

PPF 1031
MILBANK, JEREMIAH

KINGSBURY, John A.
Milbank Memorial Fund,
New York City.

See 944 for President's letter dated November 2,
1933, to -- regarding Mrs. Harrison Eustis
who has used trained dogs in connection
with infantile paralysis cases.

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P.P.F.

In the Milbank quarterly, which I am sending under separate cover in the hope that you will have an opportunity to glance at it, I have outlined briefly a plan which I have formulated as a result

PPF 1031
MILBANK, JEREMIAH

FDR-MD

December 4, 1933.

M.P.F.

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Dear John:

I am delighted to have your interesting letter. I wish much you would have a talk with the Secretary of Labor, the Secretary of the Interior and the Head of the Public Health Service. I am inclined to think that by next winter it will be time for us to take up the general health problem from the national point of view.

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6
212

Always sincerely,

X 103 2/6
X PPF 528

John A. Kingsbury, Esq., #
Milbank Memorial Fund,
40 Wall Street,
New York City.

In the Milbank quarterly, which I am sending under separate cover in the hope that you will have an opportunity to glance at it, I have outlined briefly a plan which I have formulated as a result

PPF 1031
MILBANK, JEREMIAH

MILBANK MEMORIAL FUND

40 WALL STREET · NEW YORK

November 24, 1933

OFFICE OF THE SECRETARY

Dear Mr. President:

I wonder if by any chance you saw the outline of a national health plan which I presented in the last Milbank Quarterly. It was so widely and on the whole favorably reviewed, with editorial comments in papers throughout the country, that I thought it might have come to your attention in spite of the multitude of matters which are pressing through the fringe into the focus of your consciousness.

Before you went to Washington you were good enough to indicate that you would like to talk to me about national health, and I have sought several opportunities to do so; but I recognize that more pressing matters were occupying your time and attention. In the opinion of most recognized experts, there is a health emergency facing this country, the initial effects of which are just beginning to manifest themselves as a result of serious malnutrition. As Dr. Welch, of Johns Hopkins, said at our Advisory Council meeting more than a year ago: "Any undue retrenchment in health work is bound to be paid for in dollars and cents as well as in the impairment of the people's health generally. . . Undernourishment of children, for example, is not likely to show itself immediately, but is bound to show its effects later, when it is probably too late to remedy. The ground lost by undernourishment in childhood may never be regained."

At a recent meeting of the Administrative Committee of the American Public Health Association, the existing emergency in state, city, and local public health organizations was reviewed, and the serious implications were recognized. Action was taken expressing enthusiastic support of the statement in your introduction to the New York State Health Commission report, that nothing is more important to the State than the health of its people. And hope was expressed that you would exert the great influence of your office to arouse the people of the nation, as you aroused the people of your State, to the end that a national health plan might emerge.

In the Milbank Quarterly, which I am sending under separate cover in the hope that you will have an opportunity to glance at it, I have outlined briefly a plan which I have formulated as a result

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of conferences with Commissioner Parran, Homer Folks, Dr. Linsly Williams, and other recognized experts in this field. This is an outline only. I would be glad to have an opportunity to present a more detailed plan for your consideration and to discuss the subject with you at your convenience. You will find in this same number of our Quarterly several very important articles on the results of the depression on the health of the people, which have grown out of studies which we have been carrying on for the past year in cooperation with the United States Public Health Service and the Health Service of the League of Nations. Dr. C.-E. A. Winslow, Professor of Public Health, Yale University, recently wrote me as follows concerning this report:

This is a most remarkable document not only on account of your far-reaching and inspiring "Health Plan for the Nation" and the fascinating preview of "Red Medicine" but also for the very remarkable series of papers on the depression and its effects on health. I have seldom seen more of interest packed between two covers.

I have, of course, been following with enthusiasm the development of your great program step by step. Naturally, I have been hoping that your program would soon embrace a health plan for the nation as comprehensive as the one which you developed for the State of New York. I want you to know that all those who worked with you then are ready to respond to your call at any time. Indeed, I wish I might go to Warm Springs to discuss this important matter with you.

The Litvinov dinner last night was indeed an historical occasion. I wish you could have heard the round of continuous applause when Colonel Cooper stated that this would go down in history as one of the great achievements of your administration. I most heartily congratulate you upon the outcome of these important negotiations.

Cordially yours,

John A. Kingham
Secretary

The Honorable Franklin D. Roosevelt
Warm Springs
Georgia

JAK:EB

PERSONAL

Warm Springs, Ga.,
December 4, 1934.

