

THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

DEPARTMENT OF HISTORY

National Health Care in the Public's Eye: The Popular Debate over Reform,
1945-1950

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SUMMER 2020

A thesis
submitted in partial fulfillment
of the requirements
for a baccalaureate degree
in History
with honors in History

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ABSTRACT

In 1945, President Truman endorsed national health care. Congress debated national health care three times under Truman's Presidency, but ultimately, it failed to pass. Several scholars have studied why the United States failed to pass national health legislation in the late-1940s, but little is known about the public's perception. When scholars have paid attention to the debate or public discourse around national health care, it has been from a top-level perspective or a single lens. In this thesis, I analyze the congressional statements, public relations campaigns, relevant media coverage, and several letters-to-the editor to show the arguments around national health care that resonated with the public and how these arguments affected public opinion. An analysis of these materials revealed that the public largely interpreted national health care as "socialized medicine" and/or as merely a tax on personal income. This analysis showed that the way national health care was presented to the American people mattered significantly in shaping their opinion. There are always more sources and perspectives to consider when painting a better picture of public opinion during this time, and I hope this will contribute to future research on this topic.

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Introduction

The “modern” debate over national health care in the United States has nearly a century of history. Since the beginning of the twentieth century, health care reform efforts, some large, some small, have called on either the State or Federal government to provide more health security for citizens. However, it was in the 1940s, under Harry Truman’s Presidency, that health care reform efforts in the United States reached their climax. In 1945, Harry Truman officially endorsed a national health plan for the United States, becoming the first President to do so. Following the end of World War II, President Truman presented a 21-Point Program to Congress that outlined steps to advance the Nation during the Reconversion Period, which were the immediate years after the war that prioritized peace and prosperity for America.¹ In the final paragraph of this 21-Point Program, Truman foreshadowed his intention to endorse national health care, “I shall shortly communicate with Congress recommending a national program to provide adequate medical care for all Americans.”² President Truman followed up on his intention, and on November 19, 1945, sent a special message to Congress encouraging them to pass comprehensive health legislation, “Our new economic bill of rights should mean health

¹National Opinion Research Center, *the Reconversion Period: from War to Peace*, (University of Denver: National Opinion Research Center), 1943, 2.

² “Special Message to the Congress Presenting a 21-Point Program for the Reconversion Period,” Harry S. Truman Library, September 6, 1945, <https://www.trumanlibrary.gov/library/public-papers/128/special-message-congress-presenting-21-point-program-reconversion-period>

security for all, regardless of residence, station, or race – everywhere in the United States.”³ In 1945, the President of the United States had officially endorsed national health care.

The President’s endorsement was an important milestone for reform; the United States witnessed episodes of health care reform prior to 1945, but never with the official backing of the administration. Reformers hoped that, finally, the time had come for the United States to pass comprehensive health care legislation. Prominent medical economist and advocate for national health insurance, Michael Davis remarked on this major step, “There are education hills, organizational swamps, and political rivers to cross. But a presidential message is a milestone, nevertheless, from which past progress may be measured.”⁴ During Truman’s Presidency, Congress debated national health care on three separate occasions – in 1946, 1947, and 1949. Although national health care received unprecedented praise and attention, the “educational hills, organizational swamps, and political rivers” remained, gained strength, and presented more of a challenge than ever before. Ultimately, the United States failed to pass national health care legislation.

Many scholars have focused their attention on this significant moment in history. Current scholarship interprets the United States failure to pass national health care legislation in different ways. For some scholars, organized labor — protagonists for reform — was too elitist and fractured for their reform efforts to be either inclusive or powerful enough, which are both critical components to success.⁵ On the other hand, some scholars argue the American Medical

³ Harry Truman, “Special Message to Congress Recommending a Comprehensive Health Program,” Harry S. Truman Library, November 19, 1945, <https://www.trumanlibrary.gov/library/public-papers/192/special-message-congress-recommending-comprehensive-health-program>

⁴ Monte Poen, *Harry S. Truman versus the Medical Lobby*, (Columbia, Mo.: University of Missouri Press, 1979), 273.

⁵ Alan Derickson, “The House of Falk: The Paranoid Style in American Health Politics.,” *American Journal of Public Health* 87, no. 11 (November 1997), 1836-1843; Alan Derickson, “Health Security for All? Social Unionism and Universal Health Insurance, 1935-1958,” *The Journal of American History*, (1994), 1333-1356.

Association — antagonists for reform — had the money, power, and influence to effectively campaign against national health care.⁶ Lastly, some scholars consider the question from a global perspective, and argue the United States' two-party system or lack of class instruments (present in other countries who successfully passed reform) prevented a collective voice to form and keep national health care relevant.⁷

Despite these differences in scholarship, a common thread is the effect that the distinct climate of post-World War II America had on successfully passing national health care legislation. President Truman endorsed national health care during the onset of the Cold War, and the American public began developing a hysteria towards perceived Communism threats. Unfortunately for President Truman, that the Soviet Union practiced a form of government-administered health care did not help his cause. Paul Starr, Associate Professor of Sociology at Harvard University, points out that opposition to health care reform quickly became “a symbolic issue in the growing crusade against the communist influence in America.”⁸

The American Medical Association (AMA) and National Physicians Committee (NPC), which was a separate lobbying organization from the AMA, garnered all their resources to publicly denounce national health care as “socialized medicine.” Organized medicine had been adamantly opposed to national health care, perceiving it as a threat to their professional autonomy and signifying the downfall of American medicine.⁹ Throughout the years 1945-1949, organized medicine launched several public relation's campaigns, the most impressive being

⁶Jill Quadagno, “Why the United States Has No National Health Insurance: Stakeholder Mobilization Against the Welfare State, 1945-1996*,” *Journal of Health and Social Behavior; Washington* 45 (2004).

⁷ Antonia Maioni, “Nothing Succeeds like the Right Kind of Failure: Postwar National Health Insurance Initiatives in Canada and the United States,” *Journal of Health Politics, Policy and Law* (1995); Vicente Navarro, “Why Some Countries Have National Health Insurance,” *Social Science & Medicine* 28, no. 9 (January 1989).

⁸ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 280.

⁹ Starr, *Social Transformation of American Medicine*, 285.

their \$1.5 million dollar “National Education Campaign.” In 1948, when President Truman surprisingly won re-election and campaigned on national health care, the AMA thought “Armageddon had come” and paid the public relation’s firm, Whitaker & Baxter, \$1.5 million dollars to launch an aggressive campaign against Truman’s plan. Through pamphlets, newspapers, magazines, and radio, organized medicine assailed national health care as “socialized medicine.”¹⁰

The popular perception of national health care has been understood through the lens of organized medicine’s campaign. Even Oscar Ewing, Federal Security Adviser under President Truman, attributed the public’s lack of support for national health care to the effectiveness of “AMA propaganda.”¹¹ By 1950, Ewing became convinced the public “was not in the mood to support it [national health insurance].”¹² Ewing’s conclusion makes sense – the decline in public opinion correlated with the AMA’s campaign. For example, the American public was initially receptive to President Truman’s national health plan. According to polls taken in 1945, among those who had heard of the plan, 58 percent of approved. However, by 1949, public support had dramatically dropped to 36 percent – the same year that the AMA launched its “National Education Campaign.”¹³ This correlation is evidence that organized medicine’s campaign influenced the public’s opinion of national health care, but it’s not enough to justify an explanation.

The purpose of this thesis is to widen the lens in which we consider the public’s understanding of national health care from 1945-1950. There is no denying organized medicine

¹⁰ Ibid.

¹¹ “Oscar R. Ewing Oral History Interview, May 1, 1969,” Harry S. Truman Library, accessed July 20, 2020, <https://www.trumanlibrary.gov/library/oral-histories/ewing3#top>.

¹² Ibid.

¹³ Starr, *Social Transformation of American Medicine*, 285.

shaped public opinion, but how and why was the “socialized medicine” argument so effective? Moreover, it is important to ask whether any other arguments played a significant role in shaping public opinion. A deeper knowledge of the public’s attitude toward national health care will more accurately explain why most Americans opposed it by 1950.

To gain a better understanding of the public’s perception of national health care, I turned my attention to information that would have shaped their opinion: newspapers, magazines, radio, certain pamphlets, the statements of prominent public figures. Troy Rondinone's research in *The Great Industrial War: Framing Class Conflict in the Media, 1865-1950*, influenced and inspired me to consider the importance of media coverage in the context of health care reform. Rondinone analyzed how news’ coverage framed labor strikes to the reading public, and effectively showed that news media covered labor strikes with a frame shaped by sentiments of war. In effect, the public often read about understood labor strikes under a war-like framework. Rondinone's analysis of news media coverage exemplified just how telling and influential media coverage can be.

