

UNSUNG HEROES OF UNIVERSAL HEALTH CARE

During the early 20th century in the United States many reformers (e.g. unionists, progressives, socialists) advocated government-funded health care following established German, British and other European models. Theodore Roosevelt supported the notion but with Woodrow Wilson's election in 1912 and then our entrance into World War I, the issue languished and whatever impetus remained for reform came from outside of government. This essay will focus on several champions of a national approach who although well known in their time are hardly remembered today.

HENRY SIGERIST

Perhaps the most articulate was Professor Henry Sigerist of Johns Hopkins whose face appeared on the cover of *Time* magazine (January 30, 1939) and was proclaimed in the accompanying article as the world's greatest medical historian and the nation's most widely respected authority on compulsory health insurance and health policy. The Swiss-born professor was no ivory-tower scholar and had a political agenda. He wanted to use the lessons of history to reform modern medicine and argued that "history spirals toward socialization." Professor Sigerist warned physicians against nostalgia for yesterday's individualistic ideals which he believed obstructed progress. Although American medicine was technically brilliant, it was delivered through an outdated, irrational and disorganized system based on fee-for-service practice: "It is unworthy of his professional standing for the physician to be forced to express the value of each individual service in terms of money as if he were a storekeeper. Those whose minds are on riches had better join the stock exchange."

Henry Sigerist wrote that as a society becomes more complex, states could no longer leave medicine to the whims of individual physicians but should encourage structured and collaborative forms of care delivery. He emphasized the importance of pooling resources, providing comprehensive preventive health care and health education. Henry Sigerist admired the efficiency of the state-sponsored German insurance system (introduced by Bismarck) and argued that socialism is rational, therefore scientific, and that socialized medicine was "the answer to over-specialization." Writing in 1938 the professor was explicit about what he had in mind:

It is socialized medicine, a system under which medical care is not sold to the population or given as a matter of charity. Medical care under such a system has become a function of the state, a public service to which every citizen is entitled. It is a system that allows the practice of preventive medicine on a large scale and makes it possible to apply all resources of medical science unrestrictedly.

Henry Sigerist singled out for praise a dust-bowl physician whom he described as “a doctor for the people.” It was an apt phrase since what befell this paragon of virtue was like an Oklahoma version of Ibsen’s *An Enemy of the People*, the local medical society undermining an idealistic doctor whenever possible.

MICHAEL SHADID

When Michael Shadid arrived in New York in 1898 as a penniless sixteen year old Lebanese immigrant, he was full of hope and believed in The American Dream. After peddling cheap jewelry for several years he saved \$5,000, enough to pay for medical school in St. Louis, and after practicing in small towns in the Midwest and South, in 1923 he moved to Elk City, a town of 4,000 inhabitants in western Oklahoma. Dr. Shadid soon found that many of his patients had mortgaged their farms or lost them in order to meet doctor and hospital bills. Not only were they not getting medical services they needed, but in his opinion the local doctors were taking advantage: “The exorbitant fees charged by many specialists are a disgrace to the tradition of our guild. They indicate an attitude akin to that of the highwayman who demands your money or your life.”

As Michael Hadid later described, he was “bitten by some filterable virus” and turned into a reformer. Like Henry Sigerist, he was an unapologetic socialist and proposed a prepaid group plan which would be based on the successful model of farm associations - “owned by their members and no one else.” For \$50 each, a family became a member of the group, the money used for capital expenditures to build a clinic and a small hospital which when it opened in 1931 was the country’s first cooperative hospital. According to Dr. Shadid:

Cooperative medicine will improve the condition of the doctors by freeing them from the uncertainties of private practice; the charity cases, the burden

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

His colleagues were not impressed; the county medical society expelled him and the state Board of Medical Examiners tried to revoke his license. He was refused malpractice insurance and was subjected to malicious rumors. He was called a “Communist Turk,” “a peddler of rugs,” “a fifth columnist,” an “atheist,” “a chronic drunkard,” a father of a daughter he drowned “because she married an American.” Checks were forged to tie him to the Communist Party.

