

CHAPTER 10

The Pleasures and Perils of Prophetic Advocacy: Socialized Medicine and the Politics of American Medical Reform

Elizabeth Fee

As a European immigrant and as a historian, Henry E. Sigerist played a surprisingly important and visible role in American medical politics. In the 1930s and early 1940s, he became a leading proponent of national health insurance and the country's chief advocate of socialized medicine. He turned his potential handicaps to advantage: he used his familiarity with European and especially the German health insurance system to speak with authority on international variations in medical care organization. As a historian, he was persuaded—and persuasive in arguing—that the history of medicine was a story of social and scientific progress.¹ According to his historical account, individualized medical practice was based on relatively primitive science and technology; this must gradually be superseded by state-run and state-financed health services capable of deriving maximum benefit from an increasingly sophisticated scientific and technological base. National health insurance was but one step in this historical progression. Sigerist thus lent the weight of history to the cause of medical reform.

In America in the 1930s, Henry Sigerist's message about the need for increasing state intervention in health care was compatible with the views

• WHAT IS THE STATE OF THE NATION'S HEALTH?

Is the People's Health A Government Responsibility?



DR. HENRY E. SIGERIST

How can the people get better medical care?

Should the poor be thrown upon the private charity of the doctor for treatment?

"A NATIONAL HEALTH PROGRAM"

Will be discussed by

Dr. Henry E. Sigerist

Director, Institute of the History of Medicine at the Johns Hopkins University; world renowned authority on the history of medicine. Author of "Man and Medicine", "The Great Doctors", "American Medicine", "Socialized Medicine in the Soviet Union". Dr. Sigerist's works are translated into many languages, including Chinese.

Sunday, February 19th, 1939, 8.15 P.M.

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Questions and Discussion.

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and interests of medical liberals. These included representatives of some of the most powerful private foundations and influential professors at the nation's leading medical schools who believed that medical care should be more efficiently and rationally organized, but without challenging the political and economic foundations of American society. Between 1935 and 1939, Sigerist belonged to this charmed circle of liberal leaders and, at the same time, emerged as a spokesman for the left wing of the medical profession, an impassioned advocate of socialized medicine, an enthusiastic supporter of socialism and the Soviet Union, and a popular hero in an overlapping network of antifascist and progressive groups that were continuously organizing, debating, and preparing statements and manifestos on the political issues of the day.²

But by 1940, after the Nazi-Soviet pact and the Soviet invasion of Finland, Sigerist became vulnerable to attack. Most of the assaults came from conservative physicians angered by his activism in medical politics and his advocacy of national health insurance. In the context of rapidly spreading anti-Soviet public feeling, they used his book *Socialized Medicine in the Soviet Union* as a weapon against him.³ Hurt and upset by the violence of these attacks, Sigerist continued to be active in medical politics, although now displaying increasing ambivalence. He continued to speak out forcefully on public platforms across the country but, at the same time, began emotionally to disengage from political activities and ultimately from America.

This essay examines the shifts and turns in Sigerist's relationship to medical politics and medical reform. The main focus is his years in America: from his early period as a rapidly rising star in the world of medical politics, through the 1930s to the war years, when his luster was dimmed, to the postwar years when he chose to leave the country as the winds of anticommunism were gathering force. For this decade and a half, Sigerist was an inspirational force for the students, interns, physicians, and public health professionals whose lives he touched and whose efforts to organize he encouraged and promoted.⁴

The Leipzig Years: 1925-1932

In his autobiographical writings, Sigerist traced his interest in the social and political organization of medicine to his time at the Leipzig Institute

35. (facing page) Flyer advertising Sigerist's talk "A National Health Program" at the People's Forum, Philadelphia, February 19, 1939.

of the History of Medicine.⁵ Although still engaged in intense scholarly studies, he was already exploring a wide range of social, cultural, and philosophical problems and calling on scholars to derive their fundamental questions from contemporary concerns. The political and economic crisis of Germany in the late 1920s also directed his attention to practical problems in the organization of medical care. As social welfare expenditures were cut and physicians' incomes fell, many doctors saw the health insurance system as the source of their problems.⁶

In this context, Sigerist not only defended the German insurance system but argued that the state must take broadened responsibility for medical care.⁷ As Germany's political and economic crisis deepened, he focused increasing attention on these controversial issues and ended his volume of introductory lectures to medical students, *Einführung in die Medizin* (Man and Medicine), by lauding the German social insurance system as "an epoch-making world event."⁸ He warned physicians against nostalgia for a long-dead era of individual private practice. The physician who "obstructs progress and clings to yesterday's ideals" would, he declared, be pushed aside.⁹

Erwin Ackerknecht, a student member of the Leipzig Institute and himself a Trotskyist in the 1920s, later claimed to have introduced Sigerist to Marxism.¹⁰ Whatever their origins, Sigerist's early political views were shaped both by his defense of German health and welfare measures and by his antagonism to the rising power of German fascism; in the Leipzig period, he had definite socialist leanings but was not yet strongly influenced by Marxism.

In America: From the Depression to the New Deal, 1931-1935

When Sigerist arrived in the United States in 1931 for an extended lecture tour, the country was in the midst of depression. The economic boom and unbridled financial speculation of the 1920s had ended with the stock market crash of 1929; Franklin D. Roosevelt was running for president; and millions of people were unemployed or underemployed. Health care costs were but one of the country's many problems as the Committee on the Costs of Medical Care (CCMC), funded by eight major foundations, prepared its final and most famous report.¹¹ The CCMC had already published, over a period of five years, twenty-six research volumes and fifteen smaller reports on the organization and financing of health care; the total representing, as one of its supporters declared, "the most complete

body of information on medical care and medical economics ever available in this country."¹² These reports detailed the difficulties people faced in meeting the costs of illness and showed how the economic depression had exacerbated longer-term problems of financing medical and hospital care.¹³ Despite its rather mild proposals for medical care reform, the American Medical Association attacked the final report as an "incitement to revolution."¹⁴

Immediately on his arrival in America, Sigerist read an article in *Harper's* magazine entitled "The Crisis of Medical Service"; he promptly endorsed the work of the CCMC but balanced his cautious criticisms of medical financing with a lively enthusiasm for all things American.¹⁵ *American Medicine*, the book he began immediately after his return to Germany, was full of admiration for American dynamism, experimentation, and fluidity as well as for its sophisticated science and technology.¹⁶ But, cautioned Sigerist, although American medicine was technically brilliant, it was delivered through an outdated, irrational, and disorganized system of individualistic fee-for-service practice.¹⁷ Instead, he argued, medical services should be rationally organized and managed on a local and national level to provide patients with comprehensive and affordable care: "The organization of medical care is built everywhere on presuppositions that belong to the past. . . . The physician has not yet found his place in modern society."¹⁸

Sigerist's contempt for fee-for-service medicine resonated with the attitudes of critics of American medicine. It may also have been expressive of an aristocratic European distaste for money making: "It is unworthy of his professional standing for the physician to be forced to express the value of each individual service in terms of money, as if he were a storekeeper," he said. "It is an insult to their profession. . . . Are physicians really supposed to be inferior to professors, judges, or clergymen? Those whose minds are on riches had better join the stock exchange."¹⁹ In an amusing and caustic series of remarks, he expressed amazement at the widespread resistance to health insurance "since America is the promised land of insurance companies. People insure themselves against every possible risk, and insurance agents swarm like mosquitoes in August." He ended, rather more diplomatically, by suggesting that the states should experiment with a variety of approaches to medical care organization and financing, and with the hope that the American Medical Association would adopt a responsible position with regard to reform.²⁰

During his early years in America, Sigerist was welcomed and applauded by the leaders of American academic medicine and by represen-

tatives of the liberal philanthropies. Men such as Harvey Cushing at Harvard, John Fulton at Yale, and William Henry Welch at Hopkins were delighted with Sigerist's engaging lectures, his obvious erudition, and his personal charm. It was a sign of his reputation and acceptance when Harvey Cushing, who had become ill, chose Sigerist to speak in his place at the 150th anniversary of the New Haven County Medical Association in 1933.²¹ Cushing suggested he talk about the history of medical societies and consult Morris Fishbein—the acerbic, talented, urbane, and conservative editor of the *Journal of the American Medical Association*.²² Cushing was perhaps not yet aware that Sigerist and Fishbein represented polar positions on the great medical political issues of the day. Sigerist ignored the advice to consult Fishbein and, after some anguished soul-searching, produced an appropriately innocuous paper on the history of medical societies.²³

By this time, Sigerist had already begun to develop a friendship with a very different figure in American medicine, John A. Kingsbury of the Milbank Memorial Fund. In 1932, when Sigerist heard that Kingsbury was coming to Baltimore to speak about his recent trip to the Soviet Union, he was alarmed to discover that Kingsbury and Sir Arthur Newsholme were planning to publish a book on Soviet medicine—one possibly competitive with his own projected volume. He was however soon reassured by Kingsbury's friendly encouragement and later recalled this first meeting as the beginning of an important friendship.²⁴ Sigerist found in Kingsbury an ally who shared his interest in the Soviet Union and his enthusiasm for the more wide-ranging versions of medical care reform; he also found an excellent guide to progressive medical politics.²⁵ Kingsbury invited Sigerist to participate in Milbank Memorial Fund conferences and join the forces working for national health insurance. As Sigerist warmed to Kingsbury, his relationship to the more conservative kingmaker, Harvey Cushing, cooled.