In the context of national health care, media coverage and congressional records served as the basis for establishing the prevailing arguments. Oftentimes, what was said in Congress was reported on in the media, and vice versa, what was reported on in the media was considered in Congress. For the articles, speeches, and journals considered, I analyzed the headlines, rhetoric, and word-choice that placed a certain perspective on national health care. Then, I considered the extent to which certain arguments advanced by the media resonated with the reading public. To do so, I analyzed several letters to the editor submitted to *The New York Times*, *The Chicago Daily Tribune*, and *The Wall Street Journal*. These letters give us an inside look into American citizen’s beliefs, values, and experiences that shaped their opinion of

national health care. These letters alone cannot be generalized as representative of the American public, so to supplement my analysis, I considered various public opinion polls.

These materials provided a foundation for understanding the *public* debate around national health care. The media, congressional hearings, and public relations campaigns presented national health care with narratives that compelled certain interpretations. Two narratives, that at times overlapped, are analyzed in this paper. First, national health care as “socialized medicine” dominated public discourse, which caused the public to interpret national health care as a socialist policy. Second, national health care was often reported on in conjunction with its payment model, which required a compulsory payroll tax from American workers. This led several citizens to regard national health care merely as a tax, which wasn’t the true aim of the plan. Depending on whether the citizen supported or opposed national health care, these two narratives were interpreted differently.

Regardless of the position that the media or individual took, an interesting theme emerged: national health care was constantly being presented and considered in terms of how it fit into America’s framework, characterized by democracy, liberty, and equality. For example, the advocates reversed the “socialized medicine” argument and argued national health care to be an example of democracy in action, while opponents interpreted national health care to mean increased government control and loss of personal freedom, two ideals foundational to American culture. In some sense, the national health care debate is a representation of two conflicting mindsets of what “America” means. Citizens then judged national health care on its alignment with America’s political, social, and economic fabric — whatever that may mean to them.

“Socialized Medicine:” Below the Fold

The distinct political climate of post-World War II America shaped the debate and mediation of national health care. At the height of national health care’s consideration, the war was a recent memory and Nazi Germany was still regarded as an enemy. Moreover, a new rival entered the scene: The Soviet Union.¹⁴ Following the war, the Soviet Union pushed forward in its occupation of Eastern Europe, setting the stage for the Cold War and exacerbating the “Red Scare” - a widespread fear of Communism’s potential rise in the United States.¹⁵ To Americans, Germany and Russia represented the dark path of a collectivist political ideology. Americans grew increasingly averse to political ideologies such as Nazism, Communism, and Socialism, and focused their attention on preserving democracy at home.¹⁶ Since national health care originated in Germany and was administered in Russia, those opposed to the legislation linked national health care to a collectivist political ideology to argue against it.¹⁷ The relationship between national health care and countries like Nazi Germany and Communist Russia enabled opponents to craft a powerful political argument that ultimately gave the plan a new label: “Socialized Medicine.”

The Congressional Hearings

From the onset, the congressional hearings on national health care centered on the plan’s politics. At the start of the first hearings on a national health bill in 1945, Republican Senate

¹⁴ “79th Congress,” Congress in Context, ProQuest Congressional, last modified 2018, https://li-proquest-com.ezaccess.libraries.psu.edu/elhpdf/histcontext/79th_Congress.pdf.

¹⁵ “Red Scare,” History, last modified Feb 28, 2020, <https://www.history.com/topics/cold-war/red-scare>.

¹⁶ “79th Congress,” Congress in Context, ProQuest Congressional, https://li-proquest-com.ezaccess.libraries.psu.edu/elhpdf/histcontext/79th_Congress.pdf.

¹⁷ Starr, *The Social Transformation of American Medicine*, 278.

Majority Leader, Senator Robert. A. Taft, declared the legislation to be the “most socialistic measure ever proposed by Congress.” Following this sentiment, Senator Taft stormed out of the hearings in frustration.¹⁸ Senator Taft’s swift and immediate criticism of the bill being “socialistic” prevailed throughout successive congressional sessions. However, the argument against the “socialistic” nature of national health care did not stop with merely a label, and opponents argued that national health care would lead the country on a fast-track to a socialist state. Dr. Lowell Goin, representative of the California Physicians Service, warned the Committee on Labor and Public Welfare, “I insist that this is a socialistic scheme; that it is one of the ultimate steps on the road to socialism, and when we have done this, we will be very close to a Socialist state.”¹⁹ Senator Taft and Dr. Goin appropriated the wartime fears fraught in the minds of the American public, and effectively crafted an argument that poised national health care as a threat to democracy.

Proponents of national health care recognized the challenge that the label “socialized medicine” presented in garnering wide-spread support. Senator Claud Pepper addressed the significance of this argument in Congress, “we all know that one of the most severe criticisms leveled against this bill is the same old catch word of ‘socialism.’”²⁰ Aware of national health care’s “most severe criticism,” supporters found themselves constantly on the defensive. In his endorsement of national health care, President Truman adamantly declared, “This is not socialized medicine.” A few paragraphs later, the President reiterated, “I repeat – what I am

¹⁸ U.S. Congress, Senate, *National Health Program Part 1: Hearings before the Committee on Education and Labor*, 79th Cong., 1st sess., 1946, 47.

¹⁹ U.S. Congress, Senate, *National Health Program, 1949: Hearings before the Committee on Labor and Public Welfare*, 81st Cong., 1st sess., 1949, 259.

²⁰ U.S. Congress, Senate, *National Health Program, 1949: Hearings before the Committee on Labor and Public Welfare*, 81st Cong., 1st sess., 1949, 488.

recommending is not socialized medicine.”²¹ Following this rebuttal, President Truman redirected the argument and focused on how “American” he thought the bill to be. “The American people are the most insurance-minded people in the world; Socialized medicine means that all doctors work as employees of government. The American people want no such system.”²² President Truman assured his plan agreed with American values – a recognition that national health care would not prosper otherwise.

The initial hearings over a national health bill were not the origins of the “socialized medicine” argument; that President Truman refuted this criticism on his initial introduction of a national health bill in 1945, before the hearings even began, is evidence that the plan’s politics already aroused concern. Rather, the hearings are representative of a political debate already festering in the public. Organized medicine hammered the plans politics, the media advanced the debate, and the public discerned what these arguments meant.

Media Coverage

Organize medicine championed the argument that national health care was “socialized medicine.” The American Medical Association and National Physician’s Committee denounced national health care as a socialist plot through pamphlets, the press, radio, and more. According to Oscar Ewing, who served as Federal Security Administrator under President Truman, organized medicine’s tactic was to “give the program a bad name,” like “socialized medicine,”

²¹ “Special Message to the Congress on the Nation’s Health Needs,” Harry S. Truman Library, April 22, 1945, <https://www.trumanlibrary.gov/library/public-papers/85/special-message-congress-nations-health-needs>.

²² Ibid.

because the idea of socialism was detested in the United States.²³ However, their argument was so much more than just this label. Linking national health care to a foreign political ideology positioned organized medicine to argue national health care as un-American.

Organized medicine, on a basis of falsehoods and exaggeration, presented national health care as a violation of America's most cherished ideals. One of the most widely distributed pamphlets by the AMA titled, "The Voluntary Way is the American Way" is representative of organized medicine's deliberate messaging tactics. The cover of the pamphlet featured an image of the Liberty Bell with a bleak storm pending on the horizon. Underneath the image is a quote from Abraham Lincoln which read, "In all that the people can individually do as well for themselves, government ought not to interfere."²⁴ The AMA deliberately chose these words from Abraham Lincoln as a reminder of America's historic tradition of independence. However, the quote is entirely out of context, and in its entirety goes as follows:

"The legitimate object of government is to do for the people what needs to be done, but which they cannot, by individual effort, do at all, or do so well, for themselves. There are many such things—some of them exist independently of the injustice in the world. Making and maintaining roads, bridges, and the like; providing for the helpless young and afflicted; common schools; and disposing of deceased men's property, are instances . . . The legitimate object of government is to do for a community of people whatever they need to have done, but cannot do at all, or cannot so well do, for themselves, in their separate and individual capacities. In all that the people can individually do as well for themselves, government ought not to interfere."²⁵

In context, Abraham Lincoln may have actually been in favor of national health care, as a policy that does "for a community of people whatever they need to have done, but cannot do at all, or cannot so well do, for themselves, in their separate and individual capacities." However,