My dear Mr. Milbank:-

Perhaps you have read of the plan initiated by Colonel Henry L. Doherty and approved by the Trustees of the Georgia Warm Springs Foundation, for holding on January 30, 1935, throughout the Nation, in every town and community, a Birthday Ball in honor of my fifty-third birthday.

I am enclosing copies of the letters which fully describe the purpose of this birthday celebration and how the funds so raised will be used. As a part of this plan, thirty per cent of the money is to be presented to me by the National Committee for the Birthday Ball for the President, which money I will in turn give to a special commission for the express purpose of advancing through financial assistance, the research work now being carried on in the fields of Infantile Paralysis immunization and prevention.

I have designated this special commission "The President's Birthday Ball Commission for Infantile Paralysis Research" and I am asking that you serve as a member and Vice Chairman of this Commission.

The Commission itself will consist of eleven people, the Chairman of which will be Colonel Henry L. Doherty and you, of course, as Vice Chairman.

See P.P.F. 310 "The President's Birthday Ball Commission for Infantile Paralysis Research" for correspondence

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It is my thought that if you and the other members of this Commission will meet shortly and plan the necessary machinery for the functioning of your Commission, and also the appointment of an Advisory Medical Committee, should you deem it wise, that your plans can be so comprehensively laid that only a second meeting will be necessary after the nation-wide celebration is over and the amount of money is ascertained. Perhaps at this meeting you could appoint a small executive committee to disburse, if possible, the funds, within a period of twelve months, so that early financial assistance may be given to bring about this vital and far-reaching objective.

I have followed with interest the splendid work which you have done toward the welfare of your fellow citizens, and I can assure you that it has given me great personal pleasure to have you accept this appointment.

Always sincerely,

Jeremiah Milbank, Esq.,
40 Wall Street,
New York, N. Y.

(Enclosures)

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MILBANK, JEREMIAH

MORGAN, Hon. Keith
New York, N.Y.
June 17, 1937

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Writes Miss LeHand, submitting suggested letters which the President may want to use in writing the members of the President's Birthday Ball Commission for Infantile Paralysis Research and Advisory Medical Committee to the President's Birthday Ball Commission for Infantile Paralysis Research. - Chairman Jeremiah Milbank wrote the President on May 17 sending copies of two reports, one by Dr. Paul deKruif, Sec. of the Commission and second, a letter from Dr. George W. McCoy, Chairman of the Advisory Medical Committee, giving their views and results of this work so far. - On May 17, Henry L. Doherty also sent the President his report re this work. On June 29, the President wrote to the following, thanking them for their services and fine work: These are similar letters but not identical - Chairman Milbank, NYC; Dr. Donald B. Armstrong, NYC; John S. Burke, NYC, Mrs. James Couzens, Birmingham, Mich. (widow of Senator Couzens, who was on this Commission); Dr. DeKruif, Holland, Mich.; Edsel B. Ford, Fordson, Mich.; Rev. Dr. Raymond B. Fosdick, NYC; Edward S. Harkness, NYC, Dr. Geo. W. McCoy, Wash., D.C.; Mrs. Wm. J. B. Macaulay (formerly Mrs. Nicholas Brady), Rome, Italy; Dr. Max M. Peet, Ann Arbor, Mich.; Dr. Thomas M. Rivers, NYC; Lessing J. Rosenwald, Abington, Pa.; Felix Warburg, NYC; -- On June 30, Mr. Morgan wrote Miss LeHand asking re these letters and also suggesting a press release on this subject. - Mr. Early wrote Mr. Morgan on July 12, saying he has condensed this 8-page report to a 4-page digest for a press release. Asks for comments. - Mr. Morgan wrote Miss LeHand on July 13 further re this subject. - Mr. Morgan wrote Mr. Early on July 14, saying press release has the approval of Basil O'Connor and himself. -- On July 16, Mr. Early replied suggesting this be released on or about July 25th. Asks advice. - Mr. Morgan replied July 21st leaving release date up to Mr. Early. - Attached is press release dated Wednesday, July 28th.

SEE - P.P.F. 310 - The President's Birthday Ball Commission For
Infantile Paralysis
Research.

vmb

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MILBANK, JEREMIAH

P.P.E.

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April 6, 1938.

Personal

My dear John:-

I am greatly appreciative of your letter -- it is the kind I need -- and I am delighted with your pamphlet.

The same old crowd that has fought us so often is still at it -- and only death will mend their ways. Nevertheless, you are right about the plain people of this country. Even if it is almost impossible for them to get honest news, they sense that fact and still believe in people who are working for them.

I do hope to see you one of these days.