In 1933, Sigerist's private political views were becoming more distinctly socialist. He was completing *American Medicine* and eager to begin his book on Soviet medicine. Horrified by the growth of fascism in Europe, he was fascinated by the Soviet Union. "Socialism is rational," he decided, and "therefore scientific. It would appeal to America much more than any mystic [fascistic] conception of the state."²⁶ Returning from a summer in Europe, he assured a *New York Times* reporter that socialized medicine was "the answer to over-specialization."²⁷

Nationally, the burning health policy question in 1934–35 was whether President Roosevelt would include health insurance in the social secu-

rity bill he recommended to Congress.²⁸ In 1934, Roosevelt established a cabinet-level Committee on Economic Security under the chairmanship of the secretary of labor, Frances Perkins, with authority to recommend social welfare policy. Preparatory work was done by a series of technical committees; Edgar Sydenstricker, a leading proponent of national health insurance, was director of the Technical Committee on Medical Care. Roosevelt and Perkins were concerned about the potential medical opposition to health insurance and wondered whether to omit it from the reform proposals presented to Congress. Sydenstricker and his assistant, Isidore S. Falk, tried to enlist the aid of progressive physicians to argue in favor of national health insurance, but theirs was an uphill battle.

By the time Sigerist became involved with the struggle over national health insurance in 1934, the more conservative physicians were already well organized in opposition. In January that year, Sigerist had his first public confrontation with Morris Fishbein at a conference in Philadelphia, "The Medical Profession and the Public."²⁹ Sigerist spoke on the history of European medical care systems and health insurance; like several of the other speakers, he noted in his diary, he emphasized the "socialistic trends" while Fishbein rejected all innovation.³⁰ A couple of months later, in March 1934, Sigerist was invited by Kingsbury to speak at the Annual Conference of the Milbank Memorial Fund. About one hundred distinguished participants and guests gathered at the Academy of Medicine in New York; the speakers included Surgeon General Hugh S. Cumming, Edgar Sydenstricker, Charles-Edward A. Winslow, Harry L. Hopkins, Thomas Parran, and Lillian Wald, among others; the attendees included Michael Davis, Jean Downes, Louis Dublin, Iago Galdston, George St. J. Perrott, and G. Canby Robinson—virtually everybody who was anybody in the medical care liberal reform circuit at that time.³¹ The participants attended workshops on different aspects of health policy, and Sigerist participated in one on health planning and medical care with Isidore S. Falk, who greatly impressed him.³² He was also delighted with Fiorenzo La Guardia, the mayor of New York, "a little man but an energetic devil" who gave what he described as "a very good speech, very progressive."³³ After an opulent dinner, Sigerist, Harry L. Hopkins, and C.-E. A. Winslow spoke on the need to reorganize medical care. Sigerist was in good company: Hopkins was head of the federal relief programs (first the Civil Works Administration and later the Works Progress Administration) and Winslow was professor of public health at Yale and chairman of the Executive Committee of the Committee on the Costs of Medical Care.³⁴

In his talk "Trends toward Socialized Medicine," Sigerist argued—much as he had done earlier in Leipzig—that as society became more complex, states could no longer leave medicine to the individual physician-patient relationship; they needed to intervene in the social sphere, to encourage cooperation, and to distribute risk in the organization of medical care.³⁵ Visionary and by no means inflammatory, Sigerist's speech delivered exactly the message those at the meeting wanted to hear: that historical trends supported moves in the direction of more structured and rational forms of medical care delivery.

Sigerist was more impressed, stimulated, and energized by this meeting than by any other event in his American experience to date. The combined weight of medical care experts such as Michael M. Davis, foundation officials such as John A. Kingsbury, university presidents such as Livingston Farrand of Cornell, government officials such as Thomas Par-ran, and not least, the enthusiasm of Mayor La Guardia, convinced him that America might really be ready for national health insurance. "After this very inspiring meeting I have the firm conviction that sickness insurance is not far," he concluded. "The responsible politicians are in favor of it and the opposition of the profession is not of a valid kind."³⁶

Inspired by the discovery that national medical care reform was more strongly supported, better organized, and more respectable than he had realized, Sigerist decided to broaden the scope of the Institute of the History of Medicine, appoint a sociologist, and establish a special division for the social aspects of medicine. With increasing frequency, he began to use the term "medical sociology" (or variants thereof) to designate his growing interest in contemporary and comparative studies of medical care organization and financing.³⁷

At this point, Sigerist's public positions were generally in line with those of the dominant forces of health reform; many liberal academics, foundation representatives, and federal officials within the New Deal agencies shared his distaste for the entrenched positions of organized medicine. They were warmly receptive to his presentations of the historical inevitability and current necessity of change. When, for example, Michael M. Davis, director for medical services of the Julius Rosenwald Fund, outlined a program of needed research in 1935, he called for sociological and historical studies of medical care in terms that clearly reflected Sigerist's interests.³⁸

In 1934 and 1935, John Kingsbury provoked the wrath of the organized medical profession by his outspoken support for national health insurance; the physicians responded with a threatened boycott against the

Borden Company—the milk and baby food company whose profits provided the Milbank Memorial Fund's endowment.³⁹ Through these tactics, they were successful in having Kingsbury fired from his position. Such a demonstration of power tended to make other foundation officials cautious. They did, however, support limited experiments in medical care delivery.⁴⁰

But while these liberal experiments continued, the prospects for national health insurance were fading at the federal level. The Roosevelt administration postponed consideration of a national health program, giving the medical profession, hospitals, and the insurance industry additional time to mobilize against reform.⁴¹ As anti-insurance forces within the American Medical Association mounted a propaganda and letter-writing campaign, Harvey Cushing was running for president of that organization. Cushing wrote to Perkins's Committee on Economic Security and to President Roosevelt that national health insurance would "lead to the deterioration of the doctor, the demoralization of his professional code and the placing of the profession under a bureaucracy."⁴² Responding to the cresting wave of medical opposition—of which Cushing's letter was but one sign—Roosevelt quietly dropped any reference to national health insurance from the social security legislation presented to Congress in 1935. The Social Security Act of 1935 thus included old age and unemployment insurance but failed to provide medical coverage.

In the absence of a national health program at the federal level, progressive physicians developed a variety of local medical care plans in the 1930s. Medical cooperatives multiplied, many sponsored by the Farm Security Administration.⁴³ Some were created at the initiative of individual doctors with the support of farmers and/or union groups; in Elk City, Oklahoma, for example, Dr. Michael M. Shadid and the Oklahoma Farmers' Union built the Farmers' Union Cooperative Hospital and ran it successfully, despite bitter opposition from the local medical society.⁴⁴ Under cooperative plans, the annual fees of participating members supported the medical and nursing personnel and paid for building and administrative costs. Kingsley Roberts, as director of the Bureau of Cooperative Medicine, provided advice and assistance to the entire medical cooperative movement. At one point, Sigerist himself helped Roberts establish a small local experiment in cooperative medicine in Greenbelt, Prince George's County, Maryland, in a new town built in 1935–37 as a relief project of the Resettlement Administration.⁴⁵ The major problem for most of these plans was the power of the American Medical Association to control hospital appointments, deny rebellious physicians ad-



36. Sigerist lecturing on innovations in health care organization at the Greenbelt Health Association, March 22, 1941.

mitting privileges, and therefore deprive their patients of hospital care.⁴⁶ When one of the more powerful cooperatives, the Group Health Association of Washington, D.C., provoked the antagonism of the American Medical Association, the resulting struggle ultimately ended in a successful antitrust suit against organized medicine.⁴⁷

Encouraged by the success of many of these local efforts, Sigerist and



37. The students of Sigerist's health economics seminar, visiting the Greenbelt Health Association and Medical Center, March 22, 1941.

other progressive reformers considered the defeat of national health insurance at the federal level to be merely a temporary setback. They intended to continue the struggle until they were successful—believing that attainment of their goal would not be long postponed. But Sigerist's main focus was now elsewhere. In the summer of 1935, he sailed—full of high hopes—for his first visit to the Soviet Union. He would return convinced that he had seen how an ideal medical and public health system should be organized.

