing an efficient and less burdensome system of paying for them. But no matter what we do, sickness will of course come to many. Sickness brings with it loss of wages. A comprehensive health program must include the payment of benefits to replace at least part of the earnings that are lost during the period of sickness and long-term disability.}

The President's first proposal, stated above, was enacted into law through the passage of the Hill-Burton Hospital Survey and Construction Act in 1946. It established a grant-in-aid system for the construction and expansion of

\[23\] Ibid.
hospital and public health facilities. Under this law the state puts up two dollars for every one from the national Government.  

Oscar Ewing's Report.—In 1947, the health insurance movement was directed by the Committee for the Nation's Health. There were many prominent persons and outstanding groups supporting the Committee on the Nation's Health. There were personalities such as Mrs. Roosevelt, Philip Murray, and William Green. The group's supporters included the American Federation of Labor, the American Jewish Congress, the Americans for Democratic Action, the American Veterans Committee, the Brotherhood of Railroad Trainmen, the Congress of Industrial Organizations, the National Association for the Advancement of Colored People and the National Farmers Union. Finally, according to Kelley, a number of influential legislators supported the movement.  

Medical politics boiled violently in 1948. On May 1-4 of that year, President Truman's "National Health Assembly" met in Washington. Using the assembly as a publicity springboard, Federal Security Administrator Oscar Ewing prepared a report to the President entitled "The Nation's Health." In this report, Ewing outlined a ten-year comprehensive federally-sponsored health program. The Ewing report on the Nation's Health made the following observation on manpower:

Our health manpower—physicians, dentists, nurses and supporting personnel—is insufficient in numbers and so poorly distributed that large sections of the country

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and many millions of people are without even minimum health and medical services.  

To support the above contention the following examples were given:

New York State has an average of one physician to every 500 persons; Mississippi has one to every 5,000. California has one dentist to every 1,300 people; South Carolina, one to every 5,000. Connecticut has one nurse for every 200 persons; Arkansas, one to every 2,100.  

On individual health care, Oscar Ewing made the following observation:

Perhaps the basic lack of our entire health effort is the absence of any method that would permit the individual, regardless of the level of his personal income, to obtain the kind of service he needs to achieve better health. A scant 20 per cent of our people are unable to afford all the medical care they need. About half of our families - those with incomes of $3,000 or less - find it hard, if not impossible, to pay for even routine medical care.

On hospitals, Oscar Ewing observed that:

The Nation's hospitals are completely inadequate to meet the needs of all the people. We are about only 900,000 acceptable hospital beds, outside of Federal hospitals, in the entire country, against established need for twice that number. Large areas of the country - including 40 per cent of all counties - have no acceptable general hospitals at all. Moreover, millions of our people are unable to use the hospital that exists in their communities either because they lack money to pay for services, or because discrimination or segregation closes the doors against them.

He made the following comment on the voluntary insurance plans:

...the voluntary insurance plans can never enroll any appreciable proportion of the 18,000,000 people in families with incomes below $1,000 even in the limited

28 Ibid., p. 37.
29 Ibid.
30 Ibid., p. 37.
hospitalization and surgeons' fees type of plan. The additional 22,000,000 families with incomes between $1,000 and $2,000 are almost all in the same position. Probably 20,000,000 more families with incomes between $2,000 and $3,000 will remain outside the protection of the plans. If insurance benefits are broadened enough to provide reasonably adequate care, the premiums are even more out of reach for all of these groups and will be prohibitive to many who earn even more.31

According to Oscar Ewing, the voluntary insurance plans show the following deficiencies:

They offer benefits that are inadequate when measured against the standard of providing individuals with the kind and amount of care they need to promote the best health. Because benefits must be matched with flat-rate premiums, it is doubtful that they can broaden these benefits enough to provide the care essential to the highest level of national health. The prevalence of cash indemnities, as contrasted with service plans, means that large numbers of people receive only protection against costs of care.

They cover only a fraction of the population and, on the flat-rate basis of voluntary plans, they probably will never be able to cover more than half the total population.

They have the poorest coverage where the need is greatest - in areas where lower income levels limit the quantity and quality of health resources and services.32

Oscar Ewing indicated that the voluntary insurance plans would not suffice in solving the health problems. Thus, he advocated a method of prepaid government health insurance. In Ewing's words, the government prepaid health insurance would be compulsory in the same way that payments for unemployment insurance or old-age and survivors are compulsory.33 In fact, this is the

31 Ibid., p. 85.
32 Ibid., p. 87.
33 Ibid., p. 105.
only compulsory aspect of prepaid government insurance. Moreover, this report was regarded as a signal of danger by the leaders of the American Medical Association. They decided that the danger had arrived, and arrived for good, when President Truman was elected in 1948.\textsuperscript{34}

Since medical care, socialized medicine, and compulsory health insurance will be used extensively in subsequent chapters, it is necessary to define them. Socialized medicine means a system in which all the doctors in a country are salaried employees of the government and all hospitals are government institutions.\textsuperscript{35} In the words of Senator Wagner, compulsory health insurance is a method of paying medical costs in advance and in average amounts, and by eliminating the financial barrier between the patient and the doctor or the hospital.\textsuperscript{36} Medical care includes the services of physicians, dentists, nurses, and hospitals and the provision of drugs, orthopedic appliances and eyeglasses.\textsuperscript{37}

\textsuperscript{34}S. Kelley, \textit{op. cit.}, p. 69.