Always sincerely,

John A. Kingsbury, Esq., #
3 Fairfield Place,
Yonkers,
New York.

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xpp7762

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MILBANK, JEREMIAH

JOHN A. KINGSBURY
3 FAIRFIELD PLACE
WARM SPRINGS, GEORGIA

March 29, 1938

Dear Mr. President:

Permit me to congratulate you on your admirable Gainsville Speech. It ought to convince economic royalists and fascists that, in your fight on behalf of the submerged third, you will never beat retreat, despite their barrage of echo letters and telegrams.

As I have wired you on similar occasions: I am confident that "the world steps aside for the man who knows where he is going". Unhappily this is true momentarily, even when he is going in the wrong direction, but surely is an eternal truth when the man is going in the right direction, as you certainly are.

I said this to Aubrey Williams a few days ago and he suggested that it would be encouraging to have an old friend say it directly to you. From what I hear in my travels, I am confident that the plain people of America believe in you as they always have. They are still strongly back of you. They are not deceived by the cry of voices in the subsidized press, any more than they were in 1936.

You may be interested to know that, although I was fired from the Milbank Fund, largely because I loaned its expert staff to your Committee on Economic Security, I am still working, through all channels open to my voice and pen, to make medical care available to all the people.

I wish you might find time to read my "Pugsley Award" Address entitled "Health Insurance in a National Health Program", inclosed herewith. I venture to think it may be worthy of your attention, since it has been so highly commended by Dr. Parran, Sir Arthur Newsholme and other distinguished health authorities. If it does interest you I would be glad to have the privilege of a talk with you about the plan therein outlined.

With highest esteem and admiration for your Lincolnian fight to free the people from economic slavery, I am, as ever

Sincerely your friend

John A. Kingsbury

JAK:AB
Hon. Franklin D. Roosevelt
Warm Springs, Georgia

X121-A
x103

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MILBANK, JEREMIAH

JOHN A. KINGSBURY
3 FAIRFIELD PLACE
YONKERS, NEW YORK

March 29, 1938

Dear Miss Lehand:

Aubrey Williams suggested that if I sent you the inclosed letter to the President it would reach him. I recall that in the old days this was always true, but I have felt that, under present circumstances, it was hardly fair to bother you.

However, since I have rarely had a reply to anything I have sent "through regular channels", I am venturing to ask you if you will be good enough to bring the inclosed to the President's attention. At least once in four or five years, I would like him to know that I am one of many old friends who are still standing by; and that, in this disjointed world, I glory in the fight he is making for the plain people. Indeed, his fidelity to their cause, his courageous spirit, is one of the few bright spots on the dark horizon.

I know the President is deeply interested in the subject of the inclosed paper, and I venture to believe the plan outlined will appeal to him.

Assuring you that I will appreciate your kindness in bringing my letter and inclosure to the President's attention, with kindest personal regards and admiration for the great service you continue to render to the President and to the country, I am

Sincerely yours

John A. Kingsbury

JAK:AB

Miss Margaret Lehand
Warm Springs, Georgia

xPP7200 Gainsville Speech

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MORGAN, Keith
COMMITTEE FOR THE CELEBRATION OF THE
PRESIDENT'S BIRTHDAY
New York City, N. Y.
June 12, 1942

Letter to Miss Tully, saying that he has a letter from Jeremiah Milbank advising that he has in his files three years correspondence relating to the President's Birthday Ball Commission for Infantile Paralysis Research. Mr. Milbank was the Vice Chairman, but actually the Acting Chairman of this group, and he wants to know what to do with these files. Mr. Morgan thought possibly the President might like to have them for the Franklin D. Roosevelt Library as they evidently have some interesting information in them. Ackd. June 16, 1942, by Miss Tully saying that the President would like very much to have this file for the Library and asks Mr. Morgan to make the arrangements for them to be sent direct to Mr. Shipman at the Library.

SEE - PPF 4885 - Committee folder

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MILBANK, JEREMIAH

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KINGSBURY, John A.
Lavorika, Shady, N. Y.
April 17, 1944.