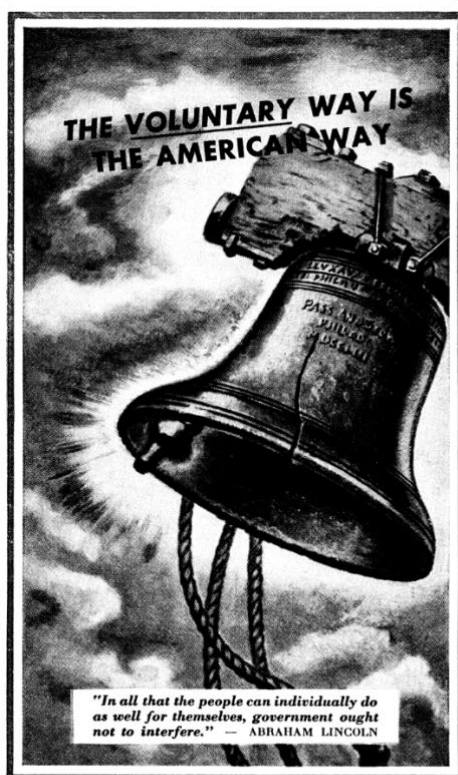
²³ "Oscar R. Ewing Oral History Interview, May 1, 1969," Harry S. Truman Library, accessed July 20, 2020, <https://www.trumanlibrary.gov/library/oral-histories/ewing3#top>.

²⁴ "The Voluntary Way is the American Way: Health Insurance Compulsory or Voluntary," Association of American Physicians and Surgeons, <https://www.aapsonline.org/brochures/ama-health-insurance.pdf>.

²⁵ Jeff St. Onge, "Health Care Reform as "Socialized Medicine": The Formative Years of a Political Myth," *Western Journal of Communication* 79, no. 3 (June 2015): 348-366, <https://doi.org/10.1080/10570314.2015.1041650>.

without knowing the entirety of the quote, voluntary insurance is presented as “the American way” that safeguarded the individual’s independence and required no government intervention.

According to Jeff St. Onge, Professor of Communication’s from Defiance College, an argument like this resonated with the United States culture of *Rugged Individualism*, “a discourse marked by individual liberty, distrust of government (especially in economic matters), and personal initiative as the primary means of economic success.” In this pamphlet, the AMA argued against national health care by appealing to the Rugged Individualism of the American spirit.



40 Questions—40 Answers on

**HEALTH INSURANCE
Compulsory or Voluntary**

Figure 1. “The Voluntary Way is the American Way”

The pamphlet also assailed national health care as a political threat. The pamphlet consisted of a series of questions and answers about national health care that continued to present

subjective, even false, information to the reader. One question asked, “Would socialized medicine lead to socialization of other phases of American life?” The pamphlet answered, “Lenin thought so...The founder of revolutionary Communism once proclaimed socialized medicine ‘the keystone to the arch of the socialist state.’” Deceitfully, the American Medical Association compared the United States national health plan to a “keystone” measure in forming a socialized state - Lenin’s quote has since been determined to be a fabrication, with no historical record of this statement being made.²⁶ Beyond Russia, the pamphlet placed national health under an umbrella of political ideologies antithetical to democracy. “Government controlled medicine is a common characteristic of Nations which sacrifice freedom to authority – whether Fascist, Nazi, Communist, or Socialist. By any name – it is a danger signal for all Americans.”²⁷ The *Voluntary Way is the American Way* pamphlet argued against national health care in two fashions: It appealed to America’s culture of *Rugged Individualism* and capitalized on the public’s heightened fear of Communist influence.

Intentionally or unintentionally, the news media echoed sentiments like the ones found in pamphlets such as “the Voluntary Way is the American Way,” and advanced organized medicine’s agenda. For example, *The Chicago Tribune* reported “Health Bills Called Peril to Liberties – Medical Group Warns Against Measure.”²⁸ The article reported that the National Physicians Committee (NPC) warned national health care would put the United States in a “crisis of Great Peril” that threatened “the American way of life.” According to the NPC, the article reported, if workers, businessmen, and physicians did not come together in a “united protest”

²⁶ Ibid.

²⁷ “The Voluntary Way is the American Way” Association of American Physicians and Surgeons, <https://www.aapsonline.org/brochures/ama-health-insurance.pdf>.

²⁸ “Health Bills Called Perils to Liberties,” *The Chicago Daily Tribune*, Dec 26, 1945, 20, ProQuest Historical Newspapers.

against national health care, the result would be a “medical dictatorship.” *The New York Times* reported “A.M.A. Pictures ‘Control’: Says Plan Would Put Medicine in Politics,” which relayed the AMA’s position that national health care would “submit physicians to ‘politically controlled medicine.’”²⁹ These articles gave a level of legitimacy to organized medicine’s arguments, unlike the propaganda found in pamphlets such as “The Voluntary Way is the American Way,” and focused on the interpretation that national health care threatened individual liberties and led to more control.

The media successfully incorporated “socialized medicine” as a part of public discourse. In the periodical *Better Homes & Gardens*, Michael Wright argued that national health care was a political “scheme” that “makes men leeches, hypocrites, and servile to their government, without the will to fight unceasingly for freedom.”³⁰ The word “scheme” suggested national health care was a grand political plot to subject the American people to increased government control. In his testimony to Congress, Dr. Goin employed this same rhetorical strategy, “I insist that this is a socialistic scheme.” In another article from *the New Leader*, writer Nichol Walter asked the reader, “Is the socialization of medicine merely the advance step in the socialization of other professions and industries? Are we, under increased governmental paternalism, being led down the road toward increased regimentation?”³¹ Both Wright and Walter presented national health care as a harbinger of increased government “control” and “paternalism,” utilizing specific word-choice to appeal to the public’s value of freedom and choice.

²⁹ “AMA Pictures Control,” *The New York Times*, November 20, 1945, 13, ProQuest Historical Newspapers.

³⁰ Michael Wright, “Socialized Medicine – Bad Medicine for You,” *Better Homes & Gardens*, January 1947, 36, ProQuest Periodicals Archive Online.

³¹ Nichol Walter, “Medical Care Through Taxation? The Abuses of Socialized Medicine,” *The New Leader*, Jan 10, 1948, 4-5, ProQuest Periodicals Archive Online.

The public was presented with an argument against national health care that carried cultural significance, and “Socialized medicine” became more than just a political attack to the reader. National health care became interpreted, under the label “socialized medicine,” as a threat to the individual and society’s freedom from government control. Such a culturally in tune argument forced advocates to respond and defend national health care as an American policy.

The Committee for the Nation’s Health (CNH), a group of liberal politicians and physicians, labor representatives, members of the NAACP, and more, formed in 1945 to lobby for national health insurance, assured the public that national health care did not equate to socialism.³² In response to the AMA’s aggressive attacks against national health care, The CNH distributed a pamphlet of its own.³³ An entire section of the pamphlet served to address and rebut the claim that national health care meant socialism. The pamphlet called out the AMA’s deliberate strategy to “substitute emotion for reason in American politics and to frighten the American people.” Furthermore, the CNH pamphlet reversed the opposition’s argument with conviction: “We are for national health insurance because we are opposed to socialized medicine. The provisions of our national health-insurance bill belie the assertions of Government control and domination over the lives and livelihood of patients and physicians.”³⁴ The CNH adamantly denounced that national health care was a socialist policy leading to increased “government control and domination.”³⁵ The pamphlets acknowledge-and-refute approach to defending national health care is representative of how advocates constantly found themselves on the defensive when it came to national health care’s politics.

³² Poen, *Harry S. Truman versus the Medical Lobby*, 95.

³³ St. Onge, “Health Care Reform as “Socialized Medicine.”

³⁴ *Ibid.*

³⁵ *Ibid.*

Only after promising national health care had no ties to socialism, advocates attempted to prove how it actually aligned with American values. When President Truman endorsed national health insurance in 1945, the CNH ran an advertisement in newspapers across the country that featured around 200 prominent signatories who endorsed national health insurance and encouraged Congress to pass legislation.³⁶ First, the endorsement assured the reader the plan was “not socialized medicine.” Then, the endorsement praised national health care as an American one. Truman’s plan, the advertisement claimed, was “thoroughly American” and “consisted with our tradition of using government to aid the people in doing things for themselves.” This advertisement presented the government’s relationship with the individual under a national health care system in an entirely different light. Instead of the government assuming more control, the government gave the individual control by enabling them to take responsibility of their own health care. The CNH made a similar appeal to America’s “do it yourself” attitude.