\textsuperscript{35}Oscar Ewing, \textit{op. cit.}, p. 105.


\textsuperscript{37}The National Health Assembly, \textit{America's Health: A Report to the Nation} (New York, 1949), p. 192.
CHAPTER III

MACHINERY AND PERSONNEL OF AMERICAN MEDICAL ASSOCIATION

Key asserts that a special-interest group exists in an environment of other groups and institutions. With some of the groups it has a conflict of interests. With others, perhaps, it shares interests. Furthermore, governmental institutions, legislative, administrative, and judicial, constitute elements of this environment, too. Consequently, the group has to adjust its objectives to the limits fixed by the institutions and the groups in the environment or seek to engineer acceptance of its objectives. The American Medical Association sought the latter in its fight against compulsory health insurance. To do this some type of machinery is necessary.

Dr. Morris Fishbein.—Prior to discussing the machinery of American Medical Association, some observations will be made on Dr. Morris Fishbein. Dr. Fishbein, for years, personified the American Medical Association. He was the editor of American Medical Association's two major publications Journal of American Medical Association and Hygeia. Also, he managed nine of American Medical Association's publications. He syndicated a health column to 100 newspapers. Through all these publications, Dr. Fishbein earned the name of being "Mr. AMA."

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3"Lightning Rod," Time, June 20, 1949, p. 50.
Dr. Morris Fishbein accentuated the habits of issuing reports which omitted facts unfavorable to American Medical Association's views. Furthermore, he minimized the publishing of dissenting opinions in the American Medical Association. Dr. Fishbein's innumerable speeches, editorials and articles were effective in unifying opinion on medical economics.  

The American Medical Association's attitude on compulsory health insurance was expressed eloquently through the *Hygeia* of the American Medical Association by Dr. Fishbein. He made the following observation on the Wagner-Murray-Dingell bill of 1945:

Those who promote this bill avoided, as if it were a plague, the word compulsory. Nowhere is that word used in any of their discussion. Indeed, they keep saying that everyone will have complete freedom in choice of doctor and that doctors will have complete freedom in choice of patients. ...this would seem to be quibbling. If the federal government establishes a system of insurance to which everyone must contribute, if the federal government regulates the provision of medical service through a Washington headquarters, if it regulates the fees that doctors are to receive when they participate in the system, if it regulates those who are to be consulted, it certainly is a system that is both socialized medicine and state medicine.

His influence was felt throughout the medical profession. In voicing its opposition to Truman's medical care program, the House of Delegates endorsed Dr. Fishbein's editorial attack on President Truman's medical care program. Dr. Fishbein made the following statement asserting:

No one will ever convince the physicians of the United States that this is not socialized medicine. It would place the medical profession and the sick who are treated by the medical profession directly under political control. It would breakdown the great system of

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private hospitals, the Catholic, the Jewish, the Protestant, and the community hospitals that have grown up in our country and destroy the philanthropic efforts for the care of the sick which have been the pride of our nation.... It would make the doctor a clock watcher and a slave to the system. It is the kind of regimentation that led to totalitarianism in Germany and the downfall of that nation.... It is the first step toward a regimentation of utilities, of industries, and, eventually, of labor itself. This is the very antithesis of what we call American.  

However, in the 1940's the conviction was spreading inside the American Medical Association that Dr. Fishbein was "bad medicine" for it. He had for twenty years outraged presidents of the Association. Presidents had become faceless, voiceless, and nameless, because Dr. Fishbein held all the strings, knew everything, and did everything.  

Finally, in 1949, the House of Delegates retired Dr. Fishbein as editor of the American Medical Association's Journal of American Medical Association. He was to make no more speeches on controversial issues. Through most of his years with the American Medical Association, Dr. Fishbein was an official spokesman for the American Medical Association.  

National Physicians' Committee.—The first machinery of any significance for the American Medical Association to combat compulsory health insurance came into existence in 1939. It seems to have been in response to the National Health Conference, held in 1938, and the first Wagner bill, that was introduced in Congress in 1939. It was comprised of doctors who had been

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6 Dr. Morris Fishbein, "The President's National Health Program," Hygeia, XXIV (January, 1946), 15.  
8 Time, June 20, 1949.
and were prominent in the American Medical Association and local societies.\(^9\) According to Carter, the executive board included three members of the American Medical Association Board of Trustees.\(^10\) The secretary of the National Physicians' Committee was also the secretary of the American Medical Association's Board of Trustees. This, perhaps, suggests an intimacy between the National Physicians' Committee and the American Medical Association. Yet there was no formal organic connection between them.\(^11\)

According to a press release, National Physicians' Committee was a primary instrument of propaganda for the American Medical Association. Funds for this machinery were solicited from physicians, medical institutions, and the drugs trade. The National Physicians' Committee served as an instrument of pressure for the American Medical Association from 1939 to 1949. Its chief methods were lobbying, pamphleteering, and advertising.\(^12\)

Clem Whitaker, and Leone Baxter.--Clem Whitaker, a member of the Public Relations team of Clem Whitaker and Leone Baxter, spoke to the National Medical Relations Conference in St. Louis, November 27, 1948. After hearing Whitaker speak, the American Medical Association decided to use his services. The National Physicians' Committee was dissolved. The change of machinery by the American Medical Association, perhaps, points up the crucial importance of the conflict over medical care. The American Medical Association then assumed direct charge of the campaign against the Administration's health

\(^9\)Davis, op. cit., p. 284.