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Wrote the President concerning a report which Governor Thomas E. Dewey made and was published in The New York Times on April 15th, entitled "Report on the First Year of His Governorship," wherein he virtually charges the President and his other immediate predecessors with failure to recognize the vital importance of Public Health to the people of the state. Mr. Kingsbury felt that the public's attention should be called to the Governor's gross misrepresentations and therefore he has written a letter to the Editor of The New York Times which it is hoped will be published. Encloses a copy for the President's information. In closing Mr. Kingsbury says he hopes the President is feeling fit again and that Mr. Harry Hopkins will regain his health in order to relieve the President of some of his heavy burden. --- Presidential Memorandum for the Surgeon General of the Navy dated April 21, 1944, the President forwarded the above letter from Mr. Kingsbury and said "Admiral McIntire to read with great care and prepare a letter to Dr. John Kingsbury. Be rougher than you have been before." --- The President wrote Mr. Kingsbury on May 3, 1944, thanking him for bringing to his attention the inaccuracies in Governor Dewey's statement on health conditions in his report on his first year in his governorship. The President agrees with Mr. Kingsbury in calling to the attention of the people of the State his inaccuracy in stating that the health department of the State of New York has grown like Topsy. Says that Mr. Kingsbury is correct in his statement that the organization of a special commission to make recommendation to the governor resulted in making the 1913 law operate efficiently. The President looks with great pride on the fine work that has been done in the care of tuberculous citizens of New York. Another outstanding contribution made by the Health Department during those years while the President was Governor was the improvement in the care of mental patients, and New York today stands as a fine example of what can be done for those unfortunates. In closing the President says that Mr. Kingsbury or he has no reason to apologize for anything at all that was done through the years in which they were responsible for conducting the affairs of the Public Health Service of the State of New York. --- Pencil notation - Copy of this reply sent to Dr. McIntire's Office - 5-4-44. --- Telegram to the President from Mr. Kingsbury dated May 8, 1944, requesting permission to publish the President's letter to him of May 3, 1944. Further states that N.Y. Times has refused to publish his letter but is hopeful of getting PM and Chicago Sun to publish it. --- Memo to Mr. Early May 9, 1944, from Mr. Blake stating that he talked it over with Judge Rosenman, who felt that the President should not be drawn into the situation but that Dr. Parran, mentioned in Mr. Kingsbury's letter to N.Y. Times should reply. --- Mr. Early in a letter to Dr. John A. Kingsbury on May 9, 1944, re request to quote from the President's letter of May 3rd. Says that the letter was a personal letter and not written with the thought of its publication and does not think it should be released to the Press.

See - 3850

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"I heartily concur in the decision of the Conference to give you the award for the outstanding contribution to the meeting. What an enormous amount of time and thought must have gone into the preparation of this article! It is the most complete statement of all of the health needs of the country that I have seen."

Quoted from letter from Hon. Thomas Parran, Jr., M.D.
Surgeon General of the United States Public Health Service.

social work of all those presented by professional societies at the annual meeting. The Pugsley Award is the gift of Chester D. Pugsley and has been granted after each annual meeting for the past several years.

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MILBANK, JEREMIAH

**HEALTH INSURANCE IN A NATIONAL
HEALTH PROGRAM**

JOHN A. KINGSBURY

THE 1937 PUGSLEY AWARD

The Conference Editorial Committee voted unanimously that Mr. Kingsbury's paper made the outstanding contribution to the subject matter of social work of all those presented by professional social workers at the annual meeting. The Pugsley Award is the gift of Chester D. Pugsley and has been granted after each annual meeting for the past several years.

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PPF 1031
MILBANK, JEREMIAH

HEALTH INSURANCE IN A NATIONAL HEALTH PROGRAM

(PUGSLEY AWARD)

*John A. Kingsbury, Associate Fellow
New York Academy of Medicine
Yonkers, New York*

I

THERE is no greater need today, in promoting the welfare of our nation, than a comprehensive national health program. Within the framework of our economic system and under existing conditions of social insecurity, compulsory health insurance must have an important place in any such program.

The Social Security Act of 1935 provided for the development of more adequate federal, state, and local public health services than we have hitherto possessed. In the year and a half which have elapsed encouraging progress has been made, especially through appropriations made under Titles V and VI of the Act.¹ Such preventive services as the public health and the public welfare authorities can furnish to communities as a whole have been greatly strengthened, and more may be expected in the years next ahead; but no provision was made to enable self-supporting families of small and moderate incomes to budget against the loss of wages suffered on account of disabling illness among wage-earners and salaried workers, and no provision was made to give people protection against the costs of medical care. If, while that important act was before Congress, the social workers

¹ Title V authorizes appropriations for grants to states for maternal and child health studies, services for crippled children, child welfare services, and for vocational rehabilitation; Title VI authorizes appropriations for grants to states for public health services and for investigations by the Public Health Service.

of America had been organized to serve their cause with half the zeal with which the American Medical Association served its vested interest in sickness, wage-earners and others of small means would not have been left unprotected against the serious economic consequences of illness. A small, selfish group so contrived that America's program for social security was brought into being without health insurance. Accordingly, our system of social security lacks completely that unit which long experience abroad has shown is the first essential in social insurance. We are still without protection in this country against the costs of sickness, despite the fact that in ordinary times sickness is the principal cause of poverty and dependency.

