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**Within Reach: The Story of How New York
Nearly Instituted Compulsory Health Insurance from 1916-1920¹**

In the 1910s, the American Association for Labor Legislation (AALL) lobbied for the passage of compulsory health insurance in states across the country, but particularly focused its efforts on the key state of New York. Although no such legislation passed in any state legislature, and scholars view the movement as a complete failure, health insurance bills passed the New York Senate in 1919 and 1920 and failed in the Assembly only as a result of a powerful Speaker. I argue here, in contrast to Theda Skocpol's well-known claim that only women's groups and the maternal welfare policies that they supported succeeded, that the AALL came close to victory as a result of its ability to form a broad-based coalition that included women's groups and advocated policies both maternal and paternal.

In the early twentieth century, the American Association for Labor Legislation (AALL) initiated a national movement for compulsory health insurance. Concerns about rising healthcare costs, money in lost wages due to sickness, and a large number of preventable deaths motivated both the AALL and native New York politicians and interest groups to implement reform. The voluntary provision of health insurance in New York City at the time included funds through fraternal societies, trade unions, mutual assessment societies, private stock companies, and establishment funds, but the funds covered only a small number of people and those offering these funds often considered the health condition or gender of the person seeking admission when deciding coverage. The legislation initially proposed in New York provided for medical and nursing care, a

¹ I would like to thank David Rosner for inspiring this project and helping me get started, Robert Lieberman for getting me back on track at a crucial moment, and Sarah Phillips and my colleagues from the Research Seminar in Twentieth-Century U.S. History for providing invaluable comments on my work. I would also like to acknowledge the importance of Ira Katznelson's American Political Development course in shaping my work. All errors are of course my own.

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payment to compensate for lost wages, and a funeral benefit.² The bill would cover all employees earning less than \$100 per month but exempted state and municipal employees.³ Encouraged by its recent successes initiating workmen's compensation insurance in numerous states, the AALL's inability to gain passage of any legislation involved in its health insurance mission came as a surprise.

Contemporary accounts of the movement for compulsory health insurance in New York during the period from 1916 to 1920 typically recount all the reasons that the movement failed.⁴ Many powerful groups, including employers, physicians, insurance companies, civic organizations, and even at times labor unions, opposed the various bills for health insurance proposed in the Legislature during these years. The Russian revolution and World War I lent credence to calls against "socialist" healthcare or healthcare based on the German model, as were the New York bills. Strong leadership appeared too late to push the measures through, and in fact state Assembly Speaker Thaddeus C. Sweet effectively used his power as a leader to defeat compulsory health insurance.

In her seminal work, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States*,⁵ Theda Skocpol establishes a binary relationship with regard to movements for social welfare policies in the United States during the

² "Health Insurance," New York Tribune, Mar. 14, 1916, p. 8, available at ProQuest Historical Newspapers; "Health Insurance for Workers Asked," New York Times, Jan. 24, 1916, p. 20, available at ProQuest Historical Newspapers.

³ "Health Insurance for Workers Asked," New York Times, Jan. 24, 1916, p. 20, available at ProQuest Historical Newspapers; "Health Insurance Plan Under Fire," New York Times, Mar. 15, 1916, p. 6, available at ProQuest Historical Newspapers.

⁴ For the most extensive discussion of the AALL's health insurance movement, see Ronald L. Numbers, Almost Persuaded: American Physicians and Compulsory Health Insurance, 1912-1920 (Baltimore: The Johns Hopkins University Press, 1978).

⁵ Theda Skocpol, Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States (Cambridge, MA: Harvard University Press, 1992).

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Progressive era: first there existed maternalist policies, such as mother's pensions, which had grassroots support because of the federated structure of organizations that supported them, and therefore succeeded; and second, there were the paternalist policies, such as the health insurance movement initiated by the AALL in the 1910s, which lacked a popular coalition of support because of the top-down, elitist structure of the AALL, and therefore failed. Skocpol's binary formula, however, fails to explain the AALL's movement for health insurance in the state of New York from 1916 through 1920. First, looking only at success or failure ignores the complexities of this movement; and second, while the AALL movement in New York was at first elitist, by 1919, a broad-based coalition in support of the legislation existed, which included women's groups.

Sweeping compulsory health insurance legislation passed the New York State Senate in 1919 and 1920. Yet because the legislation failed in the Assembly, Skocpol's formula dictates that this near miss is just another example of the failure of paternalist welfare policies. I argue that the near miss in New York should be analyzed as extensively as the passage of welfare legislation of minor importance or scale. Even Skocpol accepts that the success of the movement in New York alone would have had important implications for the future of the American welfare state and would have constituted "'the next great step' toward a European-style welfare state."⁶ Yet her formula fails to include some measure of valence and instead places the failure of less important paternalist welfare efforts on par with the near success of the AALL in perhaps the most important battle for health insurance in this country prior to the New Deal.