National Health Insurance and "Socialized Medicine," 1935–1939

After 1935, supporters of national health insurance at the federal level focused their attention on the Interdepartmental Committee for the Coordination of Health and Welfare Activities, chaired by Josephine Roche, assistant secretary of the treasury. Sigerist expressed "tremendous admi-

ration" for Roche: "She is the most energetic and intelligent woman I have ever met and charming in addition."⁴⁸ Under her leadership, the Interdepartmental Committee decided to survey the "health needs of the nation," and on the basis of the National Health Survey, to develop a national health program.⁴⁹ Roche established a Technical Committee on Medical Care, staffed by I. S. Falk, Martha May Eliot, Joseph Moun- tin, George St. J. Perrott, and Clifford Waller, all respected representa- tives of federal health agencies and experienced veterans of earlier re- form efforts. They designed a National Health Program to include public health, maternal and child health, hospital construction, tax-supported medical care, temporary disability insurance, and compulsory health in- surance.⁵⁰ Breaking with the American Medical Association, 430 liberal and progressive doctors formed the Committee of Physicians for the Im- provement of Medical Care, led by such prominent figures as John P. Peters, the Ely Professor of Medicine at Yale, and James Howard Means, the Jackson Professor of Clinical Medicine at Harvard. A small but pre- stigious group, it included a Nobel laureate, deans of medical schools, and the surgeon general of the United States.⁵¹ They supported the prin- ciples of the National Health Program and advocated cooperation be- tween the government and the medical profession in designing a national system of medical care.⁵² With President Roosevelt's consent, the govern- ment's Interdepartmental Committee organized a major national confer- ence in Washington, D.C., in July 1938, to mobilize public support for the National Health Program. At this conference, representatives of labor, farmers, business, and government expressed overwhelming enthusiasm for the program, while representatives of the American Medical Associa- tion were adamantly opposed.⁵³

Senator Robert Wagner of New York now offered to introduce national health insurance legislation to Congress. Alarmed, the American Medi- cal Association promised to support the other provisions of the National Health Program if reference to national health insurance were dropped. The Interdepartmental Committee, perhaps too optimistic about the pros- pects of success, rejected the offer. President Roosevelt expressed cau- tious support for the National Health Program and urged Congress to study the issue. In the meantime, the American Medical Association and local medical societies organized a massive and well-financed publicity campaign against the National Health Program, compulsory health in- surance, and "socialized medicine."

Although many physicians considered national health insurance a radi- cal, even socialistic measure, Sigerist characterized it as a first, relatively

conservative step. In 1937, his most controversial book, *Socialized Medi- cine in the Soviet Union*, made apparent his admiration for the Soviet sys- tem of state-run health services. In 1938, Sigerist summarized his position in an article "Socialized Medicine" for the *Yale Review*.⁵⁴ In a strong and straightforward argument, he asserted that people had a right to health care and that society had a responsibility to take care of its members. An ideal medical care system would be organized around health centers, each with a hospital and a public health department and connected to smaller local health stations staffed by general practitioners, nurses, and techni- cians. Doctors in the local health stations would in turn organize commit- tees of citizens to conduct health surveys, carry out health education, and arrange a variety of social and health activities. Every citizen would be entitled to free medical care; physicians, like other health workers, would be salaried.

Sigerist asserted that such a system was already operating successfully in the Soviet Union. In the United States, however, doctors were "afraid of government competition" because government services were "obviously more efficient."⁵⁵ An efficient medical service was simply a matter of using existing resources more rationally, with the government paying premiums for the indigent. Sigerist admitted that his ideal system was not yet politi- cally possible: "There is no chance in the world of having such a system adopted in America at the present time but it is good to have a definite goal in mind."⁵⁶ His widely discussed essay on socialized medicine was named the first of ten outstanding magazine articles of the month.⁵⁷

Now regularly paired with Morris Fishbein on the medical lecture cir- cuit, Sigerist expressed grudging admiration for his opponent's style of oratory but regarded his political positions as "stupid" and "reaction- ary."⁵⁸ In his kinder (if still condescending) moments, Sigerist attributed the American Medical Association's stand to doctors' social and eco- nomic ignorance—to be cured by an appropriate application of histori- cal and sociological knowledge.⁵⁹ But as the struggle over national policy intensified, Sigerist found himself roundly attacked: "I am the target of conservative physicians. . . . a former president of the A.M.A. describes me as a foreign communist who tries to impose the Russian system on America."⁶⁰

Until August 1939 and the Nazi-Soviet pact, many audiences regarded the Soviet Union with more curiosity than antagonism, and Sigerist re- ceived dozens of invitations to talk about Soviet medicine from such groups as the Goucher College Alumni, the Baltimore District Child Study Association, the Association of Medical Students, and the Engi-

neers' Club.⁶¹ Beginning in 1935 and throughout the later 1930s, he had been involved in organizations providing support and medical aid to the Spanish Republic and had participated in antifascist organizations. Sigerist became the darling of left-wing intellectuals, the dinner companion of Owen Lattimore and Lillian Hellman, and the idol of student radicals. He was clearly identified as a spokesman for the Soviet Union, socialized medicine, and indeed, for communism itself.

From 1935 through 1939, during the period of its Popular Front strategy, the Communist Party helped build a string of organizations in which communists, liberals, and "progressives" could make common cause.⁶² But although Sigerist became close to the Communist Party in this period, he never became a formal member.⁶³ Instead, he took on many speaking engagements as part of his sense of political responsibility and served as catalyst to organizations of medical students and interns; he enjoyed his role as a public speaker, and as he once described his impact on an audience, he "put dynamite into the crowd."⁶⁴

January 1939 probably represented the peak of Sigerist's influence in American medical politics. That month, he was interviewed by *Time* magazine and by the New York *Daily News* and photographed "from all sides."⁶⁵ On January 23, President Roosevelt read a message to the U.S. Congress, giving general support to the National Health Program, suggesting that a medical care program be funded by federal grants and administered by states and localities, and asking Congress to study the issues.⁶⁶ The next day, the *Daily News* published an article by Sigerist advocating compulsory health insurance and suggesting that the premiums be used to finance health centers and promote group practice.⁶⁷ On January 30, *Time* magazine published a flattering article about him and his influential role in the debate over "socialized medicine," and placed his photograph on the cover.⁶⁸ Sigerist was amused to note that he had received almost as much attention as did President Roosevelt.⁶⁹

He was now deluged with speaking requests from such diverse organizations as the Junior Chamber of Commerce; the Colonial Dames of America, in Omaha; and the Progressive Arts League of Indiana.⁷⁰ His scholarly research program was put on hold as he gave dozens of talks to promote the National Health Program and the cause of compulsory health insurance. "The issue," he told himself somewhat grandly, "is so vitally important for the people that I feel obliged to sacrifice much of my research and to throw in my entire personality."⁷¹ He summarized his public position in a paper, "The Realities of Socialized Medicine," for the *Atlantic Monthly*, in a calm reasoned exposition that he hoped would

be "so stringent in its logic" that people would be forced to accept his views.⁷² This article was promptly reprinted as a pamphlet and widely distributed by organizations supporting national health insurance.

While thus active in the national debate over compulsory health insurance, Sigerist also aided the local Maryland campaign. He spoke on socialized medicine to an audience of over five hundred at the home of Elisabeth Gilman, daughter of the first Johns Hopkins University president, Daniel Coit Gilman.⁷³ He also joined Kingsley Roberts and John Kingsbury—both well-known supporters of national health insurance—on the lecture circuit. Sigerist considered himself an "amateur" in the field of social insurance, perhaps by contrast to the expert health economists in several foundations and government agencies, but he reassured himself that the amateur often had "more imagination and less inhibition than the specialist who is inclined to think along traditional lines, and who, being aware of difficulties, often lacks courage."⁷⁴

During the spring of 1939 at Hopkins, Sigerist devoted his sociological seminar to a practical exercise in health planning, one that *Time* magazine termed "the first course in practical socialized medicine ever held in the U.S."⁷⁵ Students were instructed to make a thorough survey of health conditions in each of the Maryland counties; to study various population groups, their incomes, occupations, and health problems; and then to develop "an ideal plan that would guarantee to every individual the best possible medical care"—and also to calculate the costs of this care.⁷⁶

This seminar was excellent preparation for the First All-Maryland Health Conference in May 1939, when delegates from labor unions, farm organizations, and local communities gathered to support the National Health Program. According to Sigerist's account, a delegate from the local medical society, the Medical Chirurgical Faculty, presented "the usual reactionary stuff" and "a number of stuffed shirts presented official views."⁷⁷ Sigerist and Isidore S. Falk defended health insurance and dissected their opponents' arguments. In a bitter debate, the three delegates of the American Medical Association faced the almost unanimous opposition of 350 delegates from 120 organizations: "It was the doctors against the people," concluded Sigerist, "a shocking performance."⁷⁸

The Wagner Health Bill of 1939 (S. 1620) reflected the National Health Program of 1938, modified in response to medical society protests. It was essentially an amendment to the Social Security Act, broadening its health powers and authorizing the states to provide medical care. The bill allowed the states broad discretion in determining the form of care and in deciding who might receive it. The entire medical care program was



38. Sigerist giving one of his many radio talks.

to depend on voluntary state participation. Despite such concessions, intended to appease organized medicine, the Wagner Bill aroused the physicians' unrelenting antagonism. Faced with avid medical hostility, lukewarm public support, and the disinterest of a conservative Congress, the bill was allowed to die in committee.⁷⁹ President Roosevelt, now preoccupied with the prospects of war in Europe, lost interest in comprehensive health legislation.