\(^11\)Ibid.

\(^12\)Ibid.
insurance program by setting up the National Educational Campaign with Clem Whitaker and Leone Baxter in charge.\(^\text{13}\)

Clem Whitaker and his wife, Leone Baxter, operated in California. They managed political campaigns. Kelley holds that this is their specialty.\(^\text{14}\)

They have appeared in California for over twenty years as campaign directors for interest groups. Kelley feels that it was a Whitaker's and Baxter's inspiration to conceive of political campaigning as a business. Says Whitaker:

> We do our utmost, in every campaign, to get a dollar's value for every dollar spent, just as we would if we were merchandising commodities instead of selling men and measures.

> We use campaign funds not to dispense favors, but to mold public sentiments, to present our candidates or our issues in the most favorable light possible.\(^\text{15}\)

The Whitakers hold no position in any party hierarchy. Their services have been offered for a fee to clients who have an interest to protect. In addition to the public relations and campaign management firm, Whitaker and Baxter owned the California Feature Service and the Clem Whitaker Advertising Agency. The California Feature Service sends a weekly "clipsheet" of editorials and features to California rural newspapers and has sought to build up a network of Whitaker and Baxter propaganda outlets.\(^\text{16}\)

Since 1934, the proclivity of California politics for direct legislation, the desires of candidates for professional advice, and the needs of interest

\(^{13}\text{Ibid., p. 209.}\)

\(^{14}\text{Stanley Kelley, Jr., Professional Public Relations and Political Power (Baltimore, 1956), p. 39.}\)

\(^{15}\text{Ibid.}\)

\(^{16}\text{Ibid., p. 40.}\)
groups, provided the firm with a steady business. A complete chronicle of Whitaker's and Baxter's operations would be too numerous to list; however, the citation of a few will be sufficient to show how their political skills have been used in the political process.

The significant role that Whitaker and Baxter played in California politics, perhaps, can be judged by the type of clients that they served. They have worked for two types of clients; interest groups, and political personalities. Some of the interest groups are: Pacific Gas and Electric, Pacific Telephone and Telegraph, Standard Oil of California, California Teachers Association and California Medical Association. Some of the personalities are: Mayors Roger Lapham and Elmer Robinson, Lieutenant Governor George Hatfield, and Governors Earl Warren and Goodwin J. Knight. At the pinnacle of their political experience with California politics was the defeat of Governor Earl Warren's compulsory health measure in 1946. Ironically, they managed Earl Warren's successful campaign for the governorship in 1942. Perhaps the defeat of Warren's medical legislation by the California Medical Association sold their political skills to the American Medical Association for the purpose of combating national compulsory health legislation. Their chief method was a comprehensive program of organized propaganda.17

17 Ibid., p. 43.
CHAPTER IV

MEDIA OF INFLUENCE

A special-interest group recognizes that public opinion is an important weapon to be used in influencing governmental policies. Consequently, it will try to cultivate and develop attitudes that are favorable to its interest. It will use every conceivable means in the process. The National Physicians' Committee had the job of combating compulsory health insurance which was conceived to be a threat to the best interest of the American Medical Association. The National Physicians' Committee was the propaganda arm of the American Medical Association.

Pamphlets.--Just before the Democratic National Convention of 1940, the National Physicians' Committee placed in the Saturday Evening Post two full pages of advertisements. These advertisements pointed out the destructiveness of compulsory health insurance. It urged all the delegates to maintain the priceless heritage of American individualism by opposing candidates who favored "socialized medicine." To the American Medical Association, it seems that all government-related health programs are "socialized medicine."

One of its most widely distributed pamphlets, 28 pages of pocket size, bore the title, Abolishing Private Medical Practice or $3,048,000 of Political Medicine Yearly in the U. S. This depicted the alleged sinister menace of the 1943 Wagner-Murray-Dingell bill. The National Physicians' Committee told the people human rights as opposed to state slavery was the issue. The pamphlet

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1 M. M. Davis, Medical Care For Tomorrow (New York, 1955), p. 284.
2 Ibid.
said, "The doctors of the United States are faced with a real emergency. If they are informed—and will inform their patients and will inform their legislators, they will become the deciding factors in the settlement of the issue." In addition to the above, the National Physicians' Committee distributed a leaflet by Dr. Charles Gordon Heyd, a former president of the American Medical Association, entitled, Do You Want Your Own Doctor or a Job Holder? It was illustrated with a reproduction of Sir Luke Fildes' painting, "The Doctor," which depicted a nineteenth century physician in vigil at the bedside of a little girl. Physicians were supplied with copies for distribution to their patients.