⁶ Ibid., p. 204.

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What I argue thusfar is that the potential impact of the proposed welfare legislation matters.

Even if we continue the analysis of this episode using Skocpol's framework of total success or total failure, her causal story that paternalist groups failed to organize broad-based support and therefore failed is inaccurate here. Led by a strong local politician, State Senator Davenport, the health insurance movement by 1919 made significant concessions to and compromises with opponents including physicians and employers and formed a strong coalition *that included women's groups*. Although Skocpol acknowledges that in New York, "women's groups mobilized to an unusual degree in support of the AALL's legislative proposal for health insurance,"⁷ she does not acknowledge either how this contradicts the notion of the AALL movement as an elitist institution without broad support or how this contradicts the notion that maternalist welfare policies during this time period succeeded. Instead, Skocpol seeks to claim credit for the success that the AALL had in New York. She states:

"It is hardly incidental that the one state in which health insurance came close to enactment, New York in 1919, was the state where both the State Federation of Labor and many women's groups, including the widespread New York Federation of Women's Clubs, became fully engaged in a passionate grassroots campaign for health insurance."⁸

With this statement, Skocpol ignores the binary theory at the core of her important work. First, since all that matters in her theory is success or failure, the involvement of the women's clubs in a failed movement contradicts her theory. Second, the very involvement of the women's clubs in a paternalist movement, which is how she describes

⁷ Ibid., p. 640, note 2.

⁸ Ibid., p. 281.

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the AALL movement for social insurance repeatedly, violates her notion that paternalist movements for social welfare reform lacked the proper grassroots organization of the women's clubs and therefore failed. Indeed, success in New York was impeded through the powerful opposition of Assembly Speaker Thaddeus C. Sweet. By ignoring the agency of Sweet as an individual in this episode, Skocpol ignores both the success that the AALL did achieve and the fact that maternalist policies would have faced, and did in fact face, similar failure in the battle with Sweet.

This is instead a story of a broad-based coalition promoting legislation that was both maternal and paternal in nature. Initially, the movement in New York advocated legislation without a broad coalition and focused its policy goals on benefits for the, almost entirely, male workers. As women entered the workforce in droves during World War I, the opportunity arose to unite with women's groups and frame compulsory health insurance as legislation essential to prevent injury or death to male breadwinners *and* to promote the health and safety of women in the workforce, many of whom would remain after the end of the war. Sociologist Elisabeth Clemens argues that women's groups, excluded from traditional male organizations and from electoral politics since women lacked the Constitutional right to vote until 1920, were pushed by circumstance to innovate and channel popular support – their greatest asset – into policy success through effective lobbying. By the 1910s, these women's organizations had centralized leadership and the ability to activate supporters at all levels of government, which the AALL recognized and sought to incorporate. Yet, the women's groups also moved into a policy realm that challenged notions that a woman's proper role was at home instead of

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in the workforce.⁹ Thus women's groups also needed men to legitimize their new quest. The reason for the near success of the movement in New York, then, was forming a broad-based coalition of both men's and women's groups and focusing the pitch on the health of the entire family unit, both maternal and paternal policy goals. The reason the success was not complete was because of one powerful individual. Regardless of the fact that the success was incomplete, this new perspective incorporates the valence for the country of this particular legislation in this state at this time.

Obstacles Facing the AALL Movement in New York

Scholars speak of the campaign by the AALL for compulsory health insurance as nothing short of a crushing defeat. They refer to the end result of this legislation using words like "shattered" and "friendless."¹⁰ Even the movement's most ardent supporters later acknowledged that the AALL had underestimated its opposition.¹¹

After easy victories in support of workmen's compensation laws beginning in 1911, the AALL began its new mission full of confidence. The AALL introduced its model bill immediately in New York and two other states, without requesting state investigatory commissions as was typical.¹² Yet the AALL failed to recognize that "[t]he issues transcended the distribution of cost or tax burdens. Health insurance entailed innovations in the financing and organizing of medical services, changes in the status and

⁹ See Chapter 6 of Elisabeth S. Clemens, The People's Lobby: Organizational Innovation and the Rise of Interest Group Politics in the United States, 1890-1925 (Chicago: The University of Chicago Press, 1997).

¹⁰ Daniel S. Hirshfield, The Lost Reform: the Campaign for Compulsory Health Insurance in the United States from 1932-1943 (Cambridge, MA: Harvard University Press, 1970), p. 25.