In January 1940, Sigerist participated in a radio program "Does America Need Compulsory Health Insurance?" in the series *Town Hall Meeting of the Air*. In a debate format, C.-E. A. Winslow of Yale supported voluntary health insurance programs, Terry Townsend of the New York State Medical Society represented organized medicine and argued for the status quo, while Sigerist advocated "socialized medicine."⁸⁰ Broadcast by seventy-eight stations, the program had an estimated listening audience of several million people and provided Sigerist with the single largest audience he had ever had for his ideas. He presented familiar themes: compulsory health insurance was a moderate reform, he said, a method of assuring the availability of health services to all. It was important to go further and to reorganize medical care around health centers with physicians—both general practitioners and specialists—on salary. The entire system should ideally be centrally financed through taxation and provide free services to patients.⁸¹

Sigerist also gave a press conference during which he talked about his recent visit to South Africa and the European war situation and made some ill-considered remarks seeming to justify the Russian invasion of Finland; he then found himself violently attacked in the newspapers. One newspaper article by a "Hopkins man," argued—in Sigerist's summary—that "since Russia has invaded Finland, health insurance cannot be any good in America."⁸² Finding himself assailed on all sides, Sigerist began to regret taking so prominent a role in medical politics.⁸³ But for better or worse, he had now become a national symbol of socialized medicine, and it was difficult to retreat. One day, he was startled but pleased to hear about a play in New York, *Medicine Show*, in which every night on the stage an actor cried, "What we need now are men like Dr. Sigerist of Hopkins and Peters of Yale. That's what we need!"⁸⁴

Local Medical Care Plans and Medical Cooperatives, 1940

In 1940, when the war prevented Sigerist from undertaking his usual summer research in Europe, he decided to spend several months travel-

ing across the United States visiting cooperatives, prepaid medical care programs, and other innovative medical care plans. He reported his observations during this “unforgettable” and “beautiful” trip in a long series of articles for the progressive New York newspaper *PM*. He originally planned to compile these articles into a book, “Medical Service Plans in the United States,” but this project was never completed.⁸⁵ These newspaper articles do, however, offer an excellent glimpse of the progressive medical care programs of the period. They also leave no doubt about Sigerist’s preferences among the practical options then available for American health care.

Sigerist’s articles discussed medical plans in Maryland, New York, Massachusetts, Michigan, Illinois, Wisconsin, Minnesota, Oklahoma, and California. He applauded the plans that placed physicians on salary because “there is nothing to interfere with the relationship between them and their patients.”⁸⁶ He dismissed the vaunted “free choice of physicians” offered by medical insurance systems: “in other words, [such a plan] permits the patient to consult incompetent doctors if he so desires.”⁸⁷ He complained that the plans organized by physician groups rarely promoted preventive medicine: “They are not health insurance but fee insurance plans, and merely serve to finance part of the haphazard services people are receiving today.”⁸⁸

Sigerist commended local efforts to deliver comprehensive medical and preventive care, although he warned that it would be difficult for many small groups to survive.⁸⁹ The real solution lay with compulsory national health insurance, which would permit the organization and staffing of group health centers across the country, even in rural and depressed urban areas.⁹⁰ Praising public health efforts, he argued that preventive activities must be made available to the entire population and not be restricted to the indigent.⁹¹ He applauded Joseph DeLee’s Chicago Maternity Center for providing services to poor women but argued that such programs should be publicly funded and not dependent on charitable donations.⁹²

Across the Midwest and in California, Sigerist found thriving prepaid medical care plans, variously supported by labor unions, consumer cooperatives, church societies, and farmers’ unions. All, to one degree or another, were violently opposed by their local medical societies. At each stop, Sigerist emphasized the importance of pooling resources, providing comprehensive services, and involving local communities in the organization of health care and health education.⁹³ He was delighted with the “socialized medicine” experiment of the health care plans in northern California offering medical care that was affordable, comprehensive, and

oriented to prevention, with access to first-class hospital service when needed.⁹⁴ Such successes, said Sigerist, could readily be extended to the whole country, if compulsory health insurance obtained through employment were supplemented by public insurance funds to cover the costs of care for the poor.

A Season of Declining Popularity, 1940–1947

By the summer of 1940, Sigerist had put considerable distance between himself and many of the academic and philanthropic medical elite. Some remained loyal friends and supporters: John Fulton and John Kingsbury, among others. But the qualities that made Sigerist so inspiring to his students and younger colleagues also earned him enemies. Johns Hopkins University administrators became uncomfortable with Sigerist’s increasing notoriety, especially when letters arrived from conservative medical alumni, deeply offended that their alma mater was sheltering a “radical communist” who might poison the minds of young physicians.⁹⁵

Retreating from the intensity of his political involvements, Sigerist now spent more time writing—in 1941 publishing *Medicine and Human Welfare*, and in 1943, *Civilization and Disease*.⁹⁶ Also in 1943, one of his most insightful essays, “From Bismarck to Beveridge,” proved an excellent guide to understanding the success—and failure—of campaigns for national health insurance.⁹⁷ Sigerist intended this essay to be the first of a projected series of historical studies on health and social policy.

In 1943, the Wagner-Murray-Dingell Bill, proposing a national system of health insurance similar to the old age insurance of the Social Security Act, was introduced into Congress with support from organized labor.⁹⁸ The bill would cover physicians’ fees—subject to a rate limitation set by the federal government—and hospital services for up to sixty days a year, with the costs being paid by a federal fund based on payroll taxes. Sigerist outlined and explained the legislation in his paper “Medical Care for All the People.”⁹⁹ Opposing the bill were such organizations as the National Physicians’ Committee for the Extension of Medical Service, a lobbying group funded by pharmaceutical and drug corporations, medical supply companies, and conservative physicians, aided by the considerable political force of the American Medical Association and its constituent state and local medical societies.

To coordinate the effort to build support for the bill, Senator Wagner held a meeting in his office on February 5, 1944, with representatives of farmers, organized labor, and liberal physicians. Senators James Murray

and John Dingell were present, as were Ernst Boas, the head of Physicians Forum, Michael M. Davis, Kingsley Roberts, and Sigerist. To guide the health reform process, the group created an organization with Michael M. Davis as chairman.¹⁰⁰ "I am sure a strong organization will result," said Sigerist, "We shall probably lose but at least not without a fight."¹⁰¹ As the Committee for the Nation's Health, the group would later function as the chief lobby for President Truman's national health program.

A few months after the February meeting with Senators Wagner, Murray, and Dingell, Sigerist received a letter from the Civil Service Commission telling him that his eligibility for government service had been canceled, as of April 19, 1944, because he did "not measure up to the general standards of suitability and fitness maintained for government employees."¹⁰² He stood accused of belonging to "Communist front" organizations and of displaying too much interest in the political and economic theories of Communism.¹⁰³ At the hearing, Sigerist defended himself from the charges with some vigor, but the decision against him marked a turning point in his American career; he now became increasingly sour on America and its prospects.

Rejected by his own government, Sigerist was nonetheless pleased to accept high-level invitations first to head a health survey of Saskatchewan, Canada, and then to be a member of the Health Survey and Development Committee chaired by Sir Joseph Bhore, charged with long-term medical and public health planning for India.¹⁰⁴ In 1944, he thus spent virtually the entire fall in Canada and India as an international consultant. During this period, he often commented that he was more honored and respected abroad than in the United States: "here I am considered a crackpot."¹⁰⁵

In 1945, any immediate prospect of medical reform in the United States seemed to collapse with the death of President Franklin D. Roosevelt in April. Harry S. Truman picked up Roosevelt's medical reform program and announced it to Congress and the nation in November 1945 but failed to follow through with effective presidential leadership.¹⁰⁶ In Senate hearings, national health insurance was energetically opposed by the American Medical Association, the American Hospital Association, the American Dental Association, the American Bar Association, and the United States Chamber of Commerce, among other organizations, and the reform project fizzled.¹⁰⁷ By now, Sigerist was fully engaged in writing his long-delayed *History of Medicine*.¹⁰⁸

Between 1945 and 1947, his role in medical care reform was peripheral.¹⁰⁹ He was preoccupied with his historical writing and his efforts to leave Johns Hopkins; the negotiations over his future funding and the spe-

cific arrangements for his move to Switzerland demanded considerable attention. In these years, he kept his main energy in reserve for his grand scholarly project, the *History of Medicine*.¹¹⁰ In the summer of 1947, he left the United States for good, never to return.