³⁶“President Truman’s Health Plan,” *The New York Times*, Dec 10, 1945, 17, ProQuest Historical Newspapers.

Display Ad 61 — No Title
New York Times (1953-Current files) : Dec 10, 1948; ProQuest Historical Newspapers: The New York Times
pg. 17

President Truman's HEALTH PLAN

would increase productivity, reduce disease, save lives.

We have read his message to Congress. We endorse it.

A National Health Plan

We have read and fervently approve President Truman's message proposing a national health program. Many messages have been sent by Presidents for the sake of the nation, but this is a message on the issue of the people of this entire, the first intelligent Presidential message on health ever submitted to Congress.

To be administered locally

We commend this plan for national health insurance to be administered locally, with free choice of doctor and hospital for the people and professional freedom for physicians. This is a thoroughly American plan, consistent with our tradition of using government to aid the people in social crises for themselves. We agree with the President that voluntary health insurance will not "protect more than a fraction of our people's needs."

Not "socialized" medicine

We agree also with his statement that "the American people are the most laissez-faire-minded people in the world. They will

not be frightened off from health insurance because opponents have manufactured a misleading anti-plan."

Federal aid through States

We support his recommendations for federal aid through the states, for the construction of hospitals, for medical research and education, for the care of the needy, and for the collection of needed preventive, diagnostic and other health services in every part of the country.

Legislation by Congress

We would like to see the recommendations of the message promptly carried out by Congress through legislation. This program will increase productivity, reduce disease, and save lives. The income and the professional facilities of the average physician will be increased. The better the health of the American people will far outweigh the costs, in that most of the world is woefully ill-equipped to sustain itself. We are glad that many groups, including organized labor, have already endorsed the principles advocated by the President. We urge this endorsement of implementation.

WE URGE CONGRESS TO PROMPT ACTION

Signers of the Endorsement

Charles C. Brannan, U.S. Health Commissioner	George H. Brown, U.S. Senator, California	John C. Calhoun, U.S. Senator, South Carolina	Walter R. Dill, U.S. Senator, Ohio	James W. Eastland, U.S. Senator, Mississippi	James H. Easton, U.S. Senator, Wisconsin	James G. Thompson, U.S. Senator, North Carolina	Robert G. Tower, U.S. Senator, New York	Robert H. Taft, U.S. Senator, Ohio	Charles McNair, U.S. Senator, Indiana	Joseph H. McCarty, U.S. Senator, Kentucky	Charles McNair, U.S. Senator, Indiana	Charles McNair, U.S. Senator, Indiana
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Figure 2. "President Truman's Health Plan."

Instead of rebutting claims of socialism, some reformers focused on advancing the argument that national health care aligned with America's values. For example, Oscar Ewing, Federal Security Administrator, and popular advocate for national health insurance, attempted to prove how national health care was rooted in democratic principles. Ewing wrote an article that appeared in several newspapers and periodicals titled, "To Improve the Nation's Health."³⁷ Ewing began by explaining why the government must play a role in people's health: "Health is everybody's business. Because of the nature of the problem, government on national, state, and local level must inevitably play a part."³⁸ Ewing recognized and addressed the public's concern over increased government control with sensitivity. Although the government passed legislation, Ewing reassured the reader who kept the real power in this situation: "The real impetus must

³⁷ Oscar Ewing, "To Improve the Nation's Health," *The New York Times*, September 19, 1948, ProQuest Historical Newspapers.

³⁸ *Ibid.*

come from the people.”³⁹ Ewing cleverly realigned his argument so national health care gave more authority to Americans rather than government. Ewing concluded with an appeal to America’s greatness, “We can erect a standard of health to which all the peoples of the earth will look with envy and admiration, as an example of a great democracy in action.”⁴⁰ By placing America in a position of glory, Ewing effectively fit national health care into the post-World War-II order that prioritized U.S. interests. Moreover, Ewing challenged the people of the United States to rise to the occasion for a democratic initiative that served to better themselves and their country.

Not all the articles were as forward-looking as Ewing’s, and instead focused their effort on discrediting the widespread claim that national healthcare was “socialized medicine.” In response to the AMA’s \$3.5 million public relations campaign, the Democratic National Convention issued a press release that claimed the organization’s actions to be “medical dictatorship at its worst.”⁴¹ The DNC gave the AMA a taste of its own medicine and argued *their* public relations tactics were representative of ones employed by fascist and communist countries. “The AMA has adopted another attribute of dictatorship as practiced in Nazi Germany and Communist Prussia: the belief that if a big enough lie is told often enough it will be generally accepted as the truth... Evidenced by ‘socialized medicine.’” In fact, the term had become so widespread, even proponents of national health care referred to the plan as “socialized medicine.”⁴² Fundamentally, the DNC employed the same rhetorical strategy as the AMA that exploited America’s war-time fears to falsely present something as Fascist, Communist, or

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ “Press Release, Democratic National Committee, March 20, 1949,” Harry S. Truman Library, March 20, 1949, <https://www.trumanlibrary.gov/library/research-files/press-release-democratic-national-committee>.

⁴² Ibid.

Socialist. The DNC poised an interesting argument against the AMA, but never actually made a case for national health care based off its true merits — Another example of advocates continually making their case from a defensive position.

Opponents and advocates alike recognized the public would not get on board with a policy they believed to be antithetical to American ideals, and the news media presented two entirely different interpretations of national health care's politics: One that argued national health care as "socialized medicine," and one that argued national health care as an "example of great democracy in action." Citizens opinion of national health care reflected these interpretations present in the media.

Letters to the Editor

An analysis of letters-to-the editor, available through *The New York Times*, *The Chicago Tribune*, and *The Wall Street Journal*, gives insight into how the public regarded national healthcare's politics. The term "socialized medicine" appeared consistently, in both letters for and against national health care. In effect, several Americans interpreted national health care as a form of "socialized medicine," which significantly influenced their opinion. However, "socialism" carried different connotations, one more negative and more positive. According to a public opinion poll from 1949, more Americans (34%) associated socialism with "government ownership or control" rather than "equal standing for everybody, equal in all rights, equal distribution"⁴³ (12%). A reflection of this statistic, the letters demonstrated contrasting

⁴³ Gallup Organization, "We hear a lot about 'socialism' these days. Will you tell me what your understanding of the term 'socialism' is?" Sep1949, distributed by Roper Center for Public Opinion Research, accessed Jul-22-2020.

definitions of socialism with the tendency to associate it with “government ownership or control” dominating.

The appeal to America’s culture of *Rugged Individualism* seemed to resonate, as several letters expressed an aversion to big government and ardently defended individual freedom and choice. For example, citizens criticized national health care, fearing it would take away their ability to *choose* their physician. “I want to choose my doctor, not have to apply to a pool of doctors,” wrote one citizen, under the name “Layman” from Danville, PA to the *Chicago Daily Tribune*.⁴⁴ Before we allow “the politician to put himself in the medical brokerage business,” wrote Benjamin Carson from New York City to *The Wall Street Journal*, consider the importance of the patient to “freely select his own position.”⁴⁵ Moreover, citizens felt national health care gave up their control over the quality of care they received. “The public will take what they get, whether it cures or not, and have to like it when it comes to getting well under socialized medicine,” wrote “M.M.” to the *Chicago Daily Tribune*.⁴⁶ Physicians, too, expressed a similar concern. Paul Baker, in his second year of studying to become a dentist, wrote, “We want to be good doctors – free and independent – to work and serve as best we know how.”⁴⁷ Baker continued, “I want to do an honest day’s work and collect an honest day’s fee – from the patient, not the government.”⁴⁸ These citizens considered national health care in the context of their lives and concluded that “socialized medicine” meant a loss of freedom to choose and take responsibility of their personal health.

⁴⁴ Layman, “Socialized Medicine,” *The Chicago Daily Tribune*, Dec 1948, 20, ProQuest Historical Newspapers.

⁴⁵ Benjamin Carson, “Socialized Medicine,” *The Wall Street Journal*, Jan 20, 1949, 6, ProQuest Historical Newspapers.

⁴⁶ M.M., “Too Late,” *The Chicago Daily Tribune*, Nov 28, 1949, 18, ProQuest Historical Newspapers.

⁴⁷ H. Paul Baker, “Threat to Medical Education,” *The Chicago Daily Tribune*, Feb 8, 1949, 12, ProQuest Historical Newspapers.

⁴⁸ Ibid.

