

show, said: “. . . But we will not be cowed by mobs and we will not be misled by stupid propaganda and the screams of young men and women who have been misled, first by their professors and, second, and let me say while I'm on the subject that it wasn't only the University of California, it was my own alma mater, Stanford University, and San Jose State and San Francisco State, where members of the faculty disgraced themselves by inciting the very thing you saw on the screen tonight.”

Goodie Knight, who has gone from the governorship of a state to a local TV show, has nothing to lose by opening the Hoover-Committee bag all the way to the bottom. The enemy is the teaching profession, disgraceful professors. The enemy is, in a word, the mind of man. As long as it is free Mr. Hoover and the Committee will not sleep of nights because they dare not. They can produce reports and films of student riots incited by Communists who are not arrested for incitement to riot; for the rest, they, unlike Goodie Knight, have to leave it to the inferential powers of the American people.

Not one of the teachers called to the stand in San Francisco would testify. In invoking the First or Fifth Amendment in the State of California, they put themselves in certain jeopardy; the State Education Code permits, and in practice compels, school boards to discharge teachers who refuse to cooperate with legislative committees. The three San Francisco witnesses who were willing to testify are all well-known members of the Committee's road show, and one deserves special mention.

This is Irving Fishman, Deputy Collector of Customs at the Port of New York. Irving is carted about from hearing to hearing — this is where the Committee's \$327,000 appropriation goes — with his sealed and re-sealed sack of incoming foreign mail. Pressed by Committee counsel, he breaks the seal on the bag and pulls out the Communist propaganda and says: “No effort is spared to flood Communist propaganda to perhaps every college, university, and secondary school in the United States.” Each time he does it, the New York *Herald Tribune* reports, “the Committee members act out

their part in the talking charade just as if they hadn't already seen, heard, and done the same thing repeatedly.”

“Who's your friend?” I said to Aristotle and Locke, as they happened by. I thought I'd drop through the floor when they introduced him as Thomas Jefferson. “And what do you think of it all?” I said to Jefferson, and Jefferson, who still talks as if it were the year 1804, said: “No experiment can be more interesting than that we are now trying, and which we trust will end in establishing the fact that man may be governed by reason and truth.” The experiment could not be more interesting than it is right now.

Just as the struggle for civil rights in the South is passing to the young from the palsied hands of their gradualist elders, so the struggle for civil liberty in the country as a whole is passing. The generation of lawsuits lost or won by five-to-four decisions is on its way out. We know that the FBI will not be restrained by the old men in Congress. We know that the Un-American Activities Committee will not be abolished by

the old men in Congress. There will be fighting minorities of us codgers; but there is beginning (just beginning, to be sure) to rise on the campuses a generation of young men and women who will not accept the inch-at-a-time — forward or backward — respectability that offers them good jobs, a lifetime of futile letters to their Congressmen, and a constitutionality under which the HUAC is constitutional.

There were a good five thousand of them—not counting Archie Brown and Merle Brodsky—picketing the City Hall the day after the “riot” in San Francisco. There were two thousand at Berkeley alone who signed the petition against the Committee in the space of a few days before the hearings began. If the country survives the attack of Messrs. Hoover, Fishman, Brown, and Brodsky for another decade, and the Russians bypass us for the moon, these students will be doing something somewhere in America. They are, by and large, the best students on these campuses. The future is (as F.D.R. would say) iffy. But there may be a found generation.

Medical Care Becomes A Right



by Edward T. Chase

NOT ALL important public events are detected by the press even when it is on the scene. Nor can all important events even when observed be accommodated within the peculiar stylistic conventions of press reporting—for example, such requirements as a legitimate news peg, a catchy lead, explicit, easily identified substantiating authority, whether by person or by documents. This is not all too bad because it establishes the need for periodicals of comment and interpretation like *The Progressive*.

A case in point is a remarkable

development that took place during Dwight D. Eisenhower's next-to-last week in office: The White House Conference on the Aging. Yes, another one of those vast, pompous, earnest symposia. Though a most elaborate press apparatus was set up to report this affair, outside of Washington the coverage was negligible. What is more, no story, even in the capital, showed appreciation for what really happened—most likely, in all fairness to the press and its stylistic conventions, because nothing “official” did happen. That is, Congress did not

pass a law, a high court did not announce a decision, nor did the President issue an order.