Medical Politics and the Final Years in Switzerland, 1947-1957

Even from his retirement in Switzerland, Sigerist maintained an interest in American health politics and encouraged his many friends and former students who were still centrally involved in struggles over medical care reform. Their hopes were rapidly crushed in the McCarthy era.¹¹¹ Within a year of President Truman's Loyalty Order of October, 1947, left-leaning members of the federal government were being pursued by the FBI as "disloyal."¹¹² Many of Sigerist's friends and former students suffered from these anti-Communist witch hunts.¹¹³

Sigerist now paid more attention to developments in Europe, Latin America, and Asia and maintained warm relationships with several European leaders in social medicine.¹¹⁴ One of the men he most admired was Andrija Štampar, a courageous public health leader from Yugoslavia who became, after the war, the first director of the World Health Organization.¹¹⁵ Another was René Sand, a pioneer of European social medicine.¹¹⁶ Štampar and Sand shared Sigerist's broad European culture and many of his political interests; like him, they were senior statesmen of progressive medicine. When Milton Roemer arrived in Geneva in 1951 to work for the World Health Organization, he promptly invited Sigerist and Sand to serve as consultants in preparing recommendations on the future organization and financing of medical care in Europe.¹¹⁷

While in Switzerland, Sigerist maintained a voluminous correspondence and happily received a constant stream of visitors. Many of his former students and friends in the United States were active within the American Public Health Association (APHA). Even in the dark days of McCarthyism, they focused on organizing a Medical Care Section within the APHA to serve as a national meeting ground for those committed to medical care reform.¹¹⁸ After the annual APHA meeting of 1954, Roemer wrote to Sigerist: "You know all the social medicine enthusiasts and former students of yours who were there—Leslie Falk, George Rosen, Cy Axelrod, Milton Terris, Len Rosenfeld, Cecil Sheps and Mindel [Sheps], Fred Mott, Henry Makover, Franz Goldmann, Charlotte Silverman, Lorin Kerr, Paul Lembcke, and many others. Jerry Morris was over

from London. The 'Medical Care Section' . . . has been an enormous success, and it is a real pleasure to see so many of our colleagues—who for years have been fighting an insurgent, minority battle—now in positions of respect and some influence."¹⁹ When Sigerist died in March 1957, these were some of the men and women who would be carrying on his ideas in medical politics, public health, and medical care reform. Many among this group of activists would themselves become influential on the national scene, deeply involved in continuing efforts to reform the health care system. For many, Sigerist served as a prophet and guide; his words and ideas provided the inspiration for a loosely organized and often fractured movement that would nonetheless provide energetic leadership for many decades in the still uncompleted attempt to implement his vision.

Notes

1. Elizabeth Fee, "Henry E. Sigerist: From the Social Production of Disease to Medical Management and Scientific Socialism," *Milbank Quarterly* 67, suppl. 1 (1989): 127–50.
2. Sigerist was active in and/or lent his name and prestige to such organizations as the North American Committee to Aid Spanish Democracy, American Friends of Spanish Democracy, Medical Bureau to Aid Spanish Democracy, Russian War Relief, Inc., the National Council of American-Soviet Friendship, the American Committee for Democracy and Intellectual Freedom (ACDIF), and the American Association of Scientific Workers (AASW). As their names suggest, the first three organizations promoted the cause of the Spanish Republic and provided aid to those fighting in Spain; the second two promoted understanding of and aid to the Soviet Union. The ACDIF was a national antifascist organization of scientists and educators; the AASW was a group of radical and progressive scientists and academics. See Peter J. Kuznick, "Scientists, 1920–1950," in *Encyclopedia of the American Left*, eds. Mari Jo Buhle, Paul Buhle, and Dan Georgakas (Urbana: University of Illinois Press, 1990), 680–84; Peter J. Kuznick, *Beyond the Laboratory: Scientists as Political Activists in 1930s America* (Chicago: University of Chicago Press, 1987).
3. Henry E. Sigerist, *Socialized Medicine in the Soviet Union* (New York: W. W. Norton, 1937).
4. George A. Silver speaks of Sigerist's charismatic role in the 1930s in "Social Medicine and Social Policy," *Yale Journal of Biology and Medicine* 57 (1984): 851–64.
5. Nora Sigerist Beeson, ed., *Henry E. Sigerist: Autobiographical Writings* (Montreal: McGill University Press, 1966), 60.
6. See Ingrid Kästner's essay in this volume, and Michael H. Kater, *Doctors Under Hitler* (Chapel Hill: University of North Carolina Press, 1989) for a discussion of the German physicians' bitterness toward the health insurance system.
7. His 1929 defense appeared in his paper, "Die Sonderstellung des Kranken,"

Kykos 2 (1929): 11–20. Another important paper of this period was his "Der Arzt und die Umwelt," *Deutsche Medizinische Wochenschrift* 25 (1931): 1049–51.

8. Henry E. Sigerist, *Einführung in die Medizin* (Leipzig: Georg Thieme, 1931); translated as *Man and Medicine: An Introduction to Medical Knowledge* (New York: W. W. Norton, 1932), 307–16 (quotation, 311).

9. *Ibid.*, 327–28.

10. Erwin H. Ackerknecht, *Medicine and Ethnology: Selected Essays*, eds. H. H. Walser and H. M. Koelbing (Stuttgart: Hans Huber, 1971), 10. See also Erwin H. Ackerknecht, "Recollections of a Former Leipzig Student," *Journal of the History of Medicine and Allied Sciences* 13 (1958): 147–50.

11. For the final report of the Committee on the Costs of Medical Care, see *Medical Care for the American People* (Chicago: University of Chicago Press, 1932); Forrest A. Walker, "Americanism versus Sovietism: A Study of the Reactions to the Committee on the Costs of Medical Care," *Bulletin of the History of Medicine* 53 (1979): 489–504; and the essay by Roemer, Falk, and Brown in this volume.

12. John A. Kingsbury, *Health in Handcuffs: The National Health Crisis and What Can Be Done* (New York: Modern Age Books, 1939), 34.

13. The CCMC's final recommendations were split into a majority and several minority reports; the majority report advocated hierarchically and regionally organized group practice, the extension of public health services, and group payment for medical services through insurance, taxation, or a combination of both. A minority report, representing the position of the American Medical Association, rejected any fundamental changes in the organization of medical care and any voluntary or compulsory health insurance system.

14. See James Rorty, *American Medicine Mobilizes* (New York: W. W. Norton, 1939); James G. Burrow, *AMA: Voice of American Medicine* (Baltimore: Johns Hopkins Press, 1963). Daniel M. Fox's reading of the controversy is considerably less sympathetic to the reformers; he notes that medical practitioners were offended by the reformers' oft-stated conviction that most practitioners lagged behind the best standards of scientific medicine: *Health Policies, Health Politics: The British and American Experience, 1911–1965* (Princeton: Princeton University Press, 1986), 47–51. Sigerist certainly shared the reformers' low opinion of the average standard of medical practice.

15. R. L. Duffus, "The Crisis in Medical Service," *Harper's Monthly Magazine*, n. 163 (September 1931): 468–77; Henry E. Sigerist, unpublished diary, September 17, 1931. Yale University Library, Henry E. Sigerist Papers, Addition (June 1987), Biographical Data and Memorabilia, group 788, box 1 (hereafter cited as Diary); partially excerpted in Nora Sigerist Beeson, ed., *Autobiographical Writings*, 70. In the following references, where specific manuscript diary entries are included in the selection published by Nora Sigerist Beeson, both the manuscript and published references are given; where diary entries were not included in that volume, only the manuscript diary entry is cited.

16. Henry E. Sigerist, *American Medicine* (New York: W. W. Norton, 1934).

17. Leslie A. Falk, "Medical Sociology: The Contributions of Dr. Henry E. Sigerist," *Journal of the History of Medicine and Allied Sciences* 13 (1958): 214–28.