The public also considered how society's freedoms would be affected under a system of national health care. In one letter, a citizen named "F.E.B." interpreted President Truman's health plan to result in merely "more and more government regimentation."⁴⁹ F.E.B. quoted specific statements from Truman's plan: Doctors "should be located where their services should be needed," the federal government "should provide financial assistance," and "all people would be required to pay premiums." The government's role in administering national health care caught F.E.B.'s attention, which concerned him enough to write a letter to *the Chicago Daily Tribune*. In another letter, C.R.D., Jr. could not reconcile America adapting a "socialist" policy such as national health care. The United States was "was built on the principle of free enterprise" and national health care would "force socialism on the American people."⁵⁰ C.R.D., Jr concluded, "Harry Truman's health bill is definitely against all our principles and competitive ideals for which we fought the last war." C. R.D., Jr believed national health care to fundamentally disagree with American ideals. His writing is almost written with a tone of astonishment that such a "socialist" policy would even be considered in America.

Moreover, a distrust in the federal government compounded concern over the government administering the nation's health care. Harper Watrouse desired health insurance for every American citizen but opposed a system of "*federal compulsory insurance.*"⁵¹ Watrouse claimed to have done an "internal poll" amongst friends on their reason for opposing national health. The leading opinion: "We have no confidence in the ability of any federal agency to operate on a

⁴⁹F.E.B., "Not Socialized Medicine?," *The Chicago Daily Tribune*, Nov 28, 1945, 20, ProQuest Historical Newspapers.

⁵⁰ C.R.D. Jr., "Socialized Medicine," *The Chicago Daily Tribune*, May 15, 1949, 24, ProQuest Historical Newspapers.

⁵¹ Harper Watrouse, "Opposition of 'Nobodies'," *The Chicago Daily Tribune*, Mar 3, 1949, 24, ProQuest Historical Newspapers.

business basis.”⁵² Others expressed a similar sentiment and pointed to previous, unpleasant experiences with government agencies. For example, George Murphy “enlightened” readers by relaying his experience with one government agency, the Veteran Affairs (VA) office.⁵³ Following the war, Murphy needed dental care and was advised to contact the VA office in Chicago. After putting in an application, he received a letter 23 months later that asked him to file another application and begin the process once more. Murphy based his opinion of national health care on his firsthand experiences with a government agency, which were not promising. In agreement with Murphy’s experience, others associated burdening amounts of paperwork and “government red tape” with federal agencies.⁵⁴ A stained belief in the government’s ability to administer programs effectively and left these citizens unable to justify supporting national health care.

Proponents of national health care heard these criticisms and assured that the freedoms of patients, physicians, and society would be kept. For instance, Dr. Channing Frothingham, Chairman to the Committee for the Nation’s Health, wrote a letter to *The New York Times* that assured the reader loss of freedoms should not be considered.⁵⁵ Dr. Frothingham wrote that national health care entailed a “*free* choice of doctor, profession *freedom* for the doctor and a *decentralized* administration.”⁵⁶ Dr. Frothingham recognized the importance of conveying national health care in a manner that didn’t place an emphasis on increased government control. Instead, he clearly stated which freedoms would be maintained. It would be a struggle for an

⁵² Ibid.

⁵³ George J. Murphy Jr., “Government Dentistry,” *The Chicago Daily Tribune*, Nov 29, 1948, 26, ProQuest Historical Newspapers.

⁵⁴ Lawrence Sullivan, “Following the Comintern,” *The Chicago Daily Tribune*, Dec 26, 1948, 26, ProQuest Historical Newspapers.

⁵⁵ Channing Frothingham, “A National Health Program: Adequate Medical Care for Majority of Population is Envisaged,” *The New York Times*, May 7, 1948, 28, ProQuest Historical Newspapers.

⁵⁶ Ibid.

argument like Dr. Frothingham's to persist against a policy that has been labeled and interpreted by many citizens as "socialized medicine," which to the majority, implied increased government control.

It is evident that most of the letters were written in opposition to national health care. Interpreting national health care as "socialized medicine," citizens feared loss of personal freedom, societal freedom, and expressed a distrust in the federal government. In contrast to the dramatic, propaganda-like arguments advanced by organized medicine, these citizens expressed legitimate concerns. Regardless, an understanding of national health care as "socialized medicine," propagated and reinforced by the media and organized medicine, shaped these sentiments that discouraged several citizens from supporting a system of national health care in the United States.

Health Insurance or Sickness Tax?

The "socialized medicine" debate overshadowed another real concern about national health care that preoccupied Americans. A Gallup Poll from November 1949 asked participants what they believed to be the "best argument" against national health care; the leading response: "Higher taxes."⁵⁷ In comparison to the argument that national health care meant "socialized medicine," a *perceived* threat, the argument around the tax regarded a legitimate component of the plan. To set up a national health insurance fund, workers needed to pay a monthly tax, which directly affected American citizens. President Truman suggested financing his plan with a 4

⁵⁷ Gallup Organization, "And what would you say are the best arguments against the government's plan (Truman administration's compulsory health insurance plan)?" (November 1949), distributed by Roper Center for Public Opinion Research, IPOLL, accessed July 22, 2020.

percent payroll tax on earnings up to \$3,600, however, he left the specifics of the payment model for Congress to decide.⁵⁸ Although the specifics of the payment model were never determined, the economics of national health care became a point of contention in Congress and for the American public.

When President Truman endorsed national health care, he based his decision on the economics of medical care in the United States. National health care, President Truman argued, was a necessary solution to the high costs of medical care that left an increasing portion of the population unable afford adequate care. “Millions do not now have protection or security against the economic effects of sickness,” wrote President Truman when he endorsed national health care in 1945.⁵⁹ Those suffering the worst from an inadequate medical system, the poor and rural communities, needed our help, President Truman argued. And, the United States only spent 4 percent of the national income on health services. With medical costs continually rising and afflicting a substantial portion of the population, President Truman concluded, “we can afford to spend more on health.”⁶⁰ In Congress, President Truman’s swift conclusion that the United States can afford to spend more on health was challenged.

The Congressional Debates

Advocates believed national health care’s payroll tax presented a more affordable solution to alleviating the nation’s high and improbable costs of medical care. “The chief object of federal health insurance,” wrote Dr. H.B. Richards in *The American Scholar*, is to “release the medical profession and public from financial restrictions which prevent a wide distribution of

⁵⁸ Truman, “Special Message to Congress Recommending a Comprehensive Health Program.”

⁵⁹ Ibid.

⁶⁰ Ibid.

good medical care.”⁶¹ To proponents, national health insurance gave Americans the economic freedom to enjoy adequate medical care. The Physicians Forum, an organization that represented Black physicians in the United States, argued “the advantage would be that persons would not be called upon as individuals to meet the heavy obligations imposed by the need for medical care, and they would feel free to seek medical services as soon as needed.”⁶² The payroll tax, the Physician’s Forum argued, offered a more stable and affordable alternative to the “heavy obligations” that individuals paid for medical care.

In addition, advocates touted national health care’s affordability by focusing on the economic losses the country incurred with no national health system in place. The country’s current economic losses due to sickness, legislatures argued, were far greater than the cost of national health care, a system which would prevent such economic losses to begin with. For example, Senator Claude Pepper cited the losses in economic productivity that resulted from inadequate medical care – more than 3,000,000 Americans aged 15-64, the working-age group, suffered from certain impairments such as deafness, blindness, or orthopedic handicaps.⁶³ Better overall health, Pepper argued, meant healthier workers contributing to the economic productivity of society.

Opponents to national health care agreed that those unable to afford medical care should be provided with some type of insurance. However, they disagreed when it came to the government’s role in providing insurance. Instead, they argued voluntary health programs could successfully provide health insurance to most Americans. “The nation’s health can be improved

⁶¹ William H. Gilbert, “The Proposed National Health Insurance Legislation of the 79th, 80th, and 81st Congress: Selected Information,” June 1, 1949, ProQuest Congressional Database, 6.

⁶² U.S. Senate, *National Health Program*, Hearings Before the Committee on Education and Labor, 77th Cong., 2nd sess., pt. 1, April 2-16, 1946, 750.