But something "unofficial" happened, nevertheless, that amounts to a sanction almost, if not quite, comparable to such "official" acts. In retrospect, at least, it will be seen to be of great consequence to the American people. First, a most important roadblock was removed in the effort to perfect the American "welfare state." More significantly, a long stride was taken in establishing the acceptance of what can best be described as a new basic social right. And this is, or certainly should be, news—important news. *It is the concept that medical care now is a right, like the classic triad of food, clothing, and shelter—plus, in modern times, a free education.* It is a right, which is to say that it is not to be compromised by personal economic adversity; not limited by one's ability to pay. This is more than domestic news. It can affect our stature with the peoples of the whole world.



It has taken a long time and some doing to get to this point. It has required an unconscionable amount of time even for the principle of Federal involvement to be accepted by both major political parties. This occurred last year when both parties, in their campaign platforms, supported Federal financial aid to medical care for the aged. It has required a national spectacle of several millions of citizens—the elderly lacking the income for decent medical care—undergoing severe and needless privation, to elicit the interest of the rest of us. Finally, it has required the exasperating procedure of re-arguing at a White House conference the whole case for social security that was fought out a quarter of a century ago. This had to be done to defeat the opposition and convince the ignorant. The opposition is the lobby known as the American Medical Association, "just another mean trust," as Harry Truman has put it, plus its cohorts in the insurance business and in anti-social security business circles in general.

To a truly surprising degree, all this was brought off at Mr. Eisenhower's last White House meeting, an ironic development, of course,

since it is in dead conflict with his known beliefs. For two years, remember, organized medicine had suggested that we take it easy on all this nonsense about Federal financing of minimal medical care for the aged at least *until* the Conference on the Aging. With the vast amount of preparation at the state level, literally thousands of pre-Conference conferences, the White House affair was bound to be an important landmark. Don't rush these radical moves, we were cautioned. Let's let the conferees take a look at the facts, especially if we can put off the public's taking a look at them; meantime, all legislation must be suppressed in Congress. This is, of course, exactly what happened in 1960. Well, perforce we did wait. However, when the conference finally came off, the AMA was not able to stack it as it wished and its effort backfired, loudly.

The backfire was this: the AMA's favored expedient, the theory of medical care for the aged offered through the state public assistance programs on a means-test basis, was discredited throughout the Conference by reasoned, factual presentations. Conversely, the case for ministering to the health needs of the elderly retired through the principle of payroll taxes, contributed throughout one's working life for dispersal via the social security mechanism when needed—this principle was supported relentlessly, repetitiously, and irrefutably. Not one of the 2,700 delegates to the Conference could miss the point nor miss noting the decisiveness of the vote for the social security approach. Nor was the picture of the doctor delegates—confused, defensive, and incoherent—a healthy omen for the AMA of its own effectiveness in the battles still to come. For there will be a battle—and soon. But for the first time, the odds now run strongly that the social security principle will prevail in this 1961 Congressional session. This will have happened in no small degree because

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the results of this long-awaited Conference cannot be used to strengthen the hands of the opposition in the upcoming Congressional debate, but instead will exert the heaviest pressure for affirmative action on the social security approach.

Doctors are fond of pointing out that theirs is not a monolithic profession with a single view. This is true, in a broad sense. A vast number, possibly even the majority of doctors, are bored with or hostile to the AMA. More particularly, they are conscious of the self-seeking character of the county medical societies, which carry on the brunt of medicine's organizational activity. Also, there is a great variation in social sophistication between, on the one hand, research doctors and teachers at the universities and those with salaried governmental jobs or with large pre-payment medical plans practicing on a group basis, and on the other hand the solo practitioners who consciously view themselves as conducting a small private business for profit, whether they be famous surgeons on Park Avenue or general practitioners in suburb or small town.

The former category is hostile or indifferent to the medical societies; the latter category usually looks up to the societies and in fact constitutes their backbone. It is a fact, too, that nearly all active practitioners are quick to point out—and rightly so—the good work of the AMA and its constituent societies in disciplining the profession, in setting standards, and in conducting an essential educational program in medical matters through its literature and meetings.