To strengthen its propaganda on the destruction of the patient-doctor relationship, it sent to the newspapers a pictorial advertisement. The advertisement showed a nervous little old lady facing a stern physician and being told: "Make it snappy, sister. The doctor can't sit listening to your tale of woe, said the ad. He is not a private physician. He works for the government, not you. You are just one of the people assigned to him by the political overseer.... So snap into it, comrade!" This is an example of how the National Physicians' Committee appealed to the emotions, sentiments, and fears of human beings through the use of symbols and images. The National Physicians' Committee, local societies, and the drug manufacturers, spent $500,000 pamphleteering and lobbying to prevent action on the Wagner-Murray-Dingell bill. It was never considered by Congress; even though it had

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3 R. Carter, op. cit., p. 207.
4 Ibid.
5 Ibid.
the support of organized labor.6

Newspapers.--In 1945, Congress received a special message from President Truman. This message called for legislation on medical care. The President's proposals, which were cited in Chapter II, were introduced in the Wagner-Murray-Dingell bill in the 79th Congress.7

In reaction to this Wagner-Murray-Dingell bill, the National Physicians' Committee started a mass propaganda campaign. The National Physicians' Committee sent out a series of six paid advertisements to newspapers. They were entitled "Editorials to Editors." The National Physicians' Committee stated that its policy was to utilize to the maximum resources available to preserve our system of private enterprise. The National Physicians' Committee's advertisements urged editors to tell the American people about the perils that awaited them in compulsory health legislation. The sacred relationship between doctor and patient was threatened in "socialized medicine." Moreover, the doctors would be regimented and subordinated to bureaucrats. These advertisements, through the use of slogans and cliches, were designed to arouse fear in picturing compulsory health insurance as a fatal step toward totalitarian control over the lives and destinies of men.8

Radio.--The National Physicians' Committee also utilized the radio as a means of spreading propaganda concerning medical care. It sponsored a fifteen minute series on 12 radio stations. This program was made up of sweet music. A commercial was given just before the playing of the theme song

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7Congressional Digest, XXIV (June-July, 1946), 171.
8Geraldine Sartain, "Who Fights Health Insurance?" Nation, June 23, 1945, p. 691.
entitled "When Day Is Done." The commercial was given by a local family doctor who warned the listeners about the alleged evils of "socialized medicine."9

The National Physicians' Committee circulated, through doctors' offices and other media, millions of copies of pamphlets, attacking the Wagner-Murray-Dingell bill. It warned that the bill represented political medicine as well as the socialization of medical practices in the United States. Press releases were sent to 12,000 publications to scare the public away from all compulsory health insurance.10

Group Support.--Moreover, the National Physicians' Committee had the support of some vested-interest groups who opposed, perhaps, compulsory health insurance. The groups are the following: American Bar Association, United States Chamber of Commerce, Taxpayers' Association, Health and Accident Underwriters, hospital organizations, and voluntary health insurance groups.11 Thus, the National Physicians' Committee used many techniques in trying to develop a favorable attitude toward the American Medical Association's position on compulsory health insurance.

Lobbying.--The National Physicians' Committee spent astronomical sums on lobbying. In 1947, the National Physicians' Committee spent $345,000 to combat the passage of the Wagner-Murray-Dingell compulsory health insurance bill that was introduced in the 80th Congress. Figures available for the first nine months of 1948 indicated an expenditure of $353,000 for the same

9 Ibid.
10 Ibid.
11 Ibid.
purpose. In the words of Oscar Ewing, the doctors' lobby took first prize in spending the largest amount of money among business lobbies in Washington.12

The National Physicians' Committee campaigned against compulsory health insurance from 1939 to 1949. Through the high pressure tactics of lobbying, pamphleteering, radio, newspaper, and magazine advertising, and group support, the National Physicians' Committee and the local societies were able to forestall the enactment of compulsory health legislation. In fact, all the Wagner-Murray-Dingell bills died in committees. Carter asserts that the National Physicians' Committee killed milder bills sponsored in 1945 and 1947 by Senators Ralph Flanders, Irving Ives, and Lister Hill.13

The late Senator Robert A. Taft of Ohio, who was a conservative Republican, sponsored a counter proposal on health insurance in 1947. It was also defeated by the National Physicians' Committee.14

The National Physicians' Committee dissolved itself early in 1949. In a press release, it stated that its objectives had been accomplished.15 Yet, at this time, agitation for compulsory health insurance had increased tremendously. It is conjectured that the National Physicians' Committee had outlived its usefulness.16 Moreover, the American Medical Association, as an organization, had never campaigned against compulsory health legislation. But

14 Ibid.
16 Ibid.
with the election of President Truman in 1948, the American Medical Association decided, as an organization, to enter the arena of politics to fight compulsory health insurance with all of its resources.

**Analysis and Evaluation.**—The National Physicians' Committee endeavored to influence attitudes and opinions through the use of many propagandistic tactics. Institutional advertising was used extensively by the National Physicians' Committee for the purpose of trying to develop favorable public sentiments toward the American Medical Association's position on health legislation. Institutional advertising may be defined as the use of paid space or time in the communication media to promote or oppose policies. The use of slogans was employed by the National Physicians' Committee to manipulate the public emotions on the issue of health insurance. For example, the National Physicians' Committee used the slogan "socialized medicine" to describe the alleged menace of the Wagner-Murray-Dingell bill. The Wagner-Murray-Dingell bill did not represent "socialized medicine" at all. Because socialized medicine means that doctors are employees of the government and all hospitals are government institutions. However, the National Physicians' Committee was not concerned with the facts about this bill. It was basically concerned with attaching an obnoxious label to the bill for the purpose of defeating it. Thus, the National Physicians' Committee with the use of institutional advertising and lobbying was able to stymie the passage of health legislation.