⁶³ U.S. Senate, *National Health Program*, Hearings Before the Committee on Education and Labor, 77th Cong., 2nd sess., pt. 1, April 2-16, 1946, 79.

by making available voluntary plans of sickness insurance,” testified Dr. Harold T. Low, President of the Association of American Physicians and Surgeons.⁶⁴ Opponents cited the rising number of people opting for private health insurance. As of July 1946, over 20,000,000 Americans were members of Blue Cross – a number that opponents argued would continue to rise.⁶⁵ The economics of national health care became a political argument as well. The compulsory tax, Dr. Low argued, “is compulsion and regimentation, both of which are contrary to the democratic principles of the form of government which has made this nation the leader of the world in all fields.”⁶⁶

The compulsory tax became a sticking point in Congress. Opponents spoke directly to the taxpayer and hammered their point that national health care meant a loss of their personal income. “A program such as outlined is enormously expensive. It will result in greatly increased taxes for the entire population of the United States,” testified Dr. R. L. Sensenich, Chairman of the Board of Trustees of the American Medical Association.⁶⁷ Some opponents went as far as giving national health care an entirely new label. Senator Robert Taft declared, “The system is not insurance, but actually only a method for collecting additional taxes.”⁶⁸ Dr. Lowess Goin, President of California Physician’s Service, reiterated Senator Taft’s point and claimed that the bill proposed had little to do with health; Instead, Dr. Goin referred to it instead as a “sickness tax.”⁶⁹ National health care was given a label in addition to “socialized medicine.”

⁶⁴ William H. Gilbert, “The Proposed National Health Insurance Legislation of the 79th, 80th, and 81st Congress: Selected Information,” 12.

⁶⁵ *Ibid.*, 13.

⁶⁶ *Ibid.*, 12.

⁶⁷ *Ibid.*, 14.

⁶⁸ U.S. Senate, *National Health Program*, Hearings Before the Committee on Labor and Public Welfare, 81st Cong., 1st sess., pt. 2, June 6-29, 1949, 193.

⁶⁹ *Ibid.*, 235.

Opponents and advocates for national health insurance presented two different viewpoints on national health care's payment model. Proponents viewed national health care's payment model as a relief from the high costs of medical care and the only means to insure the entire population. Opponents argued that private insurance already provided an affordable option for American citizens and attacked the plan as merely a tax scheme. The media picked up on both these arguments, and the economics of national health care became a principal factor in shaping the public's opinion.

Media Coverage

Anticipating that the public's concern over national health care's payment model, newspapers across the country gave this immediate attention. President Truman's endorsement of national health care, and the plan's payment model, made front-page news across the country. Following a headline that introduced the reader to President Truman's plan for national health care, was the payroll tax it required to be properly funded. The front page of *The New York Times* read "Truman asks Law to Force Insuring of Nation's Health," and immediately below, in bold font, read "**Suggests a 4% Premium on Yearly Income Up to \$3,600, but let's Congress Decide.**"⁷⁰ The front page of *The Chicago Tribune* read "Truman Urges Medical Care Pay Roll Tax."⁷¹ Notably, *The Chicago Tribune* labeled Truman's national health plan as merely a "Medical Care Pay Roll Tax." Even the *Pittsburgh Post-Gazette's* more favorable headline, "Truman Backs Compulsory Insurance – President Favors Health Protection for All Workers"

⁷⁰ Felix Belair, "Truman Asks Law to Force Insuring Nation's Health," *The New York Times*, Nov 20, 1945, 1, ProQuest Historical Newspapers.

⁷¹ Arthur Henning, "Truman Urges Medical Payroll Tax," *The Chicago Daily Tribune*, Nov 20, 1945, 1, ProQuest Historical Newspapers.

was succeeded immediately by a description of the payment model, “He suggested that the premiums be calculated on the first \$3,600 of a person’s yearly income.”⁷² These articles are representative of a trend that appeared in newspapers across the country: Truman’s plan was a way to provide health care to the entire nation *and* a plan that required a payroll tax. Reformers had to prove to the public that a monthly payment for national health care would be worth their while.

It was often assumed the reader felt burdened by the high costs of medical care. A good example of this can be found in an article by the Committee for the Nation’s Health (CNH) titled, “Prescription for Health.” The article began, “Like death and taxes, doctor bills are always with us. And it is the high price of today’s bills that is driving many a man to cut down on medical services for his family.”⁷³ The CNH, by relating a doctor bill to a tax, reverses order on what is being considered costly when it comes to national health care. The CNH asked the reader why we should be “skimping on health” for themselves and their family, especially when the United States could spend more on health. According to the article, 28% of the national income is spent to protect them from “a possible enemy power,” and only 3.5% is spent protecting Americans from a “known enemy – disease.”⁷⁴ The CNH adopted an inclusive tone – the high costs of doctors' bills are “always with us” and, as a nation, “we” can afford to do more for our health.

Hubert Humphrey, Vice President of the United States, echoed the CNH’s argument in his article “The Case for National Health Insurance,” in which he proclaimed the “cause of our

⁷² “Truman Backs Compulsory Insurance,” *Pittsburgh Post-Gazette*, Nov 20, 1945, 1, ProQuest Historical Newspapers.

⁷³ Committee for the Nation’s Health, “Prescription for Health,” *New Journal and Guide*, Feb 28, 1948, 9, ProQuest Historical Newspapers.

⁷⁴ *Ibid.*

malady is essentially economic.”⁷⁵ Humphrey blamed the high costs of medical care as the reason why most Americans were unable to afford medical treatment. To back up this claim, Humphrey cited a statistic that reported families with an income of less than \$3,000 a year could not meet the serious costs of illness without outside aid. Humphrey related his argument to many, “For most of us, serious illness, means all too frequently wiped out savings, unpaid bills...”⁷⁶ Based on this logic, Humphrey presented national health care as an affordable alternative. However, Hubert Humphrey and the CNH’s argument on the affordability of national health care was predicated on the assumption the reader felt burdened by high costs of medical care, an assumption that might not have always been true.

Headlines, like the one that appeared in the *New York Times*, “4% Premium on Yearly Income Up to \$3,600,” communicated not much more than that national health care results in loss of income. In an article from the periodical, *Better Homes and Gardens*, Dr. Albert Deutsch argues the payroll tax is not too bad. Dr. Deutsch gets “down to brass tacks,” and asks the reader what national health insurance would mean for the reader.⁷⁷ His response, rather than better quality or increased access to medical care, delved right into a breakdown of the payment model for national health care, a recognition that the payment model concerned the reader. As a worker who earns up to \$3,600 a year, according to Dr. Deutsch arithmetic, you would pay, at maximum, \$108 a year.⁷⁸ Dr. Deutsch then cites a myriad of benefits that “you and your family” would enjoy with a payment of \$108: Choice of doctor, periodic health examinations, 60 days of

⁷⁵ Hubert Humphrey, “The Case for National Health Insurance,” *The New York Times*, May 8, 1949, SM15, ProQuest Historical Newspapers.

⁷⁶ Ibid.

⁷⁷ Albert Deutsch and Greer Williams, “Will Compulsory Insurance Keep you Healthy?,” *Better Homes and Gardens*, Sep 1948, 46-47, ProQuest.

⁷⁸ Ibid.

hospital care, operational costs, periodical dental examinations, and more.⁷⁹ The repetition of how these benefits are for “you and your family,” communicated that an individual payment was an investment beyond just your own personal care. Dr. Deutsch effectively placed the economics of national health care, which often seemed confusing and out-of-touch, in the context of the reader’s life.

Medical bills did not burden all Americans, especially ones who enjoyed a certain degree of economic comfort. Proponents thus justified the monthly tax as an opportunity to help the helpless and contribute to the welfare of the nation. *The New York Times*’s article, “Medical Care,” presented prominent industrialist and financier, Bernard Baruch’s argument that health was everyone’s problem. The article cited Baruch’s statement that “providing adequate medical care” is a “national problem.” Baruch continued that voluntary programs would not be enough to ensure the entire nation, and “for low-income groups some other form of insurance is necessary if adequate protection is to be achieved.”⁸⁰ Baruch concluded that financial assistance from the government and American citizens was the only way to adequately address the nation’s health problem. Hubert Humphrey authored an article, “The Case for National Health Insurance,” and touched on this point. Humphrey wrote, “Where hard cash is short and medical attention scant, high sickness prevail.”⁸¹ The “hard cash” you provide would be going to a place in desperate need. Humphrey gave the reader an idea of the communities and people their money would help with. In low-income states, 50 out of 100 newborns die in the first year of birth, in comparison to the 28-30 out of 100 newborns who die in high-income states.⁸² According to Humphrey and Baruch’s argument, the American citizen that is unburdened by the costs of medical care, should

⁷⁹ Ibid.

⁸⁰ “Medical Care,” *The New York Times*, Nov 22, 1947, C14, ProQuest Historical Newspapers.

⁸¹ Ibid.

⁸² Humphrey, “The Case for National Health Insurance.”

view the monthly tax as a contribution to the greater good of society and a means of helping their neighbor.