A comprehensive national health program should be designed not only to protect all the people from contagious disease, to promote their health and vitality, to give special protection to mothers and children, but also to furnish protection against wage loss and to make good medical service available to all the people. Our health services have grown up without plan or design. It is time that this was reduced to order and the glaring deficiencies were made good.

There are five broad elements in a national health program: (1) public health; (2) protection for maternity, infancy, and childhood; (3) public medical services; (4) medical-care insurance; (5) disability and invalidity insurance.

No one of these is a substitute for any other. If we would have real protection of the nation's health, if we are to see the mass of our people safeguarded against sickness, we must have all five.

The five elements are not sharply separable, one from the other. Each overlaps one or more of the others in scope, in content, and in administrative method. I will not undertake to elaborate the details of a comprehensive health program, but I will briefly characterize each of the main elements:

1. A strong, co-ordinated public health program—co-ordinated among the federal, state, and local agencies. The Surgeon General of the Public Health Service is our recognized leader in this cause. He has mapped out his campaign and the nation is following him enthusiastically.

2. A comparable public service for maternity, infancy, and childhood. The Children's Bureau, under the leadership of Miss Lenroot, has the vision and the courage to fight this cause. We are giving her our earnest support.

3. A tax-supported development of those medical services which only government can furnish. This means principally state action, aided financially and technically by the federal government. It deals with mental disease, tuberculosis, care of the handicapped, provision of specialized and expensive medical centers, etc.

4. Medical-care insurance, state-wide in scope, with federal financial and technical aid, and broad enough to guarantee comprehensive service of high quality to people of small and modest means and—through contributions made on their behalf from tax funds—to cover people without income.

5. Compensation for wage loss from temporary and permanent disability. The machinery of the federal-state system of unemployment compensation and of the federal system of old age benefits can deal with this program.

There are other elements to be considered in a national health program. The special health aspects of education and nutrition, the provision of decent and healthful housing, the means for vocational rehabilitation of the handicapped, the care of the halt, the lame, and the blind—these and many others all have appropriate places within the broad framework outlined in the five categories which I have enumerated.

No sensible group in our national life would object to four of my five cardinal points. A particular group objects to the fourth—medical-care insurance. They have fought every move to modernize our health program. Latterly, these persons have attempted to hide their real purpose by pretending to take a positive instead of a negative and obstructive position. They are now shouting for public health and for medical care of the indigent. But this, if I may be permitted to mix my metaphors, is only a red herring. They now say they want a public health program—because they know that an aroused public has already decided we shall have it; they say they want a system of medical care for the indigent—because they are asking for their system and they know there is little likelihood of getting it. What they really want is to divert public attention from the greatest need of all—a social insurance system which will give medical care to all who need it.

II

I do not propose at this time to present in detail any particular plan of health insurance. I laid such a plan before this Conference at its Kansas City meeting in 1934, and my proposals may be found in the *Proceedings* for that year. I do not advocate any hard-and-fast plan. Nor do I favor compulsory health insurance as an alternative to public medicine or as an alternative to an extension of federal, state, and local public health facilities. We now have public medicine, notably in the care of the insane, the mental defectives, and the tuberculous. It is not a question of whether we shall have public medicine, but whether we shall have more of it—and I favor more of it. Public medicine is meeting a great need, and, in the main, it is efficiently administered.

I am in hearty accord with the plan for extension of public health facilities favored by the Surgeon General, by most of the leading state and local health authorities, and by many voluntary health agencies. Of course, we need more and better-equipped health centers; more clinics for specific preventive functions; more centers for the diagnosis and treatment of tuberculosis and of the venereal diseases; and more maternity centers and baby and child welfare stations.

We are making progress both in the direction of public medicine and public health service. But our progress is too slow. We are reaching hundreds of thousands through these facilities and by voluntary health and hospital insurance, group medicine, and contact practice; but we must meet the needs of tens of millions of our fellow-citizens. While we are cogitating wisely, while we are debating cleverly, while we are splitting hairs, tens of thousands are dying from preventable causes and millions are suffering from remediable sickness. I am convinced that we can meet the needs which confront us, and do this within the near future, only through a comprehensive national health program which includes compulsory health insurance, supervised and subsidized by the federal government.