18. Sigerist, *American Medicine*, 187.

19. *Ibid.*, 184.
20. *Ibid.*, 192-95.
21. John Fulton to Henry E. Sigerist, November 30, 1933. Yale University Library, Henry E. Sigerist Papers (hereafter cited as Sigerist Papers/Yale), General Correspondence, 1931-46, group 788, series I, box 1.
22. Harvey Cushing to Henry E. Sigerist, December 2, 1933; Henry E. Sigerist to Harvey Cushing, December 6, 1933. Sigerist Papers/Yale, General Correspondence, 1931-46, group 788, series I, box 1.
23. Henry E. Sigerist, "Medical Societies, Past and Present," *Yale Journal of Biology and Medicine* 6 (1934): 351-62.
24. Sir Arthur Newsholme and John A. Kingsbury, *Red Medicine: Socialized Health in Soviet Russia* (New York: Doubleday, Doran, 1933). Henry E. Sigerist to Mabel Kingsbury, August 14, 1936, Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 15. But see also Sigerist's initial reactions as reported in the chapter by John Hutchinson in this volume.
25. Kingsbury was a strong advocate of national health insurance. With his support, the Milbank Memorial Fund had been one of the eight foundations funding the CCMC; Kingsbury himself had urged the "mutualization" (or socialization) of medical costs. For Kingsbury's views, see "Health Insurance Menaced by Medical Politics," *American Labor Legislation Review* 26 (1936): 30-34; John A. Kingsbury, *Health Security for the Nation* (New York: League for Industrial Democracy, 1938); John A. Kingsbury, *Health in Handcuffs: The National Health Crisis and What Can Be Done* (New York: Modern Age Books, 1939).
26. Henry E. Sigerist, Diary, August 7, 1933.
27. "Sigerist Predicts Socialized Medicine: Calls It Answer to Overspecialization," *New York Times*, October 19, 1933, 22.
28. For details of this effort, see Daniel S. Hirshfield, *The Lost Reform: The Campaign for Compulsory Health Insurance in the United States from 1932 to 1943* (Cambridge: Harvard University Press, 1970), 42-70.
29. Henry E. Sigerist, Diary, January 25, 1934.
30. *Ibid.*, February 7, 1934.
31. "Twelfth Annual Conference of the Advisory Council of the Milbank Memorial Fund, held March 14th and 15th, 1934, at the New York Academy of Medicine." Sigerist Papers/Yale, Professional Activities, group 788, series II, box 32.
32. I. S. Falk, "Progress Report on Studies of Medical Care," in the session "Round Table on National Health Planning and Medical Care" of the Twelfth Annual Conference of the Advisory Council of the Milbank Memorial Fund, held March 14th and 15th, 1934, at the New York Academy of Medicine. Sigerist Papers/Yale, Professional Activities, group 788, series II, box 32; Henry E. Sigerist, Diary, March 14, 1934. For Falk's views in this period, see Isidore S. Falk, *Security Against Sickness: A Study of Health Insurance* (Garden City, N.Y.: Doubleday, Doran, 1936).
33. Fiorello La Guardia, the reform-minded mayor of New York City, would later introduce the Health Insurance Plan of Greater New York (HIP), a comprehensive prepaid health and medical care program that its more optimistic supporters considered a demonstration project for a national health system.
34. Henry E. Sigerist, Diary, March 15, 1934. For Winslow, see Arthur Visel-tear, "C.-E. A. Winslow: His Era and His Contribution to Medical Care," in Charles E. Rosenberg, ed., *Healing and History* (New York: Science History Publications, 1979), 205-28; for a good general account of the New Deal, see Roger Biles, *A New Deal for the American People* (DeKalb: Northern Illinois University Press, 1991).
35. Henry E. Sigerist, "Trends towards Socialized Medicine," *Problems of Health Conservation* (New York: Milbank Memorial Fund, 1934), 78-83.
36. Henry E. Sigerist, Diary, March 16, 1934.
37. Immediately after the Milbank conference, Sigerist started a new seminar, "Social Aspects of Medicine," and began to think about writing a book on the subject. His diary entries note his delight at the students' growing enthusiasm for such studies. Henry E. Sigerist, Diary, April 2, 9, 16, 23, 30, 1934; May 7, 28, 1934. See the essay by Roemer, Falk, and Brown in this volume.
38. Michael M. Davis, "Wanted: Research in the Economic and Social Aspects of Medicine," *Milbank Memorial Fund Quarterly* 13 (1935): 339-46.
39. James Rorty, *American Medicine Mobilizes* (New York: W. W. Norton, 1939), 112-30.
40. The Milbank Memorial Fund, for example, now under the direction of Edgar Sydenstricker, sponsored local and regional plans for the reorganization and prepayment of medical care. See Franz Goldmann, *Prepayment Plans for Medical Care* (New York: Joint Committee of the Twentieth Century Fund and the Good Will Fund and Medical Administration Service, Inc., 1941). For Sydenstricker, see Richard V. Kasius, ed., *The Challenge of Facts: Selected Public Health Papers of Edgar Sydenstricker* (New York: Prodist, 1974); Edgar Sydenstricker, *Health and Environment* (New York: McGraw Hill, 1933). The Julius Rosenwald Fund under Michael M. Davis, who like Sydenstricker had earlier worked with the CCMC, supported group hospitalization insurance and various cooperative medical experiments. See Michael M. Davis, *Eight Years' Work in Medical Economics* (New York: The Julius Rosenwald Fund, 1937); Michael M. Davis, "Change Comes to the Doctor," in the American Academy of Political and Social Science, *The Medical Profession and the Public: Currents and Counter-Currents* (Philadelphia: American Academy of Political and Social Science, 1934), 63-74; Michael M. Davis, *America Organizes Medicine* (New York: Harper and Brothers, 1941); Michael M. Davis, *Medical Care for Tomorrow* (New York: Harper and Brothers, 1955). The work of the medical economists is discussed in Daniel M. Fox, *Economists and Health Care: From Reform to Relativism* (New York: Prodist, 1979).
41. For various accounts of these struggles, see Oliver Garceau, *The Political Life of the American Medical Association* (Cambridge: Harvard University Press, 1941); James G. Burrow, *AMA: Voice of American Medicine* (Baltimore: Johns Hopkins Press, 1963); and, for a lively popular version, Richard Harris, *A Sacred Trust* (New York: New American Library, 1966).
42. Harvey Cushing, as quoted by Daniel S. Hirshfield, *The Lost Reform*, 55.
43. Michael R. Grey, "Poverty, Politics, and Health: The Farm Security Administration Medical Care Programs, 1935-45," *Journal of the History of Medicine and Allied Sciences* 44 (1989): 320-50; Michael R. Grey, "Dustbowls, Disease,

and the New Deal: The Farm Security Administration Migrant Health Programs, 1935-1947," *Journal of the History of Medicine and Allied Sciences* 48 (1993): 3-39.

44. Michael M. Shadid, *A Doctor for the People: The Autobiography of the Founder of America's First Cooperative Hospital* (New York: Vanguard Press, 1939); Sigerist's two reports on the Elk City Cooperative Hospital are reprinted under the title "Group Health Plans in the United States," in Milton I. Roemer, ed., *Henry E. Sigerist on the Sociology of Medicine* (New York: MD Publications, 1960), 197-202.

45. "Dr. Sigerist Finds Greenbelt Health Plan Excellent But Project Group Too Small for Complete Treatment," *PM*, July 22, 1940, 27.

46. See Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 299-310 for a discussion of AMA tactics in the 1930s.

47. This interesting series of events is discussed in detail in Patricia Spain Ward, "United States versus American Medical Association et al. The Medical Anti-Trust Case of 1938-1943," *American Studies* 30 (1989): 123-53.

48. Henry E. Sigerist, *Diary*, October 12, 1938.

49. The work of the Committee is described in Hirshfield, *The Lost Reform*, 100-134.

50. Josephine Roche, "The Worker's Stake in a National Health Program," *American Labor Legislation Review* 28 (1938): 125-30; Hirshfield, *The Lost Reform*, 105-8.

51. For the members of the Committee of 430 and their affiliations, see "The Committee of Physicians for the Presentation of Certain Principles and Proposals on the Provision of Medical Care," *New England Journal of Medicine* 217 (November 11, 1937): 798-800.

52. See Rorty, *American Medicine Mobilizes*, 81-83; Kingsbury, *Health in Handcuffs*, 72-73; Daniel M. Fox, *Health Policies, Health Politics*, 87-89.

53. The speakers included Kingsley Roberts (director of the Bureau of Cooperative Medicine), Michael M. Davis, Edwin Witte (staff director of the Committee on Economic Security), and C.-E. A. Winslow, all in favor of the National Health Program, and Morris Fishbein, against. Interdepartmental Committee to Coordinate Health and Welfare Activities, *Proceedings of the National Health Conference, July 18, 19, 20, 1938* (Washington, D.C.: Government Printing Office, 1938).

54. Henry E. Sigerist, "Socialized Medicine," *The Yale Review* (spring, 1938): 463-81. Reprinted in *Henry E. Sigerist on the Sociology of Medicine*, 39-53.

55. *Ibid.*, 475.

56. Henry E. Sigerist, *Diary*, February 4, 1938.

57. The choice of the best articles each month was made by a committee of librarians. Hope Trebing to Henry E. Sigerist, June 11, 1938. Sigerist Papers/Yale, General Correspondence, 1931-46, group 788, series I, box 4.

58. After one dinner in Philadelphia, he wrote: "Many speeches, Fishbein's by far the best. That's the trouble with this fellow that he speaks so well." Henry E. Sigerist, *Diary*, March 4, 1938.