Opponents fired back with arguments that completely contradicted any claim that national health care was a sound economic policy. In a journal article from *the Scientific American*, Elmer Henderson, President Elect of the American Medical Association, stated the “undramatized and unvarnished truth is that most Americans can afford adequate medical care... if they budget their incomes relative to necessities and luxuries.”⁸³ Dr. Henderson backed up his claim by citing statistics from a 1948 “impartial” report from the Brookings Institution, “The Issue of Compulsory Health Insurance.”⁸⁴ According to the report, medical care is not a big expense for the average family, and families with total incomes of \$1,500 a year or more had savings that exceeded their costs of medical care. The report concluded that “a relatively small proportion of families have very high medical costs that confront them with serious financial problems.”⁸⁵ The Brookings Institution report and Dr. Henderson’s claim debase the argument that served as the basis for national health care’s affordability – that high medical bills afflicted most middle-class families. According to Dr. Henderson’s, a national health care tax required Americans to pay a monthly fee with money they have but chose not to spend on health services – a violation of the individual’s right to choose how they spend their personal finances.

Opponents to national health care echoed Dr. Henderson’s argument, and, once again, attacked an element of national health care as un-American. Dr. Henderson continued that Americans wish to spend their money how they see fit, and “the element of free choice is

⁸³ Elmer Henderson, “Letters,” *Scientific American* 181, no. 3, (1949): 2-5, www.jstor.org/stable.24967268.

⁸⁴ Nelson McGear, “The Issue of Compulsory Health Insurance. By George W. Bachman and Lewis Meriam,” *American Political Science Review* 42, no. 6 (1948): 1221-22, <https://doi.org/10.2307/1950630>

⁸⁵ *Ibid.*

involved in all consumer expenditures.”⁸⁶ Dorothy Thompson, a popular American broadcaster and print journalist, best known for her column “On the Record,” made a similar argument. “The great joker in all these schemes is that they are put forward as free – something for nothing.”⁸⁷ However, Thompson argued, national health care forced the individual to pay for something he might not necessarily need or want. “He will be paying for unused aspirins when he needs money for oranges.”⁸⁸ Thompson argued that individuals spent their money on a myriad of necessities, of which, health care may be included. Or, it might not. Thompson’s point was that it was up to the individual.

For some, the interpretation of national health care as “sickness tax,” like Dr. Goin and Senator Taft suggested in Congress, resonated. An editorial title “Don’t Call it Insurance” that appeared in *The Chicago Tribune* assailed President Truman’s health plan.⁸⁹ Regarding national health care, the editorial proclaimed, “It isn’t insurance. It is an income tax on wages to provide medical care at public cost.”⁹⁰ Mrs. Eugene Meyer, wife of Eugene Meyer, then owner of *The Washington Post*, argued that “compulsory health insurance would give us a costly administrative bureaucracy, but not doctors, nurses and hospitals,” in an article titled, “Mrs. Meyer Calls Health Plan Dangerous to Human Welfare.”⁹¹ According to Mrs. Meyer, national health care was a poor investment that would result in worse health conditions. The only thing Mrs. Meyer took away from the plan is that it was “costly.” Like Mrs. Meyer’s sentiment, Benjamin Kendrick in an article from *the Nation’s Business*, believed national health insurance was the government taking a step too far in terms of social security. Social security “is to serve

⁸⁶ Henderson, “Letters,” 2-5.

⁸⁷ Gilbert, “The Proposed National Health Insurance Legislation of the 79th, 80th, and 81st Congress,” 16.

⁸⁸ Ibid.

⁸⁹ “Don’t Call It Insurance,” *Chicago Daily Tribune*, Nov 22, 1945, 22, ProQuest Historical Newspapers.

⁹⁰ Ibid.

⁹¹ Gilbert, “The Proposed National Health Insurance Legislation of the 79th, 80th, and 81st Congress,” 18.

us, not master us,” and “over liberalized benefits come nearer and nearer to the take-home pay of the average employed worker.”⁹² Kendrick concluded, “let us remember, and tell others, that extra protection against the hazards of life is neither better nor cheaper when the government makes us buy it.”⁹³

Individual’s perceived national health care’s payment model based off their personal relationship with their finances. An analysis of letters to the editor written regarding national health care and the plan’s payment model reveals how this relationship varied from individual. The arguments presented by Congress and the media are often by echoed by American citizens, but their sentiments are more nuanced and shaped by personal experience.

Letters to the Editor

Citizens who favored national health care believed the societal benefits outweighed economic costs. Louis Kessler wrote to the *Chicago Daily Tribune*, “The cost of socialized medicine should not matter, no matter how high it is to the taxpayers.”⁹⁴ (Interesting to note that Kessler advocated for national health care, yet referred to it as “socialized medicine”) Because a significant portion of the population could not afford medical care, argued that the nation must pass national health legislation to “help the mass of people.”⁹⁵ Alfred Lewis, in a letter to *The New York Times*, presented a similar argument as Kessler’s, “All who have the welfare of the country at heart should welcome the program for government health insurance.”⁹⁶ Lewis

⁹² Benjamin Kendrick, “How Much More Security Can We Afford?,” *Nation’s Business*, May 1949, 54, ProQuest.

⁹³ Ibid.

⁹⁴ Louis Kessler, “The Socialized Mind,” *Chicago Daily Tribune*, Mar 8, 1949, 10, ProQuest Historical Newspapers.

⁹⁵ Ibid.

⁹⁶ Alfred Lewis, “A Federal Health Program,” *The New York Times*, Dec 8, 1949, 18, ProQuest Historical Newspapers.

challenged industrialist's argument that national health care imposed an economic burden on industry and diverted attention to the burden that lack of adequate medical care placed on the community. Arguments like Lewis and Kessler viewed economics of national health care as secondary to the welfare of society. William Harris clearly stated this when he asked *The Chicago Tribune* (a paper that openly opposed national health care) why the paper regarded, "the health of the people at large as secondary... to any financial factor at all?"⁹⁷ A commonality amongst these arguments is a mindset that considered national health care's benefits beyond the context of their individual life, a viewpoint that is usually enjoyed when the individual has some degree of economic comfort.

Not all citizens adopted this mentality, and much of the public considered how national health care would affect their individual lives. Instead of regarding the monthly tax as a contribution to the welfare of society, Aaron Sargent, a lawyer from San Francisco, argued in an ABC radio broadcast, that the tax forced you to "carry the burden of every man who takes advantage of the system."⁹⁸ Sargent took an entirely different perspective on national health care; it wasn't an effective plan that would better the health of the nation, but a system to be taken advantage of. In a letter to *The New York Times*, Dr. Frederick Wetherell adopted a similar perspective as Mr. Sargent. Dr. Wetherell challenged the proposition that national health care would come at a "reasonable cost," "Never had government been able to do business as reasonable as private business does. Tax and tax and "up" the premiums."⁹⁹ Sargent and

⁹⁷ William Harris, "Expense No Object When the State Pays," *Chicago Daily Tribune*, Mar 8, 1949, 10, ProQuest Historical Newspapers.

⁹⁸ Aaron Sargent, "Socialized Medicine – You Will Pay the Bill," *Vital Speeches of the Day*, 1948, 295, EBSCOhost.

⁹⁹ Frederick Wetherell, "For Voluntary Health Plans," *The New York Times*, April 20, 1949, 18, ProQuest Historical Newspapers.

Wetherell could not justify paying a monthly tax to a government they believed could not adequately manage finances in the first place.

In several instances, citizens able to cover their medical costs regarded national health care's payment model as a loss of personal income that, if up to their choosing, would have been spent otherwise. Dr. Garrison Lipton wrote to *The New York Times*, "isn't there something incongruous and inconsistent in the advocacy of socialized medicine... which consumes the *least* part of the spending dollar, while there is not similar interest in altering our American way of life in spending the other 9 cents any way we see fit?"¹⁰⁰ Lipton argued national health care's payment model had no justification in American society because the plan was not matched with the public's willingness to hand over an otherwise expendable "9 cents." Worried that government health insurance led to just "more and more government tampering with the individual's pay envelope", Mabel Bliss, in a letter to *The Wall Street Journal*, made clear she favored voluntary health insurance because it allowed the individual to "exercise his free right to take it or leave it."¹⁰¹ Because national health care necessitated a compulsory tax, several citizens regarded the plan's payment model as a government overstep into their personal finances. This view was compounded by their ability to afford health care in the first place.

Several people wrote letters that expressed a satisfaction with their current costs of medical care and voluntary insurance plan. To them, national health insurance became represented a loss of income. Dr. Margaret Benjamin wrote to *The New York Times* and called the national health proposal "medical care by taxation (let us not euphemistically call it "by

¹⁰⁰ Garrison Lipton, "Medical Care Cost Discussed," *the New York Times*, May 24, 1945, 18, ProQuest Historical Newspapers.

