

the job. Surely it is better to have our policy set forth in American terms and by responsible authority than in foreign terms and by irresponsible persons. The only valid test of any activity in war time—or in the present distressingly warlike “post-war” period—is its result, not the motive or the relative inefficiency of the operation, or the personalities of those directing it, or the expense. By this test the OWI has served its purpose; it has produced results within the field to which it was assigned, and that field cannot now be vacated. Propaganda is a continuing process; the OWI changed the whole attitude of Iceland’s highly cultured

leaders toward the United States with a series of articles and radio programs on American arts and science, and helped further Icelandic cooperation with the United States troops stationed there, but last spring the outpost was closed, leaving the field for British and Russian propaganda. The results are not altogether happy to contemplate.

We may have to get over our abhorrence of “government propaganda,” and decide that if we are to live amicably with our neighbors in the world of tomorrow, we had better try to tell them more about what kind of people we are and the way we operate.

## Who Fights Health Insurance?

BY GERALDINE SARTAIN

THE battle against health insurance is on again, this time characterized by several new developments. The most important of these are the advertising campaigns promoted by the organized medical profession in its last-ditch stand against what it calls “socialized medicine.” One campaign uses the press as its medium and another the air waves. It is interesting to note that in order to underwrite this type of propaganda the doctors had to do a complete about-face and lay aside their traditional opposition to paid advertising.

Even before Senator Wagner introduced the streamlined Wagner-Murray-Dingell bill on May 24, the organized medicals had gone into action. For the fear of “political medicine” has hung over the American Medical Association ever since the late thirties, when Senator Wagner first introduced an extended social-security measure containing insurance provisions that would enable 135,000,000 people to receive comprehensive medical care. His present bill also would provide every man, woman, and child in the country with good medical care, paid for by 1½ per cent of every wage-earner’s pay check, plus a like sum from the employer, plus 3 per cent of the earnings of the self-employed, plus government taxes to cover the indigent.

Through the National Physicians’ Committee for the Extension of Medical Service, which has the blessing of the A. M. A., a series of six paid advertisements entitled “Editorials to Editors” and designed to reach the thousands of newspaper editors in this country began running last month, in *Editor and Publisher* and other newspaper trade journals. Each of the series contains a statement of policy in which the committee frankly admits that it “is utilizing to maximum capacity its resources and organization strength in ceaseless efforts to preserve our system of private enterprise.” Nothing is said about preserving the health of the nation.

The advertisements urge editors to tell the American people what perils await them: that their “priceless heritage,” the private-enterprise system, is endangered; that “the sacred relationship between doctor and patient” is similarly threatened (no mention is made of the millions of our people who have virtually no relationship with doctors, sacred or otherwise, because they haven’t the money to pay for it); that “the sanctity of human personality” will be undermined; that doctors are “to be regimented and made subordinate to the

bureaucrat, and the people forced by law to accept such medical care as could be provided by a politically appointed bureaucrat.”

John M. Pratt, author of the series, executive administrator and publicity man for the committee, has explained that the idea of propagandizing newspaper editors—at a cost of \$7,000 for the six advertisements—was the result of two years of experiment on various approaches “to a very delicate public-relations problem.” The problem was solved by slanting the editorials so they would arouse fear, while dark hints that health insurance “is a fatal step toward complete totalitarian control over the lives and destinies of all men” play further upon the emotions.

The radio campaign is a large-scale attempt at direct popular propaganda, using the fear technique also, but more subtly. A weekly fifteen-minute radio series called *American Medicine* started last fall over twelve stations of the Michigan network under the auspices of the Michigan Medical Society. Now this is planned as a national program to be put on by the medical societies of sixteen states and the District of Columbia. It is a disarmingly friendly program, made up of sweet music with a final commercial plug just before the theme song, “When Day Is Done.” This plug contains “a brief message from your family doctor” warning the listeners that “no theoretical plan, government controlled and operated and paid for by taxation, should replace the present plan, which allows you to choose your own doctor.” Actually the Wagner-Murray-Dingell bill specifically safeguards Mr. and Mrs. America in the right to choose their own doctor and the doctor in his right to choose or reject his patients, as well as to join the new health-insurance system or remain outside it.

The proposed national radio show was auditioned recently by the heads of the seventeen medical societies meeting at the headquarters of the Wayne County (Michigan) Medical Society in Detroit. They promptly voted to underwrite the cost. According to the amusement magazine *Billboard*, the program “is angled at the hottest potato in the field of medical practice today, namely, the Wagner-Murray-Dingell bill now before Congress, which sundry medical societies, backboned by anti-Administration pressure groups, have widely smeared with the label of ‘socialized medicine.’” A station in Detroit will

originate the program and feed it to a special network hook-up of eighteen high-power stations if they accept the program.