It is in the political arena that the the profession is altogether monolithic. The position of the AMA on legislative matters affecting the profession is the position of the profession. It is a position easy to predict, slow to change, formidably pressed by the drum-beaters of each local society as well as by the AMA, and it is one that is almost never challenged, at least audibly, by the doctors in the ranks. Practitioners learn early in the game that a small private business that depends on referrals and on organizational status within

the profession's institutions, especially the hospital, does not encourage political idiosyncrasy. Nor would it be naturally forthcoming in many doctors anyhow. Most are totally absorbed in their demanding professional work. They work extremely hard, read little, and must conserve their reading time for medical material. They are accustomed to being asked for their opinions and are under no compulsion to weigh the merits of these opinions in open discussion with the public, which in their view is a largely undifferentiated laity, certainly with no competence in medical matters, and hence presumably with no right to meddle in matters that could affect medical practice, however tenuously.

This is a necessary prelude to understanding why the profession is silent in the face of their political brass's suicidal support for the position represented by the Kerr-Mills law, the measure passed in the rump session of the 1960 Congress. It provides for the Federal government to bolster existing state public assistance (relief) programs for the aged on a stepped-up matching grant basis so as to accommodate medical needs. The AMA supports this measure, claiming it does the real job properly: that is, it copes with the proven need by a means test; it is largely local rather than Federal since each state determines its need and participates to the degree it sees fit; each state is allowed to set its own range of benefits and to determine by its own criteria who should be eligible. On the whole, the law keeps the Federal government quite out of the picture, except for the financing.

Anyone with the slightest knowledge of the matter appreciates that the overriding motivation of the

AMA in supporting the Kerr-Mills legislation is that it is the most minimal of the various bills considered, the least the AMA could get away with without having to adopt the politically inexpedient posture of being publicly against any government assistance. The trouble, it has turned out, is that the act is so minimal in its effectiveness it is setting up the AMA for the knockout blow: the states, almost without exception, have spurned the program because they cannot or will not put up the necessary matching money. Now the AMA is pushing state adoption of Kerr-Mills desperately, aware that the measure's dramatic failure is vividly underscoring the need and arousing even further the public demand for action through social security.



It is worthwhile to restate the social security position because the election campaign debates on the issue distorted it, and because we are going to be confronted with a rousing revival of the whole fight before President Kennedy has been in office six months. It remains a key controversy in mid-century America. The argument runs like this:

In an industrial civilization, the worker has only his labor to sell; he is sustained by wages. In consequence, loss of wage is the critical factor. It is the main point of reference for social legislation. Thus the first great system of health insurance to develop in this country, workmen's compensation, is tied to the wage-loss-restoration principle. Disability from industrial injury or illness is to be compensated for at a level to keep the beneficiary from pauper status, yet

not so prosperous as to encourage malingering. Since applied science has so enormously increased productivity, the need for labor has diminished, with the consequence that most people over sixty-five no longer have a place in the labor force.

The social security program has been responsive to this situation but is limited. If it is sensible for retirement owing to age to be cushioned by pension payments, then, when age also creates the problem for these retirees of above average incidence of illness and steep medical costs, social security could, and should, function to meet this problem, too. Hospital costs (the biggest factor) and medical costs should be provided for under the social security system for the same purpose as the original measure—that is, to keep the recipients off the public assistance rolls. The principle here is not a justification for general national health insurance, as medical leaders have implied so often. It is simply the principle that when income is stopped by retirement or disability, provision of medical benefits is to be provided precisely as in workmen's compensation. This merely recognizes that an urban, industrial society is a wage-based society.

There are other equally basic principles to be noted. The social security system is a contributory one, that is, a tax on pay rolls—the worker and his employer paying in the active, independent years for the benefits to be dispersed in the period of retirement and dependency. Since it is a contributory system, it follows that benefits are conceived as a matter of right, not qualified by way of a means test. There has been longstanding and universal (except within organized medicine) agreement that a contributory system is socially healthier than a relief (public assistance) program.

Furthermore, the social security system is a Federal, not a private or a state, insurance system because of overriding practical advantages. The magnitude of the risk is beyond the scope of private insurance, which could not conceivably acquire the reserves needed for the whole nation's future social security liability. As for the states, they cannot efficiently or equitably administer coverage of individuals for their entire lifetimes in all the various state jurisdictions and



even in foreign countries. An important point is implicit here, one which was made tellingly at the White House Conference on the Aging by Republican egghead Arthur Larson, Eisenhower's former speechwriter. Larson put it this way:

"No American freedom is more typical than the freedom to move and change jobs at will. The non-vested pension (and most private pensions are still of the non-vested type) increasingly chains the worker to the particular employer as the years go by—chains him with the golden chains of non-transferable pension credits, but chains him all the same. The Federal social security credit by contrast is transferable from job to job, state to state, industry to industry, leaving the worker complete flexibility to come and go and choose jobs without worrying about effects on his social security rights.