A national health plan should be flexible enough to permit the several states to decide whether their local conditions require greater or lesser emphasis on public medicine, on the extension of public health facilities, or on compulsory health insurance. But federal aid—financial and technical—should be available to the states equally for all three procedures. Within broad limitations laid down in federal statute, the choice of each procedure and the extent to which it is applied should depend upon conditions in each state and should fall within the sphere of state action.

III

We now spend in any normal year nearly four billion dollars (or thirty dollars per person) for health and medical services; and this is nearly enough to buy adequate medical care for everyone. The basic problem is not to find more money than is now spent for these services, but to find new and better ways of directing customary expenditures into more productive channels and of reducing the burdens caused by unequal costs. It seems to me obvious that we are not going to obtain, in the near future, any considerable portion of this four-billion-dollar sum from tax funds.

Before the Social Security Act was adopted, the Public Health Service had from time to time received appropriations of only negligible sums for subsidies to state and local health services. The Act authorized annual appropriations of \$8,000,000 for allotments to states. I understand that there are now pending before Congress requests for similar purposes amounting to approximately \$60,000,000. It would be optimistic to assume that one-half or even one-third of this sum will be appropriated this year. Furthermore, it would be absurdly optimistic to assume that within the next five or ten years Congress would add to the funds available to the Public Health Service so much as \$500,000,000 or \$200,000,000 or even \$100,000,000. Yet almost \$4,000,000,000 are required to bring adequate medical care to all the people. Expand the tax-supported public health program as we will, the complete answer to a great national need

is not to be found along this road. Something more than taxation must be invoked to meet this need.

It is my judgment that the most promising and productive channel into which we can direct customary expenditures for health and medical services is a nationally subsidized system of contributory, compulsory health insurance. The combination of public health tax funds, public medical service tax funds, and health insurance contributions is the only answer to America's need for health security. Add provision for contributory insurance to give workers protection against disabling sickness and invalidity, and the broad framework will be fashioned to furnish substantial security against sickness and its dreaded consequences.

IV

It seems to me there can hardly be disagreement, at least among social workers, as to the need for a comprehensive national health program. Nor should there be disagreement among others not blind to the facts so convincingly presented in the scientific studies which have made their appearance within the past decade. Surely everyone, even the most politically minded member of organized medicine, who has read these studies must be aware that the time is ripe for a change from the present chaotic system of medical organization to an integrated health program for the nation.

"Here is one-third of a nation ill-nourished, ill-clad, ill-housed—now," said the President of the United States in a recent address. Social workers of the nation know this is not an overstatement of the deplorable condition in which over forty million of our fellow-citizens find themselves today.

In that striking speech of his at the "Victory Dinner," the President, pleading for a higher standard of life for the American people, must have had in mind that the principal cause of the poverty he uncovered is due to sickness and ill-health which he himself has referred to as one of the major hazards and vicissitudes of life. Surely this must have been in the President's mind. And surely, in order to guard against this largely

preventable cause of undernourishment, inadequate clothing, and bad housing, he will take appropriate steps to secure a suitable amendment to the Social Security Act as soon as the time is propitious to move forward in carrying out the mandate the people gave him last November.

One may find reassurance in the President's message of January 17, 1935, transmitting to Congress the report of his Committee on Economic Security. He said, "I am not at this time recommending the adoption of so-called health insurance, although groups representing the medical profession are co-operating with the federal government in the further study of the subject and definite progress is being made." These words were reassuring, but I think the President will pardon some of us for becoming impatient for action now.

In that report, the Committee on Economic Security said: "As a first measure for meeting the very serious problem of sickness in families with low income we recommend a nation-wide preventive public-health program," to be "financed by state and local governments and administered by state and local health departments, the federal government to contribute financial and technical aid." The Committee then went on to say "The second major step we believe to be the application of the principles of insurance to this problem." The Committee informed the President that it had enlisted the co-operation of advisory groups representing the medical and dental professions and hospitals management in developing "a plan for health insurance which," it said, "will be beneficial alike to the public and the professions concerned." These advisory groups had, the Committee stated, requested an extension of time "for the further consideration of these tentative proposals, and such an extension has been granted to March 1, 1935." The President was further informed that the Committee has effected arrangements for a close co-operative study between its technical staff and the technical experts of the American Medical Association. Are we being inconsiderately hasty if we now call for action on health insurance?