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CHAPTER V

METHODS OF INFLUENCE

When Oscar Ewing, Federal Security Administrator, presented a report, "The Nation's Health," to President Truman, the American Medical Association went into action.¹ The American Medical Association made plans to raise a $3,500,000 political war chest to fight "socialized medicine." In the face of the Truman Administration's announced plans to push proposals for a Federal compulsory health insurance program, the American Medical Association assessed its 140,000 members $25 each to build the fund.² The funds would be used to carry on a "National Education Campaign" to fight "socialized medicine." The American Medical Association's main objective was to reach down to "grass roots" to convince the American people of the evils of alleged state medicine.³ Oscar Ewing assailed as "futile and tragic" the American Medical Association's plan to spend $3,500,000 to combat compulsory health insurance. He fired the Administration's first blast at the American Medical Association.⁴ In December, 1948, the American Medical Association hired the California public relations team Clem Whitaker and Leone Baxter. They were hired to direct the "National Education Campaign" against compulsory health insurance. The firm's services cost the American Medical Association

³ Ibid.

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Positive Alternatives.—Whitaker's and Baxter's first suggestion to the American Medical Association was that a "National Education Campaign" was not enough. Their experience in California had taught them that voluntary health insurance was the doctors' best weapon against compulsory insurance. The Whitakers told the American Medical Association the positive approach would be to offer an alternative plan to the Administration's plan. The voluntary health insurance plan became that alternative. Whitaker said: "We will offer a positive program, because we realize that you can't beat something with nothing... We believe that anything that the government can do for the people, the people can do better for themselves." 7

Next, the Whitakers secured the cooperation of private insurance companies. Some of the insurance companies that gave support to the American Medical Association are: The Bankers' Life, The Provident Mutual Life of Philadelphia, Bankers Life and Casualty Company, the Combined Life Insurance Company of America, and the International Association of Accident and Health Underwriters. 8 Their mandate to these companies was: "We want everybody in the health insurance business field selling insurance during the next two years as he never sold it before... If we can get ten million more people insured in the next year, and a million in the next, the threat of socialized

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5 Time, February 21, 1949, p. 48.
6 Ibid.
The private insurance companies collaborated with the American Medical Association to protect their vested interest. David Truman feels that "the alliance, whether formal or informal involves the development of a common strategy among several groups in pursuit of a policy which bears some substantive relation to the interest of each." Thus, the national health issue was discussed in terms of compulsory health insurance versus voluntary health insurance, or rather as "Socialized Medicine" versus "The Voluntary Way." Consequently, "The Voluntary Way was called the American Way," and "Political Medicine was Bad Medicine."  

Slogans.—The Whitakers then proceeded to discredit the "Report on the Nation's Health." They asked: "Does the Report on the Nation's Health give a factual picture of the people's health in America?" They answered: "No. This widely publicized Report is a hoax." They asked: "Who is for Compulsory Health Insurance?" and answered, "The Federal Security Administration. The President. All who seriously believe in a Socialistic State. Every left-wing organization in America... The Communist Party." Whitaker and Baxter used epithets and symbols which identified the report on "The Nation's Health" with extreme elements in society for the purpose of destroying its credibility.

The position Whitaker and Baxter presented for the American Medical Association went as follows:

The United States has the highest standards of medical care the world has ever known. It is true that there are many health problems that need to be solved, but

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9 *Time*, op. cit., p. 48.
11 *Kelley*, op. cit., p. 75.
this has been exaggerated by advocates of national health insurance. National Health Insurance does not really meet the problems. As in England, the AMA charged government medicine would mean assembly-line service. It would bring grave personal hardships, staggering taxes, patients assigned to doctors and doctors to patients, destruction of private medical records. It is a part of the trend toward complete socialization of American life: The Government proposes to assume control not only of the medical profession, but of hospitals, public and private, the drug and appliance industries, dentistry, pharmacy, nursing and allied professions.13

The above is an example of the propagandistic line that was employed to combat the compulsory health insurance movement. Furthermore, Chase avers that the accredited method used to kill a bill or to stymie a movement is to label it "communistic," "socialistic," and "regimented."14

Tie-in Advertising.—The propaganda campaign of the American Medical Association was extended tremendously through the use of tie-in advertising. This was another one of Whitaker's and Baxter's ways of molding attitudes on medical care. Whitaker and Baxter prepared a kit of advertisements supporting medicine's stand with tie-in themes suitable for use by merchants, dairies, restaurants, druggists, insurance companies, medical care plans, service clubs, civic groups, and trade associations. Some examples of the tie-in ads are:

"An Apple a Day," for grocers; "From Pills to Penicillin," for drugstores;
"Selling Milk is Selling Health," for dairies; "You Need It - I Sell It," for health insurance agents; "We Salute American Progress," for banks and "Rugged Not Ragged," for merchants.15

In conjunction with this, Dr. Henderson, who was the Chairman of the Board of Trustees of the American Medical Association,

13 Ibid., p. 75.


sent letters out to presidents of 25,000 business firms. The letters explained the American Medical Association's campaign objectives and requested the business firms to participate.\footnote{Kelley, \textit{op. cit.}, p. 85.}

To test the effectiveness of this technique, Whitaker and Baxter had the results of the tie-in ads checked by the Advertising Checking Bureau, Inc., the Western Newspaper Union, and Editorial Association. They got remarkable result. The result was the following: 65,246 individual advertisers had participated. They bought 1,186,594 inches of advertising space, and expended a total of $2,019,489 in addition to the American Medical Association's own expenditure of $1,100,000. These advertisements appeared in newspapers and Sunday supplements with a combined circulation of 115,630,487. Furthermore, the advertisements appeared in magazines which had a circulation of 55,202,080. Finally, 108,205,034 listeners heard the advertisements on radio. They called this mass advertising campaign a substitute for a national referendum.\footnote{Ibid., p. 86.} The American Medical Association sponsored a mass endorsement drive.