"The same test of freedom creates a crushing presumption favoring social security over public assistance wherever the substitution can be made. Public assistance not only impedes freedom of movement, since assistance may not be available for extended periods in a new state. It also impedes many of the other typical freedoms. Sometimes it interferes with the freedom to keep your intimate financial affairs to yourself. In subtle ways, it may injure freedom to spend money as you choose. Does a relief recipient dare to be seen picking up a six-pack of beer in the supermarket, or driving a 1931 Chevrolet? May not some taxpayer see him and grumble, 'Look at him riding around like a king on my money?'"

Other practical administrative arguments for social security are equally impressive and were advanced cogently by several speakers at the White House Conference. For one thing, the system is uncomplicated. No means test is involved, which is to say the discretionary element is reduced to a minimum—simply whether or not you are sixty-five—and hence does not involve human judgments, some subjective and deli-

cate, on a mass of personal data. This allows simple central administration and the efficiency possible when both the collecting and the disbursing of funds are handled under one roof. Indeed, one of the persuasive arguments for the social security solution to the medical problem of the aged is that there is an efficient, going apparatus already at hand, one in which the administrative expense has been considerably below original estimates—now only about two per cent of benefits paid out, an admirable ratio by insurance company standards. All this is in flagrant contrast to the AMA-backed Kerr-Mills approach (also the Javits approach) of a state-by-state system, whereby the country would wait (indefinitely, as the evidence now emerges) for each state to pass, set up, and finance its own particular plan.

It is small wonder that the White House conferees came away with a renewed appreciation for the social security system and puzzlement over the AMA line. The old AMA saw about the "compulsory" nature of the Forand bill and McNamara bill was also dealt with harshly when it was pointed out repeatedly that *all* tax-funded measures are compulsory, the mandatory feature being a characteristic of tax laws. No one was frightened that the economy or the Federal budget would be adversely affected by spreading the cost for medical assistance for the aged over the entire wage-earning population. Finally, no one seriously disputed the hard core of facts which are at the heart of this whole great fight: that four-fifths of the 15.8 million people sixty-five years and over have annual incomes under \$2,000, that three-fifths have under \$1,000, yet the aged have double or triple the average national incidence of illness and only half of them have any degree of health insurance at all.

There are many other details that could be reported from the Confer-

ence—such oddities as the fact that the AMA, in plugging for the Kerr-Mills measure, is backing a law that, among a number of other violations of hitherto sacrosanct AMA principles, does not stipulate the very arch principle the organization always harps on—freedom of choice of doctor—though the Forand and McNamara bills do provide for just that. But it is more interesting to reflect upon the longer-range implications of organized medicine's performance.



Historically, AMA's contribution to medical education has been admirable. However, in the more complicated world of the present, its position has been indefensible in this particular area. In the face of a clear-cut crisis in the supply of physicians, with the ratio of doctors to population dropping steadily, the AMA has stuck to an impossible position. Federal aid for student tuitions and for teachers as well as for bricks and mortar is imperative because there is demonstrably no other way to finance them. Every knowledgeable doctor will concede this in private. But not the official leadership. Its performance here is precisely as in the matter of aid for the aged. Horror at the prospect of Federal involvement obscures all reasonable argument.

What role will such a leadership play in guiding us to deal with the large and subtle problems of an increasingly complex society?

What we must hope for is positive counsel of the highest order from the medical profession, not the anti-social nonsense that has characterized its recent efforts to maintain its economic privileges. This wise counsel will be forthcoming when medicine appreciates once again that it is a profession, not a business. The curious fact is that medicine, of all enterprises, has been elected to demonstrate how a business activity—for that is the medical profession's present character—can adjust to a changing America that will not much longer tolerate partisan advantage at the public's expense: the public's needs are going to be served and no business organization, no matter how powerful, is going to thwart this objective indefinitely.