¹¹ Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, 1982), pp. 254-57.

¹² Ronald L. Numbers, Almost Persuaded: American Physicians and Compulsory Health Insurance, 1912-1920, p. 37.

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social responsibility of the medical profession, and a substantial enlargement of the power and welfare role of government.”¹³ In short, physicians, employers, and insurance companies – among other powerful interest groups – coalesced into an opposition that opposed the AALL legislation in every state in which it was proposed.

Although in 1916 many physicians were apathetic to and ignorant of the topic of health insurance,¹⁴ as a group they responded positively to the AALL’s proposal. The AALL made early efforts to embrace physicians, and its drafting committee had included three physicians – Alexander Lambert, Isaac M. Rubinow, and S.S. Goldwater. The American Medical Association (AMA) created a Committee on Social Insurance, headquartered in the same building as the AALL and including Lambert and Rubinow, to work towards the common goal of compulsory health insurance. The Council of the Medical Society of the State of New York explicitly stated its approval of this goal as well.¹⁵ State-sponsored health insurance “appeared inevitable, and most doctors preferred cooperating to fighting.”¹⁶

By 1920, however, the AMA’s House of Delegates declared its opposition to any form of government-sponsored compulsory health insurance. What prompted this reversal of fortune for the AALL health insurance movement? Money was a motivating factor in the shift in physician support. Doctors, previously excited about a newly stable income, became worried about potential compensation limits and the structure of

¹³ Roy Lubove, The Struggle for Social Security (Cambridge, MA: Harvard University Press, 1968), p. 66.

¹⁴ Starr, The Social Transformation of American Medicine, p. 248.

¹⁵ Ronald L. Numbers, Compulsory Health Insurance: The Continuing American Debate (Westport, CT: Greenwood Press, 1982), pp. 4-5.

¹⁶ Hirshfield, The Lost Reform: the Campaign for Compulsory Health Insurance in the United States from 1932-1943, pp. 18-19; Numbers, Compulsory Health Insurance: The Continuing American Debate, p. 6.

payments.¹⁷ Reformers, including Rubinow, hoped to move the American system of individual private practice toward a system of group practice under government. The European systems had found that paying doctors per service was inefficient and instead they were paid per capita – based on the number of patients they had. Physicians opposed “capitation payment,” however, which they had experienced under previous forms of social insurance and workmen’s compensation. Doctors also resented any proposed invasion of the relationship between doctor and patient. Though reformers tried to appease physicians, they did not as a general rule reconcile.¹⁸

Advocates for compulsory health insurance claimed that private insurers wasted large amounts of money on marketing and profits and directly attacked the existing – though small – practice of private insurance for workers.¹⁹ In turn, they rallied what may have been the most powerful and well-organized opposition group facing the AALL. The insurance industry opposed the AALL bills particularly because they included burial benefits, the provision of which was a large source of income to the industry. A New York insurer warned that the AALL bills “would mean an end to all insurance companies and agents and to you personally the complete wrecking of the business and connections you have spent a lifetime in building and the loss of your bread and butter.” Insurers, including Prudential and Metropolitan, formed the Insurance Economics Society (IES) in 1917, which outspent the AALL in propaganda. Insurers allied with employers and

¹⁷ Numbers, Compulsory Health Insurance: The Continuing American Debate, pp. 6-7.

¹⁸ Colin Gordon, Dead on Arrival: The Politics of Health Care in Twentieth-Century America (Princeton: Princeton University Press, 2003), p. 212; Starr, The Social Transformation of American Medicine, pp. 122-23, 248.

¹⁹ Starr, The Social Transformation of American Medicine, p. 246.

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physicians, encouraging them to stand firm against the legislation.²⁰ Using any means necessary to defeat the legislation, insurers even misrepresented the impact of the European systems of social insurance to convince doctors that their income would decrease under the proposed legislation.²¹

The insurance companies used the AALL's own tactics against the health insurance movement. They studied voluntary programs in Europe, including life insurance for British railroad workers funded entirely by payroll deductions. In fact, the National Association of Manufacturers requested the help of insurers in avoiding progressive legislation and advocating a voluntary program. Just as welfare capitalists had begun instituting voluntary, employer-funded benefit programs to stave off legislation, insurers joined forces to advocate an alternative. In 1917, Equitable Life Assurance Society ("Equitable") added a benefit for non-occupational temporary illness to supplement its life insurance products. Aetna and Travelers developed similar plans. The next year, Equitable issued standalone temporary and permanent disability insurance policies. "Few of Equitable's large group clients actually purchased this coverage, but it did serve a useful political function, helping to undermine legislative support for AALL's compulsory health insurance bill."²² Metropolitan Life Insurance Company catered to workers and advocated social programs, bringing Dr. Lee Frankel, formerly involved with the AALL, to its Welfare Division.²³

²⁰ Gordon, *Dead on Arrival: The Politics of Health Care in Twentieth-Century America*, p. 213.