\textbf{Endorsements.--}The aim of the endorsement drive was to secure the names of organizations and groups who opposed compulsory medical care. The endorsers' names were sent to President Truman, U. S. Senators, Congressman, and state legislators. Furthermore, the action of these groups was released to the press and radio for maximum publicity. In the meantime, these groups were requested by Whitaker and Baxter to distribute literature to its members by using newsletter for news and editorials on the compulsory health insurance issue. At the end of 1949, Whitaker and Baxter had succeeded in getting 1800
organizations on record as opposed to compulsory health insurance. At the end of 1952, they had secured 8,000 more groups supporting the American Medical Association's stand on compulsory health insurance. This publicity campaign was an attempt to generate grass-root pressure on all phases of the governmental process. 18

Picture.--The picture technique was used by the American Medical Association to build up public sentiments against compulsory health insurance. For example, as noted earlier, a poster was used with color reproduction of Sir Luke Fildes' painting of a doctor at the bedside of a sick child. This picture was designed to emphasize the emotional and social bonds between the doctor and the patient. Underneath, the text read:

Keep Politics Out of This Picture

When the life of a loved one is at stake, hope lies in the devoted service of our Doctor. Would you change this picture? Compulsory health insurance is political medicine. It would bring a third party—a politician—between you and your Doctor. It would bind up your family's health in red tape. It would result in heavy payroll taxes—and inferior medical care for you and your family. Don't let that happen here! You have a right to prepaid medical care—of your own choice. Ask your Doctor, or your insurance man, about budget-basis health protection.19

The American Medical Association propagandists distributed 100,000 copies of this picture to general practitioners, dentists and drugstores.20

Opinion Leaders.--Some students of mass communications have been aware of "opinion leaders" in the formation of public attitudes. According to

18 Ibid., p. 81.
19 Carter, op. cit., p. 211.
20 Times, June 20, 1949, p. 50.
Harold Lasswell:

In local communities throughout America, there are individuals to whom the neighbors turned for the interpretation of the main happenings of the day. He may be a local banker. Sometimes it is a clergyman, or the principal of the high school, or the teacher of history and civic. Possibly it is a leading merchant... the opinion makers are the interpreters of the content of the mass channels for their neighbors.21

Whitaker and Baxter believed that the role of the doctor makes him an opinion leader among his patients. Further, he could serve as an instrument capable of organizing other opinion leaders. The personal physician of each member of Congress was instructed to inform his patient of the American Medical Association's views on national health insurance. Some members of Congress, particularly Senator Claude Pepper of Florida, received printed postcards from their physicians urging opposition to national health insurance.22 Moreover, the doctors distributed 77,000,000 pieces of literature to their patients along with their prescriptions. Thus, doctors' offices were used as pressure centers to influence attitudes on medical care. After Whitaker and Baxter had apparently built up public sentiments for the American Medical Association's position on medical care, they began organizing the local doctors for the purpose of trying to translate public sentiments into votes. This took the doctors into Congressional elections.

Analysis and Criticism.--In their pressure activity for the American Medical Association, Leone Baxter and Clem Whitaker directed an offensive

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22Consumer's Report, XV (February, 1950), 76.
campaign against President Truman's health insurance program. This made it possible for them to define the issue. They posed the issue as being "Socialized Medicine" versus the "Voluntary Way." They used emotional symbols to appeal to the sentimental attitudes of the public. They invented slogans in an effort to scare the public. Some of the slogans were: "socialistic," "regimentation," "communist," "increased taxes," "inferior medicine," "political medicine," and "red tape". Moreover, Whitaker and Baxter were able to generate pressure on Congress through the use of thousands of tie-in-ads and organizational endorsements. One veteran lobbyist states:

> Watching bills after introduction, lobbying before committees and among Congressmen, arranging for hearings in behalf of a measure presented are all vital parts of a...legislative program. Yet even these are mere incidents in the campaign. Back of all such endeavor there must be a nation-wide movement of public opinion voicing itself in a way that will be heard by every Congressman.23

Finally, the geographical distribution of doctors was of importance in this propaganda campaign to forestall the passage of compulsory health insurance. Through the doctors, it was possible for the American Medical Association to distribute its propaganda in almost every community in the United States.

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DOCTORS AND ELECTIONS

Baus holds that a political campaign is a battle of words, pamphlets, postal cards, letters, speeches, doorbell ringing, posters, and committees. Moreover, Helms and Odegard feel that special-interest groups have always tried, to some degree, to influence the electoral process. The fact that a candidate may be a Republican or a Democrat is less important than the fact that he may be for high tariff, wet or dry, for or against "socialized medicine." The American Medical Association, through its local doctors' groups, committees, and organizations, participated in the electoral process. The subsequent paragraphs will be a catalogue of some of the Congressional elections, in which doctors stood out.