V

It is very significant that when the President's Committee on Economic Security set up its professional advisory committees this was the first time in the history of social insurance that the professions concerned with health insurance were brought in at the beginning by the government to help formulate an official program. In Germany, more than half a century ago, health insurance was virtually established by the edict of Bismarck as a measure not only of economic, but also of political, security. In Great Britain, a quarter of a century ago, hardly consulting the medical profession, Lloyd George put the National Health Insurance Act through Parliament while the doctors remained aloof or in opposition until the eleventh hour. Today it is very difficult to find a physician in Great Britain who is not making at least a decent living or one who would consider for a moment abandoning health insurance, the *Journal of the American Medical Association* and other American medical journals to the contrary notwithstanding. Indeed, the British Medical Association and the local panel committees of doctors all over Great Britain have gone on record over and over again for extension of the benefits of National Health Insurance to embrace not only the workingman but all members of his family as well, and also to extend the medical benefits to include hospitalization and the services of various specialists.

Listen to the following quotations from a statement by Dr. G. C. Anderson, Medical Secretary of the British Medical Association:²

Soon or late, I predict, every modern civilized community must acknowledge its duty to make provision for the health of its members if they cannot secure it for themselves. In America and elsewhere, there are large numbers who suffer from this disability.

I think that, after twenty-two years, we may be said to have passed the experimental stage in Great Britain and are able to evaluate the merits and defects of our health insurance plan. That it has some defects may be freely admitted, but they are emphatically not those which the American Medical Association has thrust into the foreground.

² *Detroit News*, September 29, 1934.

Chiefly, the American Medical Association and its members who oppose national health insurance allege that it has proved to be a failure and detrimental to the interests of both profession and public. It is said that the so-called "panel system" has tended to stifle initiative and reduce all professional service to the same level of mediocrity.

Nothing could be farther from the truth. . . . As a matter of fact most of our physicians are eager for panel service. . . . Without such steady income many would have found it difficult to earn a living by the exercise of their profession alone.

Continuing, Dr. Anderson says:

From the viewpoint of the public, the insurance act has been equally successful and any attempt to represent it as being otherwise proceeds from a misapprehension of the facts. . . . The benefits of the scheme are evident to the public and the public pays its share cheerfully.

I have already remarked that, in the formulation of a national health insurance plan, the United States is the only country where the professions were let in on the ground floor. Here they were invited and urged to participate in the formulation of the plans. The President's Committee on Economic Security delayed its final report—until now it is long overdue—to give the doctors, the dentists, the hospital administrators, the nurses, and the public health authorities not only every opportunity to be heard but every facility for criticism and suggestion concerning the program under consideration. How did they utilize their opportunity? The dentists helped; the hospital people helped; the nurses helped; and the public health people helped. Each gave intelligent and critical advice and counsel. But the doctors "co-operated" with the President's Committee with a technique which has its own unique effrontery. While certain of their leaders and officers were in the full confidence of the official studies which were still in progress, and while the President's Committee and its staff were still deliberating, the American Medical Association held a special session of its Houses of Delegates—the first since the World War—and passed resolutions condemning compulsory health insurance and important health and welfare sections of the then pending Social Security Bill! There were members of the Medical

Advisory Board, be it said to their credit, who were independent of this action and were not party to this political trickery.

Like certain other big business organizations, still endeavoring to defeat other aspects of the New Deal program, the American Medical Association is exerting all its power to prevent compulsory health insurance from taking its proper place in the Social Security Act. So-called "organized medicine" is using every device known to pressure groups and politicians to prejudice the country against a comprehensive national health program, and particularly against compulsory health insurance. The American Medical Association and its satellite societies have printed in their medical journals false and misleading statements concerning the operation of health insurance in England and other European countries. And this campaign of misinformation still continues. They have passed resolutions based strictly on selfishness and their vested interests. Like ordinary lobby groups, while the Social Security Bill was pending, they saw to it that thousands of telegrams were sent to the President and to the Congress, seeking to exert pressure without reference to the merits of the proposals under consideration; they used personal influence on those in high places; they spent tens of thousands of dollars in publicity campaigns of misinformation; they spread false rumors and resorted to scurvy attacks on individuals. They even pulled the purse strings of reputable research agencies in an effort to curb the freedom of speech of their opponents on the staffs of such organizations.

VI

One has wondered how long the real leaders of the medical profession, and the rank and file of the various auxiliary professions—dentists, nurses, hospitals, and others—will permit the medical politicians, who too often control medical societies and the editorial columns of the journals, to continue to obstruct progress and to delay and forestall sound legislation. A ray of hope has just begun to shine over the horizon of organized medicine, shining from a massive report recently issued by the American Foundation, entitled *American Medicine: Expert*

Testimony Out of Court. Most strikingly it presents the doctor's dilemma in the testimony of 2,200 representative leaders in every branch of American medicine from every state in the Union, most of them in practice over twenty years.