¹⁰¹ Mabel Bliss, "Health Insurance," *Wall Street Journal*, Jan 7, 1949, 6, ProQuest Historical Newspapers.

insurance”).”¹⁰² Ryerson Jordan wrote a letter to the *Chicago Daily Tribune* in agreement with Dr. Benjamin. After hearing Oscar Ewing speak about national health care on the radio, Jordan interpreted the plan to be merely a “tax bill.” Jordan, “like most American citizens who enjoy average health”¹⁰³ never worried about his medical expenses and paying a tax for national health care would exceed any medical expenses he previously incurred. Mariann Johnson, a small wage-owner, also worried over the cost of national health insurance, which prompted her to express her concern in a letter to *the Chicago Daily Tribune*. Although Johnson could afford her own hospital care, an additional tax forced her to “dig down” and feared it won’t be long until “we’ll all be on relief because we won’t be allowed to handle our own money.”¹⁰⁴

It is difficult to tell if these letters are representative of the public’s opinion towards paying a monthly tax for a national health care system. According to the Opinion Research Corporation, the American public strongly desired an easier way to pay for medical care. In a 1946 survey conducted by the organization, 85 percent of participants said something could be done to help with the costs of medical care.¹⁰⁵ However, the public was split on who should be covering the costs of medical insurance – the federal government or private companies. The Opinion Research Corporation conducted another survey that revealed only a third of the public clearly preferred national health insurance and an increased social security tax to private insurance companies.¹⁰⁶ The letters backed up this finding, most of them written in opposition to the federal government, as opposed to private business, handling their medical care. In addition,

¹⁰² Margaret Benjamin, “Doctor’s Dilemma,” *the New York Times*, May 29, 1949, 18, ProQuest Historical Newspapers.

¹⁰³ Ryerson Jordan, “Nothing to worry about but taxes,” *Chicago Daily Tribune*, Nov 28, 1949, 22.

¹⁰⁴ Mariann Johnson, “Handling your own money,” *Chicago Daily Tribune*, Nov 9, 1945, 18, ProQuest Historical Newspapers.

¹⁰⁵ U.S. Senate, National Health Program, Hearings before the Committee on Education and Labor, 79th Cong., 2nd sess., pt. 1, April 2-16, 1946, 72.

¹⁰⁶ *Ibid.*

the letters supported the Brookings Institution's report that concluded most Americans could afford adequate medical care but chose to spend their money on other things. This exposed a critical flaw in advocate's logic on the affordability of national health care – How would reformers convince American citizens that a monthly payment offered an affordable alternative to a cost they felt unburdened by or chose not to pay in the first place?

That most letters took a negative position on national health care's payment model is telling. Advocates discussed the high costs of medical care that afflicted the nations less fortunate and those that lived in rural communities – a sentiment that might not have resonated with the average middle-class newspaper who was most likely from a city. Unfortunately, advocates crafted an argument in favor of national health insurance that might not have resonated with the reader base. In effect, advocates presented an argument that was out-of-touch with the reader and less effective in convincing them of national health care's merits. Moreover, this did not amplify and incorporate the voices of those most burdened by high costs of medical care in public discourse. In the nation's news media coverage, opponents crafted an argument against national health care's payment model that was sensitive to the reader's agency in their personal finances, which seemed to resonate more.

Conclusion

When we focus less on the top-level debate around national health care, and more on the people, we break through the surface of political platitudes and develop an understanding of what mattered to the public. The media coverage and letters to the editor that discussed national health care broaden our lens to consider the forces at play that influenced public opinion. From this analysis, we gain a deeper knowledge of which arguments dominated public discourse and why these arguments resonated. Ultimately, this offers a more thorough explanation of why public opinion dramatically dropped for national health care in the late 1940s.

First, “socialized medicine” became the framework under which many Americans interpreted national health care, which came to mean increased government control, for themselves and society. Organized medicine, politicians, and the media all contributed to the term becoming commonplace. However, “socialized medicine” was a label with deeper meaning – the link between national health care and socialism prompted the public to question the Americanness of the plan. In effect, advocates tried to present national health care as a democratic policy, and opponents argued the opposite – often pointing to the increased control or regimentation they believed would result from national health care. Unfortunately for reformers, “socialized medicine” dominated the media coverage and led to several citizens to disapprove of a national health care system in the United States.

Secondly, focusing on the political debate of national health care overshadowed a significant concern the public took over how the plan would be financed. The media introduced national health care to the public as a means of insuring the entire nation *and* a payroll tax. The debate over how national health care should be financed revealed two different economic

mindsets. Those who welcomed the tax viewed it as secondary to the welfare of society, while those opposed viewed it as a violation of their economic independence. In addition, reformers wrongfully assumed the reader to be burdened by the high costs of medical care. Several citizens felt unburdened by the cost or were happy with their voluntary plan. Unfortunately, those unable to afford medical care – the poor and rural communities – were left out of the public dialogue.

The public debate over national health care in 1945 gives valuable insight into public opinion. By looking beyond and deeper into the propaganda advanced by organized medicine, we see the sentiments of the people. This understanding would have been important for reformers to consider as they communicated national health care to the public, and it is important as we try and understand why the United States failed to pass national health care legislation in 1945. A variety of factors played into the United States not passing national health care legislation, the way the public came to understand national health care was one of many crucial factors.

80 years later, and it seems the same debate over national health care is taking place today. President Trump, in his State of the Union address declared, “One hundred thirty-two lawmakers in this room have endorsed legislation to impose a socialist takeover of our health care system, wiping out the private health insurance plans of 180 million very happy Americans. To those watching at home tonight, I want you to know: We will never let socialism destroy American health care.”¹⁰⁷ In 2020 (not 1945), the President assailed national health care as a socialist threat.

¹⁰⁷ Sanya Mansoor, “Read the Full Transcript of President Trump’s 2020 State of the Union Address,” Time, February 4, 2020, <https://time.com/5777857/state-of-the-union-transcript-2020/>.

The President's remarks are representative of the national health care debate's lingering history. I read his statement concerned that discourse over national health care will once again be dominated by a political platitude and prevent meaningful conversation around national health care. This would be an unfortunate play of events because medical care in the United States needs reform. We are one of the only developed countries without a system of government-provided health care¹⁰⁸; Americans pay some of the highest costs for medical care relative to the rest of the world¹⁰⁹; and health care is a top concern for American voters.¹¹⁰ Moreover, the COVID-19 pandemic has exposed fundamental flaws within our medical system. In the United States, the price of getting tested for COVID-19, which is critical to slowing the spread of the virus, is costly and varies because the government does not regulate our health care system.¹¹¹

The real problems within our medical system need to be addressed, and it would be a shame for reform to play out like how it did in 1945. President Truman, in regard to organized medicine's aggressive lobbying, remarked, "they have distorted and misrepresented the whole program so that it will be necessary for me to go out and tell the people just exactly what we are asking for."¹¹² Remarks like President Trump's are already distorting and misrepresenting national health care. To prevent falsehoods around national health care from guiding public

¹⁰⁸ Max Fisher, "Here's a Map of the Countries That Provide Universal Health Care (America's Still Not on It)," *The Atlantic*, June 28, 2012, <https://www.theatlantic.com/international/archive/2012/06/heres-a-map-of-the-countries-that-provide-universal-health-care-americas-still-not-on-it/259153/>.

¹⁰⁹ "Why are Americans Paying More for Healthcare?" Peter G. Peterson Foundation, April 20, 2020, <https://www.pgpf.org/blog/2020/04/why-are-americans-paying-more-for-healthcare>.

¹¹⁰ Joanne Kenen, "POLITICO-Harvard poll: Democrats and Republicans still fixated on health care," *Politico*, December 05, 2017, <https://www.politico.com/story/2017/12/05/obamacare-health-care-republicans-democrats-279933>.

¹¹¹ Sarah Kliff, "Most Coronavirus Tests Cost About \$100. Why Did One Cost \$2,315?" *The New York Times*, June 16, 2020, <https://www.nytimes.com/2020/06/16/upshot/coronavirus-test-cost-varies-widely.html>.

¹¹² Harry S. Truman Library, "Letter to Ben Turoff Regarding Health Care 1949," date accessed July 27, 2020, https://www.trumanlibrary.gov/public/Healthcare_DocumentSet.pdf.

discourse and swaying public opinion against reform, it is necessary to tell the people what national health care is – aware and sensitive to their political, social, and economic beliefs.

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