O'Sullivan versus Buffet.—In Omaha, Nebraska, it was O'Sullivan versus Buffet. O'Sullivan was a Democrat and Buffet a Republican. Prior to the campaign for re-election, Congressman Eugene O'Sullivan had mailed 5,000 copies of the Committee for the Nation's Health pamphlet to home-town doctors and dentists. Along with the pamphlets, he sent a letter which stated: "I have some decided notions on this matter which are favorable to the President's Health Program." Meanwhile, Howard Buffet had made an acid attack on the

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Ewing report to the President on the Nation's Health. As a result of this action, the doctors supported Howard Buffet in the campaign. The doctors used many techniques in this campaign. The Healing Arts Committee directed the campaign in Nebraska. It was composed of 1,900 doctors, dentists, nurses, technicians, optometrists, and chiropodists. This battalion of doctors sent out 65,000 letters to the voters in the Second Congressional District of Nebraska. They appealed to their patients in their bills. Also, they sent appeals to patients in the hospital on food trays. Furthermore, they conducted two minute interviews in the communities with prospective voters. Finally, on election day, they had a motorcade to travel through the communities to get out the vote. Buffet, the Republican, won the election.1

Smathers versus Pepper.--In Jacksonville, Florida, it was Smathers versus Pepper. In 1950, the local doctors gathered for a talk with Senator Pepper, one of the U. S. Senate's most articulate champion of compulsory health insurance. The discussion got nowhere. Tempers were thin. Finally, Senator Pepper told the doctors bluntly: "I'm sticking by the Administration's health plan. I just don't care about your 2,000 votes in this state."5 In the spring of 1950, Florida's doctors fired back. Doctors all over the state chipped in $100 apiece; their wives staged parties to raise more. Political action committees in every county rallied behind 37-year-old George A. Smathers and went after Pepper in the Democratic primaries. Furthermore, the doctors got out their patient lists, dashed off hundreds of personal


5Henry A. Turner, op. cit., p. 181.
letters. From Tallahassee to Ponce de Leon, people began to tell each other, "My doctor thinks it's a good idea to vote for Smathers." Finally, on election day, medical workers phoned every professional man in the state before noon. More than 70 per cent, they found, had already voted. In some small towns every phone number in the book was called. By the time the primary balloting was over, it was certain that George Smathers would win by a landslide.

Campbell versus Capehart.--In Indiana, it was Campbell versus Capehart. Alex M. Campbell had been a member of the Truman Administration's "Little Cabinet." He returned from Washington to run for Senator on a straight Fair Deal platform, the health plank included. So the doctors swung into action. They collected all the Congressional candidates' views on health, published them in a pocket-size booklet, then saw that every civic leader received a copy. They asked for resolutions against compulsory health insurance--and got them from 2,055 Indiana organizations. They uncorked a $60,000 ad campaign. Also, in Lake County and in South Bend, doctors were organized in teams, assigned territories for getting voters to the polls. In Vanderburgh County, medical men sent out more than 10,000 personal letters. In Madison County, the doctors announced that only emergency cases will be attended on election day. In the meantime, Senator Capehart challenged the opposition to a series of "Lincoln-Douglas debates" on health insurance. Candidate Campbell shied off, so Representative Andrew Jacobs stepped into the breach.

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5 Ibid.
6 Ibid.
7 Ibid.
In the end, Campbell and Jacobs were beaten at the polls. 8

Analysis and Evaluation.—Prothro and Irish stated that the pressure group assumes if the citizen is properly oriented on politics in general that he will vote "correctly" in any given election. 9 This seems to have been the attitude of the doctors who participated in the electoral process. To be sure that voters would vote "correctly," the doctors blanketed them with thousands of letters and pamphlets. This propaganda was designed to build up public sentiments for their position on health insurance. Stuart Chase asserted that "pressure groups have always tried to elect the right Congressman." 10 The doctors campaigned vigorously for the candidates who supported their position on compulsory health insurance. On election day, they used motorcades and telephone calls to get the voters out to the poll to vote for their candidate. V. O. Key feels that much of the success of the doctors in the elections may be attributed to the fact that the Republican Party came out against compulsory health insurance. 11 For example, the Republican Party's platform of 1952 contained the following statement on health insurance:

There should be a just division of responsibility between government, the physicians, the voluntary hospital, and voluntary health insurance. We are opposed to Federal compulsory health insurance with it.

8 Ibid.
crushing costs, wasteful insufficiency, bureaucratic dead weight, and debased standards of medical care.\textsuperscript{12}

Finally, David Truman believes that the effects of interest group activity on the outcome of elections are highly variable.\textsuperscript{13}

\textsuperscript{12} Congressional Digest, XXXI (October, 1952), 243.