However, Michael Shadid persevered, overcame resistance and drew national attention. An article in the *Readers Digest* (1943) was effusive:

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 farm community can build its hospital, pay for it, and hire a staff of competent physicians and surgeons. For rural America, Dr. Shadid and the Oklahoma farmers have shown the way toward a new level of medical strength and vigor made possible by prepaid group practice - the country medicine of tomorrow.

The Elk City project was a prototype of later cooperatives such as Kaiser Permanente in California and the Health Insurance Project (HIP) of Greater New York. But organized medicine considered them to be the first step down a slippery slope. An editorial in the *Journal of the American Medical Association* noted that “the promoters of federalization of our social and economic life in any phase, ride the advancing crest of a great wave of dictatorship which dashes upon the shore and soon retreats leaving destruction behind.”

FRANCES PERKINS

In February 1933 Franklin Roosevelt and Frances Perkins met in FDR’s New York City home. The president-elect wanted his colleague in the New York State government to become the nation’s Secretary of Labor. Perkins would not accept the position unless she could pursue the goals important to her. These goals were breathtaking: a minimum wage, maximum-hour laws, worker’s

compensation, unemployment compensation, public works, old age pensions and *health insurance*.

In accepting the position Frances Perkins became the first woman to serve as a cabinet secretary and over the course of her career she met all but one of her goals - health insurance. Opposition by the American Medical Association, that saw this as an intrusion into private practice, was so intense that it threatened passage of the 1935 Social Security Act. The esteemed surgeon Harvey Cushing wrote to the President that national health insurance would "lead to deterioration of the doctor, the demoralization of his professional code and the placing of the profession under a bureaucracy."

Frances Perkins was a self-made woman from New England who rose from humble origins to become the principal architect of the New Deal. She kept a folder on her desk called "Notes on the Male Mind." She later recalled that on the day FDR's cabinet first met, "I wanted to give the impression of being a quiet, orderly woman who didn't buzz-buzz all the time...I knew that a lady interposing an idea into men's conversation is very unwelcome. I just proceeded on the theory that this was a gentleman's conversation on the porch of a golf club perhaps. You didn't butt in with bright ideas."

In the 1930s, many people feared a conspiracy between communists and Jews to undermine the United States, so rumors that Perkins was Jewish compounded reports that she was a red sympathizer, or a Communist herself. The controversy over her identity and loyalties eventually reached Congress and in 1938, the new House Un-American Activities Committee (HUAC) targeted her. The attack came to a head in January 1939, when a Republican congressman from New Jersey, J. Parnell Thomas, introduced impeachment proceedings against Perkins to the House of Representatives.

Frances Perkins' alleged offense was failing to enforce deportation laws against an Australian immigrant named Harry Bridges who'd led a longshoremen's strike in San Francisco in 1934 and was rumored to be a communist. She found no concrete evidence that Bridges was a member of the Communist Party and so did not deport him, but her opponents used the incident as an excuse to drag her name through the mud. In private Roosevelt told Perkins not to worry, and in

public he made light of the impeachment proceedings but in reality, he could not stop them, even though Congress was dominated by Democrats. Perkins later wrote, with some understatement, “I didn’t like the idea of being impeached and was considerably disturbed by the episode.” She suffered through hearings and newspaper coverage but the Judiciary Committee eventually vindicated her, ruling unanimously not to recommend impeachment.

Unwilling to risk political capital on domestic programs, especially against powerful state medical societies, Roosevelt backed off from supporting national health insurance. Moreover, during his second term the nation’s mood had changed and people were less inclined to seek government aid than they had been in 1934. The economy was starting to mobilize for war, unemployment was down and some employers were providing private health coverage for people who were relatively young and healthy. Frances Perkins, the gadfly, continued to pursue the matter with the president but he said that perhaps the matter would be revisited after the war. Indeed in 1944 when seeking re-election for a fourth term, Roosevelt campaigned for an “Economic Bill of Rights” that included both “the right to adequate medical care and the opportunity to achieve and enjoy good health” and “the right to adequate protection from the economic fears of old age, sickness, accident and unemployment.” But FDR ran out of time.