59. *Ibid.*, October 19, 1938; *Autobiographical Writings*, 137-38.

60. *Ibid.*, November 11, 1938.

61. Dorothy Healey and Maurice Isserman, *Dorothy Healey Remembers: A Life in the American Communist Party* (New York: Oxford University Press, 1990), 82; see also Harvey Klehr, *The Heyday of American Communism: The Depression Decade* (New York: Basic Books, 1984), 386-409.

62. See Mark Naison, "Remaking America: Communists and Liberals in the Popular Front," and other essays in Michael E. Brown, Randy Martin, Frank Rosengarten, and George Snedeker, eds., *New Studies in the Politics and Culture of U.S. Communism* (New York: Monthly Review Press, 1993).

63. Some years later, in Switzerland, Sigerist refused many invitations to lecture in the United States and wrote to Hope Trebing: "How I would wish to see America again, but I don't wish to expose myself to the humiliation of being refused a visa to visit the States. Although I have never been a member of the Communist Party, I certainly would be branded as a fellow traveller as I was a member of many organizations which are listed as Communist front organizations." Henry E. Sigerist to Hope Trebing, June 1, 1955, Sigerist Papers/Yale, Professional Activities, group 788, series I, box 9. As Oshinsky says, the "Communist front" organizations "appealed to people who admired the Soviet achievement or feared the rise of fascism, but who were left cold by the rigidity of Party life." David M. Oshinsky, *A Conspiracy So Immense: The World of Joe McCarthy* (New York: The Free Press, 1983), 91.

64. Sigerist's description of his lecture at the Third Eastern Medical Students Conference in New Haven, Connecticut. Henry E. Sigerist, *Diary*, March 15, 1936. This lecture was published as Henry E. Sigerist, "The Medical Student and the Social Problems Confronting Medicine Today," *Bulletin of the Institute of the History of Medicine* 4 (1936): 411-22; also published in the *Medical Bulletin* (Student Association, New York University College of Medicine) 1 (April 1936): 3-10.

65. Henry E. Sigerist, *Diary*, January 13, 1939.

66. *Ibid.*, January [Monday] 23, 1939.

67. *Ibid.*, January 16, 1938; *Autobiographical Writings*, 143.

68. "History in a Tea Wagon," *Time* 33 (January 30, 1939): 51-53. (The "tea wagon" of the title was Sigerist's wheeled filing cabinet containing the notes for his projected *History of Medicine* and his *Sociology of Medicine*.) The *Time* cover photo caption reads: "Johns Hopkins' Sigerist. His Philosophy: History Spirals Toward Socialization." *Time* published another admiring story about Sigerist, "the world's greatest living medical historian" and "the nation's ablest, and most respected, champion of socialized medicine," when he was getting ready to leave the country in 1947: see "Doctor's Project," *Time* 49 (March 10, 1947): 50-52.

69. Henry E. Sigerist, *Diary*, January 23, 1939; *Autobiographical Writings*, 144.

70. Henry E. Sigerist to Hope Trebing, June 19, 1939. Sigerist Papers/Yale, General Correspondence, 1931-46, group 788, series I, box 4.

71. Henry E. Sigerist, *Diary*, May 24, 1939.

72. *Ibid.*, April 3, 1939; Henry E. Sigerist, "The Realities of Socialized Medicine," *Atlantic Monthly* 163 (June 1939): 794-804. Also issued as a pamphlet by the People's National Health Committee, *A Health Program for the American People: The Wagner Health Bill and the National Health Program, 1940*, and reprinted in *Henry E. Sigerist on the Sociology of Medicine*, 180-96.

73. Henry E. Sigerist, Diary, December 11, 1938. Elisabeth Gilman was a prominent socialist who ran for Governor of Maryland and for the U.S. Senate on the Socialist Party ticket. See Elizabeth Fee, Linda Shopes, and Linda Zeidman, eds., *The Baltimore Book: New Views of Local History* (Philadelphia: Temple University Press, 1991), 32.

74. Henry E. Sigerist, Diary, January 8, 1938; *Autobiographical Writings*, 143.

75. "History in a Tea Wagon," *Time* 33 (January 30, 1939): 52.

76. Henry E. Sigerist, Diary, February 14, 1939.

77. *Ibid.*, May 27, 1939.

78. *Ibid.*, May 28, 1939.

79. Hirshfield, *The Lost Reform*, 135-59.

80. Telegram to Henry E. Sigerist in Cape Town, August 2, 1939, from Marion Carter, director, Town Hall Radio Forum, New York City, in cooperation with the National Broadcasting Company (NBC). A letter from Marion Carter to Henry E. Sigerist, August 9, 1939, gives more details about the planned program, "Does America Need Compulsory Health Insurance?" Sigerist Papers/Yale, Professional Activities, series II, box 31.

81. Henry E. Sigerist, "Remarks," *Town Meeting* 5 (1940): 4-8.

82. Henry E. Sigerist, Diary, January 15, 1940; *Autobiographical Writings*, 161. Guy L. Hunter, "Russia, Socialized Medicine and the Views of Dr. Sigerist," *Baltimore Sun*, January 15, 1940, 8.

83. "It was a serious sacrifice that I devoted so much time to improving the people's health and what I got for it was hatred. I have enough. I'm through." Henry E. Sigerist, Diary, [2-page entry] January 16-17, 1940; *Autobiographical Writings*, 162.

84. Henry E. Sigerist, Diary, May 2, 1940; *Autobiographical Writings*, 167.

85. Sigerist had also planned to write a book to be called *An Introduction to the Economic Problems of Medicine*, using the material gathered from his trip. This project, too, remained unfinished. See Henry Sigerist, "The Johns Hopkins Institute of the History of Medicine During the Academic Year 1941-1942," *Bulletin of the History of Medicine* 12 (1942): 446. Milton I. Roemer published Sigerist's planned introduction to that volume in *Henry E. Sigerist on the Sociology of Medicine*, 54-64.

86. "Dr. Sigerist Surveys the Health Plan at the Endicott-Johnson Shoe Factory: Staff of 100, Three Medical Centers Care for 50,000 Workers and Their Families," *PM*, July 15, 1940, 25; "Ideal Rural Hospital' Discovered at Coopers-town, N.Y., by Dr. Sigerist: He Says Local Health Plan Similar to That of Bassett Hospital Is Workable for Others," *PM*, July 22, 1940, 27.

87. "Dr. Sigerist Compares and Analyzes Three Upstate Group Health Plans: Visits Industrial Plants in Binghamton . . . Reports Results of Survey in Detail," *PM*, July 17, 1940, 27.

88. "Dr. Sigerist Finds Utica Health Plan Costly to Members for What It Gives: He Views Similar Plans as Fee Insurance Rather Than Health Insurance," *PM*, July 19, 1940, 27.

89. "Dr. Sigerist Finds Greenbelt Health Plan Excellent but Project Group Too Small for Complete Treatment," *PM*, July 22, 1940, 27.

90. "Dr. Sigerist Examines Health Plan Set Up by CIO Detroit Auto Workers,"

PM, July 26, 1940, 27. Sigerist especially criticized a plan by Paul de Kruif, *Health is Wealth* (New York: Harcourt Brace, 1940), to provide public health services and medical care for the indigent, fund medical education and research, and construct hospitals throughout the states. Sigerist said that the plan, developed as a compromise position after the defeat of the Wagner Bill in 1939, was really a capitulation to organized medicine's demands because one "undemocratic and highly controversial" clause made it impossible for any state to experiment with compulsory health insurance. See "Dr. Sigerist Analyzes the Background of Paul de Kruif's Mass Health Plan," *PM*, July 30, 1940, 27.

91. "Dr. Sigerist Examines Failure of Anti-TB Campaign in Detroit," *PM*, August 19, 1940, 11.

92. "Dr. Sigerist Cites America's Need for More Adequate Maternity Care," *PM*, August 2, 1940, 27.

93. "Dr. Sigerist Studies Health Plan Based on Car Insurance Principle," *PM*, August 23, 1940, 11; "Dr. Sigerist Finds Much That's Good at the Chicago Civic Medical Center," *PM*, August 26, 1940, 11; "Dr. Sigerist Surveys Budget Plan Aiding Health of Union Groups," *PM*, August 30, 1940, 11; "Dr. Sigerist Calls Local Units Good in Minnesota Health Plan," *PM*, September 16, 1940; "Farm Health Plan in Oklahoma is Commended by Dr. Sigerist," *PM*, September 20, 1940; "Oklahoma Farmers' Health Plan Worth Copying, Dr. Sigerist Says," *PM*, September 23, 1940; "Dr. Sigerist, in Los Angeles, Studies Ross-Loos Health Plan," *PM*, September 30, 1940; "Ross-Loos Branch Clinic Plan is Explained by Dr. Sigerist," *PM*, October 4, 1940; "Dr. Sigerist Finds Ross-Loos Health Plan 'Basically Sound,'" *PM*, October 8, 1940. Sigerist's three reports on the Ross-Loos Health Plan are reprinted under the title "Group Health Plans in the United States," in *Henry E. Sigerist on the Sociology of Medicine*, 202-8.