The concensus of opinion of the American men of medicine who are credited with the authorship of these volumes is clearly that the doctor "is no longer concerned exclusively with the care of the sick, but also with a guardianship of the health of the nominally well"; that "the present costs of medical care are tragically out of reach of a large part of the population"—that the State has a stake in the health of its people. This is progress, and much of it is quite obviously contrary to the official views of the American Medical Association. Keep in mind that the authors of this report, with apparently few exceptions, are members in good standing of the Association.

The *New York Times*, commenting editorially on this report of the American Foundation, says:

Not social workers despised by the American Medical Association but doctors themselves, a veritable "Who's Who in Medicine," wrote the Foundation's report. . . . It is now doubtful if the entrenched officers of the Association truly speak for organized medicine. The 2,200 representative physicians demand far-reaching, socially-conceived reforms in medical education and practice because "the best is not yet good enough." But the Association through its journal advocates a policy of letting medicine evolve naturally (while millions lie ill without adequate care or die because it costs too much to have a doctor) and regards the practice of medicine as a vested interest akin to that of a plumbers' union in the installation of bathtubs or kitchen fixtures. On many a page the Foundation's report refutes a Bourbonism which holds that all's well with the general practitioner, that medical care is adequate on the whole. . . . If, as the Foundation makes it clear, the practice of medicine needs continual revision in the light of new community needs it is evident that social and economic changes cannot be ignored. Yet the American Medical Association would have us believe that the old laissez faire evolution is good enough today because it was supposedly good enough yesterday.

The report of the American Foundation was eminently worthwhile if for no other reason than to elicit from one of America's leading newspapers this editorial comment.

It now remains to be seen whether these medical leaders, members in good standing of the American Medical Association,

will take an aggressive position in the ranks of organized medicine, or whether they will continue to permit themselves to be represented (and misrepresented) by officers and editors who obviously do not speak for them and who are today the chief, if not the only, real obstacle in the way of realization of a comprehensive national health program.

It remains also to be seen whether the social workers of America will continue to be intimidated and to remain almost inactive in the face of selfish opposition to a measure which promises as much as any other single proposal now before the country to deal with an underlying cause of poverty and dependency. How can social workers expect the President and the Congress to act on a controversial issue, in the face of such vociferous and politically powerful opposition to health insurance, if there is no organized expression of public opinion in favor of it?

I venture to say that, in this great fight of 1935 and 1936 for one of the principal measures of social security, the social workers of America were asleep at the switch. They fell down on their job. This was partly because they were not organized for a conflict with such powerful and unscrupulous opposition, but also partly because such organizations as the American Association for Labor Legislation and the American Association for Social Security were too busy with other aspects of the social-security program. Furthermore, it was because the organization which had been the spearhead of the movement to include health insurance in the Social Security Act was blackjacked and was unable to offset the mischievous misrepresentations of the clique which controls the machinery of organized medicine. Even the American Federation of Labor, whose members had so much to gain from sound measures of social insurance, were too much absorbed in the problems of unemployment and old age. However, the Federation is to be congratulated upon the resolution adopted at its annual meeting in November, 1936, indorsing health insurance and disability compensation and calling for a federal commission to further advise on sound legislative measures.

VII

One of the greatest needs of the nation today is a comprehensive national health program. There is today no long-range plan before the social workers of America more important than concerted action for a health program. They know better than any other group the devastating effects of illness and the inability of the people of low income to budget against sickness except as large groups. The social workers must line up against the entrenched officers of organized medicine; they must align themselves beside the leaders of organized labor and beside the real leaders of the medical professions. Together with these groups, the social workers of America can bring to pass a real national health program. They can bring into being a program broad enough in its scope to enable the industrial states and areas to protect themselves through compulsory insurance, and the rural and the sparsely populated states and areas to protect themselves through public medicine. They can bring into being a program to authorize the federal government, which must subsidize any comprehensive plan, to set up standards and to provide effective leadership and guidance.

Let us put our shoulders to the wheel. We can have, as we should have, a comprehensive health program to meet a crying need of the people. It can be sufficiently flexible to meet the different needs of the several states: public health services for all, adapted through different techniques to urban and rural needs; public medical services where these are most appropriate; medical-care contributory insurance for the wage-earners and salaried workers, and, for those who cannot themselves pay contributions, public provision of contributions instead of humiliating hand-out medicine; contributory insurance against temporary or permanent loss of earnings from disabling illness; and federal aid and guidance over all.

Marching behind the banners of such a program, the social workers of America can sound a clarion call for action in a cause worthy of their highest traditions.