However Roosevelt’s successor, the haberdasher from Missouri, was totally committed and proposed a single program that would include all classes and ages. Harry Truman insisted that this was *not* the dreaded “socialized medicine” and declared that “we can afford to spend more for health.” The following words that are extracted from his message to Congress in May, 1947 have particular relevance to the current debate:

National health insurance is the most effective way to meet the Nation’s health needs...Although the individual or small groups of individuals cannot successfully or economically plan to meet the cost of illness, large groups of people can do so. If the financial risk is spread among all our people, no one person is overburdened. More important, if the cost is spread in this manner more persons can see their doctors, and will see them earlier. This goal can only be reached through a national medical-insurance program, under which all people are entitled to necessary medical, hospital and related services...

Until [health insurance] is part of our national fabric, we shall be wasting our most precious national resource and shall be perpetuating unnecessary misery and human suffering.

In 1961 the actor Ronald Reagan, acting as a spokesman for the AMA, warned Congress:

If you don't reject [national health care] I promise you it will pass as surely as the sun will come up tomorrow....and behind it will come under federal programs that will invade every other area of freedom as we have known it in this country. Until one day...we will awake to find that we have socialism.

Nevertheless, when Lyndon Johnson's landslide victory over Barry Goldwater swept a Democratic majority into Congress, health care was a centerpiece of "Great Society" reforms. On July 30, 1965 Lyndon Johnson flew to Independence, Missouri to sign the Medicare and Medicaid Act in the presence of Harry Truman who then became its first recipient. LBJ quoted FDR who had described the Social Security Act as "a cornerstone in a structure which is being built but is by no means complete." Johnson noted that "perhaps no single act in the entire administration of the beloved Franklin D. Roosevelt really did more to win him the illustrious place in history that he has as did the laying of that cornerstone."

Two months before that event Frances Perkins suffered a stroke and died in New York City at the age of 85. LBJ made no mention of her name. But five years earlier she said this about her greatest achievement:

One thing I know: Social Security is so firmly embedded in the American psychology today that no politician, no political party, no political group could possibly destroy this Act and still maintain our democratic system. It is safe. It is safe forever, and for the everlasting benefit of the people of the United States.

JOHN DINGELL SR. AND JR.

In 1943 Congressman John Dingell of Michigan joined a pair of New Deal senators - New York's Robert Wagner and Montana's James Murray - to propose

a single-payer national healthcare system. The three sponsors travelled the country promising to “not give up until the fight is won.” The program would be amended to the Social Security Act and called for funding by federal grants-in-aid to states which were given broad discretion and could choose not to participate. FDR gave it tepid support but Henry Sigerist said that it didn’t go far enough. A modified Wagner-Murray-Dingell bill in 1943 called for compulsory national health insurance and a payroll tax and would cover physician’s fees subject to rate limitation set by the federal government.

Opposition was scathing, there was flagrant red-baiting and although John Dingell Sr. kept introducing the proposal through the rest of the 1940s and into the 1950s it never passed. Speaking in 1946 he decried “a deadly barrage of baseless propaganda” against his proposal and reminded Americans that healthcare must not be the privilege of a wealthy few but must be the right of all Americans.

After Congressman Dingell's death in 1955, his son John Dingell Jr. took his father’s House seat and continued to introduce the bill every year as “The United States National Health Insurance Act.” As a champion of New Deal, Fair Deal and Great Society legacies he fought against privatization of Social Security and Medicare and when Junior retired at the close of his twenty-ninth term, he was the longest serving member in the history of Congress - a span of 59 years!

He had presided over the House that approved Medicare in 1965 and was so instrumental in crafting the Affordable Care Act that when a critic asked whether he had read the bill, Congressman Dingell replied, “Read it? I wrote it?” To be sure, it wasn’t the single-payer approach that he and his father wanted and it didn’t contain as much control on insurance companies as “I think we ultimately are going to need,” but as he said, with passage of the ACA “healthcare is no longer a privilege, it is now a right.”

What’s remarkable, is how many of the same themes are being repeated today. The more things change, the more they are the same.

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