94. Henry E. Sigerist, "California Socialized Medicine Experiment Has 16,000 Beneficiaries, \$2.50 a Month Top," *PM*, November 8, 1940; "The California Physicians' Service," *PM*, November 11, 1940; "Dr. Sigerist Discusses San Francisco's Health Service System," *PM*, November 12, 1940; "Dr. Sigerist on Coast Health Plan" *PM*, November 13, 1940. See also Ricky Hendricks, *A Model for National Health Care: The History of Kaiser Permanente* (New Brunswick, N.J.: Rutgers University Press, 1993).

95. See, for example, Arthur M. Shipley to Isaiah Bowman, May 29, 1939; Isaiah Bowman to Arthur Shipley, June 2, 1939; Laurence Wharton to Isaiah Bowman, January 19, 1940; D. Luke Hopkins to Laurence R. Wharton, January 24, 1940; Jas. K. Anderson to Isaiah Bowman, February 1, 1940; Wallace M. Yater to Board of Trustees, January 25, 1941; Marshall Winchester to Isaiah Bowman, April 7, 1942. The Ferdinand Hamburger Jr. Archives of the Johns Hopkins University, Records of the Office of the President, 1903-63, file 28.9 (Institute of the History of Medicine).

96. Henry E. Sigerist, *Medicine and Human Welfare* (New Haven: Yale University Press, 1941); *Civilization and Disease* (Ithaca, N.Y.: Cornell University Press, 1943). Other wartime essays were published in *The University at the Crossroads: Addresses and Essays* (New York: Henry Schuman, 1946).

97. Sigerist articulated a class analysis of the politics of health insurance in "From Bismarck to Beveridge: Developments and Trends in Social Security Legis-

lation. I. The Period of Bismarck," *Bulletin of the History of Medicine* 13 (1943): 365-88, written while the Wagner-Murray-Dingell Bill for national health insurance was before the U.S. Congress. As Milton Terris, then a student at Johns Hopkins, notes, Sigerist's analysis of the political balance of forces in the United States—given the lack of a strong Socialist Party or a sufficiently powerful labor movement—suggested that the Wagner-Murray-Dingell Bill would fail. Sigerist's pessimistic analysis proved correct. See Milton I. Terris, "The Contributions of Henry E. Sigerist to Health Service Organization," *Milbank Memorial Fund Quarterly* 53 (1975): 503.

98. For details, see Monte M. Poen, *Harry S. Truman Versus the Medical Lobby: The Genesis of Medicare* (Columbia: University of Missouri Press, 1979), 33-41.

99. Henry E. Sigerist, "Medical Care for All the People," *Canadian Journal of Public Health* 35 (July 1944): 253-67. Reprinted in *Henry E. Sigerist on the Sociology of Medicine*, 229-47.

100. Monte M. Poen, *Harry S. Truman Versus the Medical Lobby*, 42.

101. Henry E. Sigerist, *Diary*, February 5, 1944; *Autobiographical Writings*, 186.

102. United States Civil Service Commission to Henry E. Sigerist, June 3, 1944. Sigerist Papers/Yale, Professional Activities, group 788, series II, box 31.

103. Fourth United States Civil Service Region Investigations Division, "Report of Partial Hearing and Special Hearing," November 15, 1943. Sigerist Papers/Yale, Professional Activities, group 788, series II, box 31.

104. Henry E. Sigerist, "Saskatchewan Health Services Survey Commission," "The Need for an Institute of the History of Medicine in India," and "Report on India," in *Henry E. Sigerist on the Sociology of Medicine*, 209-28, 273-87, and 288-96.

105. Henry E. Sigerist, *Diary*, August 5, 1943; August 16, 1944; July 26, 1945; September 28, 1946; *Autobiographical Writings*, 184, 189, 196, 201.

106. Monte M. Poen, *Harry S. Truman Versus the Medical Lobby*, 55-75.

107. *Ibid.*, 89-92.

108. See "Intellectual Legacy and Political Quest," by Elizabeth Fee and Theodore M. Brown in this volume.

109. When John B. Grant visited Baltimore in September 1945, he was surprised to find that Sigerist was "excluded from local deliberations" and no longer much involved with local medical or public health activities outside of the Institute and his own students. John B. Grant, *Diary*, September 24-28, 1945, Baltimore. Rockefeller Foundation Archives, Rockefeller Archive Center, North Tarrytown, N.Y., Record Group 12, series I, Diaries.

110. Sigerist wrote about his health problems in "Living under the Shadow," *Atlantic Monthly* 189 (January 1952): 25-30.

111. See Alan Gregg to Henry E. Sigerist, November 5, 1948. Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 13; Monte M. Poen, "The Truman Legacy: Retreat to Medicare," in *Compulsory Health Insurance: The Continuing American Debate*, ed. Ronald L. Numbers (Westport, Conn.: Greenwood Press, 1982), 97-113.

112. Milton I. Roemer to Henry E. Sigerist, July 11, 1949. Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 20. See Milton I. Roemer and Fred Mott, *Rural Health and Medical Care* (New York: McGraw-Hill,

1948), a book that catalogued some of the positive achievements of the New Deal at a time when, as Sigerist wrote, "the New Deal is being slandered and smeared from all sides." Henry E. Sigerist to Milton I. Roemer, September 18, 1948. Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 20.

113. See the correspondence with Robert L. Leslie, the business manager of the *American Review of Soviet Medicine* and a long-time member of the Communist Party, USA. Robert Leslie to Henry E. Sigerist, January 25, 1949, Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 16. Sigerist's old friend, John A. Kingsbury, as chairman of the National Council of American-Soviet Friendship, battled the Subversive Activities Control Board (McCarran Committee), which was investigating the more than 260 organizations on the attorney general's "Subversive List." John A. Kingsbury to Henry E. Sigerist, January 18, 1952, 3-4; October 21, 1953; "Statement by Dr. John A. Kingsbury, National Chairman of the National Council of American-Soviet Friendship, prepared for submission at the Hearing before the Subversive Activities Control Board, 10 May 1954," Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 15.

114. Milton I. Roemer, "Henry Ernest Sigerist: Internationalist of Social Medicine," *Journal of the History of Medicine and Allied Sciences* 13 (1958): 229-43; Milton I. Roemer, "Medical Care Programs in Other Countries: Henry Sigerist and International Medicine," *American Journal of Public Health* 48 (1958): 425-27.

115. Mirko D. Grmek, ed., *Serving the Cause of Public Health: Selected Papers of Andrija Štampar*, trans. M. Halar (Zagreb, Yugoslavia: Skola narodnog zdravlja, "Andrija Štampar," Medicinski fakultet, 1988). See also the warm and admiring remarks about Andrija Štampar in Henry E. Sigerist, "Yugoslavia and the Eleventh International Congress of the History of Medicine," *Bulletin of the History of Medicine* 7 (1939): 99-147. Milton Terris has suggested that Štampar used Sigerist's ideas as the basis for the World Health Organization's widely cited definition of health. Milton I. Terris, "The Contributions of Henry E. Sigerist to Health Service Organization," *Milbank Memorial Fund Quarterly* 53 (1975): 489-530; Milton I. Terris, "What is Health Promotion?" (editorial), *Journal of Public Health Policy* 7 (1986): 147-51.

116. See the essay by Roemer, Falk, and Brown in this volume.

117. Milton I. Roemer to Henry E. Sigerist, August 19, 1951; Milton I. Roemer to Henry E. Sigerist, November 6, 1951. Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 20; World Health Organization, "Medical Aspects of Social Security: Statement of Consultant Group, prepared for consideration by the International Labour Organization in formulating its new Conventions on Social Security," December 19, 1951, 2-6; press release, World Health Organization, Geneva, "WHO Advises on Social Security Schemes—Specialists Make Recommendations on Medical Aspects of Proposed ILO Conventions," December 21, 1951. Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 20.

118. For the history and politics of the debates over medical care within the American Public Health Association, see Arthur J. Viselteam, *Emergence of the Medical Care Section of the American Public Health Association, 1926-1948* (Washington, D.C.: American Public Health Association, 1972); Arthur J. Viselteam,

"Compulsory Health Insurance and the Definition of Public Health," in *Compulsory Health Insurance: The Continuing American Debate*, 25-54; Milton I. Roemer, "The American Public Health Association as a Force for Change in Medical Care," *Medical Care* 11 (1973): 338-51.

119. Milton I. Roemer to Henry E. Sigerist, November 3, 1954. Sigerist Papers/Yale, General Correspondence, 1947-57, group 788, series I, box 20.