CHAPTER VII

SUMMARY AND CONCLUSIONS

At the beginning of this investigation, a pressure group was defined as an organized attempt to influence the policies of government. It has been the primary concern of this paper to point out some of the activities of the American Medical Association in attempting to prevent governmental policies of compulsory health insurance. The passage of the Social Security Act of 1935 provided the framework for the conflict over health insurance which is the concern of this investigation. Health insurance was recommended by President Roosevelt's Committee on Economic Security along with Social Security legislation. However, no health insurance provisions were contained in the act because the American Medical Association was able to forestall its inclusion. This marked the beginning of a persistent struggle between the American Medical Association and the government over health insurance. The first health bill was introduced in Congress by Senator Robert Wagner of New York in 1939. Senator Wagner's bill represented the recommendations of the "National Health Conference" which met in 1938. This bill instigated pressure action by the American Medical Association's first propaganda arm, the National Physicians' Committee. The National Physicians' Committee had the responsibility of combating compulsory health insurance which was conceived to be a threat to the interest of the American Medical Association. The National Physicians' Committee used many propagandistic tactics in trying to influence attitudes and opinions on the side of the American Medical Association's position on health insurance. It distributed thousands of pamphlets.
which discussed the alleged sinister menace of the 1943 Wagner-Murray-Dingell bill. In the pamphlet, the National Physicians' Committee told the people that the issue was human rights as opposed to state slavery. It also sponsored radio programs to strengthen its propaganda on the undesirable consequences of the passage of compulsory health insurance. The National Physicians' Committee deduced that if the Wagner-Murray-Dingell bill were passed, it would socialize the medical profession; and it would destroy the sacred relationship between the doctor and the patient. Consequently, the Wagner-Murray-Dingell health insurance bill was identified with the satanic forces of "socialism" and "communism." This irrational appeal to the emotions was designed to stampede the people into supporting the American Medical Association's position on health insurance. With a barrage of propaganda releases through every conceivable media of communication, the National Physicians' Committee was able to prevent the passage of any compulsory health insurance from 1939 to 1949. The National Physicians' Committee was dissolved as an instrument of pressure of the American Medical Association in 1949.

With the election of President Truman in 1948, who was a strong advocate of national health insurance, the American Medical Association decided, as an organization, to enter the arena of politics to fight compulsory health insurance with all of its resources. The American Medical Association used as its machinery of propagandistic warfare the services of the public relations team of Leone Baxter and Clem Whitaker of California to direct its $3,500,000 "National Education Campaign" against compulsory health insurance. The purpose was to direct a mass propaganda campaign to develop favorable public sentiments toward its position on "socialized medicine." Lincoln
said:

Public sentiment is everything. With public sentiments nothing can fail; without it, nothing can succeed. He who molds public sentiments goes deeper than he who enacts statutes or pronounces decisions. He makes statutes possible or impossible to execute.¹

The American Medical Association, realizing that the ultimate power to shape legislation resides in the people, conducted a grass-root pressure campaign to create sentiments favorable to its position. To accomplish this, Clem Whitaker and Leone Baxter, the machinery of pressure for the American Medical Association, used a multitude of tactics to mold attitudes. Whitaker and Baxter made every effort to magnify the alleged evils of President Truman's health insurance program. For example, the issue in the propaganda campaign was defined by Whitaker and Baxter as "Socialized Medicine" versus the "Voluntary Way." This was an attempt to discredit President Truman's health program by identifying it with an un-American scheme. Slogans, epithets, cliches, and labels were used. Some of them are: "communistic," "socialistic," "un-American," "fascist-inspired," "bureaucratic," "political medicine," "inferior medicine," and "bureaucratic red tape." These were used to frighten the American people into accepting the American Medical Association's stand. To further accent their propaganda campaign for the American Medical Association, Whitaker and Baxter secured thousands of endorsements from organizational supporters of the American Medical Association's stand on health insurance. For maximum effect, these endorsements were sent to the President, Senators, and Congressmen. The weight of numbers has a

tendency to accentuate the pressure on the political process. Another device used by Whitaker and Baxter was the tie-in advertisement, which appeared in thousands of newspapers and magazines. This was a substitute for a national referendum. Finally, Whitaker and Baxter induced the doctors to use their offices as pressure centers to influence the attitudes of their patients. This was a grass root effort to convince every American that the Truman proposal was "socialized medicine." Cullen B. Gosnell stated that "the Association's propaganda was based in part on the assumptions,...that many Americans are opposed to widespread socialization of the economy, fear proposals that are regarded as 'alien,' disapprove of excessive government expenditure, dislike the invasions of their privacy and expect doctors to be motivated by the highest humanitarian ideal."2

Furthermore, the American Medical Association, through its local doctors' groups, committees, and organizations, participated in the electoral process. The doctors, with the use of Healing Art Committees, fought legislators who advocated compulsory health insurance at the polls. They distributed thousands of leaflets and pamphlets. These activities were instrumental in the defeat of several legislators. For example, Senator Claude Pepper of Florida, Alex M. Campbell of Indiana, and Eugene O'Sullivan of Nebraska, were victims of the doctors' campaign activities. With all of these pressures on the legislative process, all compulsory health insurance bills died in committees. It is apparent that the American Medical Association's mass propaganda campaign from 1939 to 1950 was instrumental in styming all efforts to pass

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compulsory health legislation. Thus, the American Medical Association has demonstrated how a pressure group may forestall legislation that will affect its interest.

This study reveals that the propaganda activities of the American Medical Association in fighting President Truman's health insurance program have broad implications for the present struggle over medical care today. In fact, the American Medical Association is using similar tactics and techniques to fight the Kennedy Administration's medical care program. For example, Abraham Ribicoff, Secretary of the Health and Welfare Department, stated that the American Medical Association is using scare tactics to misrepresent the King-Anderson bill by labeling it as "socialized medicine."³

³"Health-Plan Battle: The AMA or JFK?" Newsweek, May 8, 1961, p. 98.
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