Some of them refused it after *Billboard* ran a streamer line on its almost full-page story, plus an editorial, warning the radio industry that such special pleading presented in the guise of entertainment is bad for radio. *Billboard* pointed out that the program American Medicine was first turned down by CBS and by stations owned and operated by Columbia because it was controversial. It quoted C. H. Chapman of the Detroit advertising agency handling the program to the effect that it would reach 71,000,000 listeners in 90 per cent of the radio homes at a cost of \$70,000 for thirteen weeks. This cost included an \$8,000 appropriation for special promotion material to be distributed by doctors belonging to the sponsoring medical societies.

It was figured that the program would cost the 75,000 physicians belonging to the seventeen societies 7 cents a week, or less than \$1 a member for the thirteen-week series. The Michigan Medical Society has already spent \$21,000 for radio within the borders of the state, *Billboard* estimates, starting with a five-minute show over twelve small stations which was later stepped up to fifteen minutes. Its current program is a dramatized sketch based on "true-to-life" medical experiences from listeners' letters, the bait for the letters being a weekly prize of \$35 in war bonds.

These two campaigns, although new and somewhat startling for the medical profession, are a logical development of its line of propaganda during the last few years. The trade association of organized medicine, the American Medical Association—which fought hospital insurance and prepayment health plans in general until it lost its battle against medical cooperatives in the United States Supreme Court—has long been the spearhead of the fight against both compulsory national health insurance and state legislation providing the same benefits. It has now united with some drug manufacturers and casualty-insurance companies, and seeks to woo big business in general. In California the State Medical Society, with the help of chambers of commerce and other business groups, was able to bottle up in committee both Governor Earl Warren's compulsory health-insurance bill and a similar bill put forward by organized labor.

The National Physicians' Committee for the Extension of Medical Service, sponsored by the A. M. A., has for some time been engaged in a double-barreled, three-year campaign, for which it is raising a million and a half dollars, to kill the Wagner-Murray-Dingell bill and to push health-insurance coverage by commercial insurance companies. The committee is pursuing this course despite the fact that commercial health insurance offers no medical services but merely cash benefits for hospitalization and surgery—in other words, provides for catastrophic illness only and ignores the preventive aspects of medical care. Moreover, since commercial health insurance offers coverage only to people belonging to sizable employed groups, the great masses of the population are ineligible for its benefits.

At a public meeting last year the committee held out to these companies the lure of a billion dollars in new business. It has already circulated, through drugstores, doctors' offices, and other media, millions of copies of a pamphlet attacking the Wagner-Murray-Dingell bill as "political medicine

and the socialization of medical practice in the United States." Some *Nation* readers have doubtless received this pamphlet inclosed with their doctors' bills or the packages their druggists hand them. In addition, the committee sends regular releases to 12,000 publications to scare the public away from all government plans, state or federal.

All of this is happening in the face of Senator Wagner's clear-as-glass statement and the plain language of the bill itself. Senator Wagner has said:

Health insurance is not *socialized* medicine; it is *not* state medicine. It is simply a method of paying medical costs in advance and in average amounts . . . of assuring a person ready access to the medical care that he or she needs by eliminating the financial barrier between the patient and the doctor or the hospital. Therefore it should be obvious that health insurance does not involve regimentation of doctors or patients. Neither do I believe that the doctors of this country will lower the standards of medical care simply because they are guaranteed payment for their services. . . . Social insurance has not interfered with our system of free enterprise; on the contrary, it has helped to make our system of free enterprise operate more smoothly and effectively.

Similarly, Arthur J. Altmeyer, chairman of the Social Security Board, has said:

We think a good program of social security is absolutely necessary if we are to continue to make economic progress, maintain a stable society, and promote a more productive system of free enterprise. When we loose the chains of fear, we really give enterprise a tremendous boost.

In their opposition to compulsory health insurance the A. M. A. and its allied groups have been joined by the American Bar Association, the United States Chamber of Commerce, some other business groups, hospital organizations with a vested interest in voluntary health insurance, some of the farm agencies, the Health and Accident Underwriters' Conference, which has a vested interest in voluntary plans because of the 30,000,000 health and accident policies and the 16,000,000 hospitalization policies in the United States, the American Taxpayers' Association, and similar groups pledged to keep taxes down. On the other hand, all branches of organized labor are for it, and so are the National Farmers' Union and the National Lawyers' Guild. And one must point out that several organizations of progressive physicians have emerged in the last few years. The most important is the Physicians' Forum, the chairman of which is Dr. Ernst Boas, distinguished New York heart specialist, son of the late renowned anthropologist, Dr. Franz Boas. The Forum is an expanding and militant body with growing influence in both professional and lay circles. It is pledged to support the Wagner-Murray-Dingell bill and corresponding legislation. The Committee of Physicians for the Improvement of Medical Care, a small, compact group made up mostly of doctors on the staffs of top-rank medical schools, is another progressive medical body supporting national health insurance.

The battle lines are drawn. Hearings before the Senate Finance Committee and the House Ways and Means Committee are promised for this year. Only a few years ago health insurance was a social problem perceived and understood by a mere handful of persons. Today many national polls show that it is wanted by the majority of the American people.

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