²¹ Hirshfield, *The Lost Reform: the Campaign for Compulsory Health Insurance in the United States from 1932-1943*, pp. 21-22.

²² Jennifer Klein, *For All These Rights: Business, Labor, and the Shaping of America's Public-Private Welfare State* (Princeton: Princeton University Press, 2003), pp. 17, 20-21.

²³ *Ibid.*, pp. 27-29, 33.

The AALL appealed to notions of efficiency and cost savings that it believed would inhere to employers as a result of the prevention of sickness among employees, but these appeals to big business failed. Reformers did not understand that the success of the movement for worker's compensation was based in large part on the self-interest of employers who only supported these proposals as workers gained increasing access to remedies through the courts.²⁴ Employers remained unconvinced that compulsory health insurance would result in anything other than additional compensation to workers and an incentive that "encouraged malingering." Even Rubinow later admitted that worker's compensation costs had far exceeded predictions and the AALL underestimated the costs of its health insurance proposals. Along with the conservative National Association of Manufacturers, the National Civic Federation, a more liberal business representative, opposed compulsory health insurance.²⁵

Historian Colin Gordon identifies a contradiction in the AALL's struggle to have employers partially fund non-occupational illness plans within an employment-based framework and to provide benefits for both the worker and his family. Employers rebelled at paying for what they viewed as the problems of the worker. In other words, employers blamed workers for their own conditions.²⁶ Advocates instead attributed blame for the worker's condition to the worker, the employer, and the state together.²⁷ While reformers tried to secure male income for the family, opponents used tactics that

²⁴ See, for example, Fishback, Price V. and Shawn Everett Kantor, "The Adoption of Workers' Compensation in the United States, 1900-1930," *Journal of Law and Economics*, 41:2 (Oct., 1998).

²⁵ Starr, *The Social Transformation of American Medicine*, pp. 121, 251, 254-57.

²⁶ Gordon, *Dead on Arrival: The Politics of Health Care in Twentieth-Century America*, pp. 100-01, 212.

²⁷ Lubove, *The Struggle for Social Security*, p. 76.

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included questioning the impact these proposals would have on masculinity and the American ideal of voluntarism.²⁸

Less easily explained are the internal divisions among the AALL and its would-be supporters. Demonstrating its inability to form and maintain a strong *national* coalition of interest groups to support its proposed legislation, the AALL membership never rose above three thousand during this time period.²⁹ The AALL was divided over the goals and effects of its proposed healthcare legislation. Some thought the insurance was mainly a public health measure, while other saw it as an economic program to reorganize medical practice and the provision of healthcare more generally. They also disagreed over the projected costs of the program.³⁰ Moreover, the AALL did not advocate universal coverage – it went against its notion of efficiency, and besides, only about one-third of England and German citizens were covered by similar programs in their countries. The AALL also did not seek to cover the following groups: the elderly, permanently disabled, unemployed or partially employed, self-employed, or those earning more than one hundred dollars per month.³¹

The AALL faced some of its strongest opposition from President Samuel Gompers of the American Federal of Labor (although not all of its subsidiaries opposed compulsory health insurance). Gompers was concerned that unions would suffer if their help was no longer needed for the provision of welfare benefits – although these benefits

²⁸ Gordon, Dead on Arrival: The Politics of Health Care in Twentieth-Century America, pp. 153-54.

²⁹ Alan Derickson, Health Security for All: Dreams of Universal Health Care in America (Baltimore: The Johns Hopkins University Press, 2005), p. 8.

³⁰ Hirshfield, The Lost Reform: the Campaign for Compulsory Health Insurance in the United States from 1932-1943, p. 16.

³¹ Derickson, Health Security for All: Dreams of Universal Health Care in America, p. 9.

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covered only a small portion of the population.³² Like other AALL opponents including Prudential Insurance executive Frederick Hoffman – a former member of the AALL Social Insurance Committee, Gompers advocated a living wage and better working conditions as the best disease prevention available.³³

With strong opponents, this early moment in history for compulsory health insurance passed just prior to World War I. By the war's end, a crucial spirit of progressive America would be gone.³⁴ And yet, with all these obstacles, legislation modeled on the AALL bill passed the New York State Senate twice. Perhaps it is inappropriate to speak only of the crushing defeat within the AALL movement then and better to explore why New York achieved the limited success that it did.

The Battle for Health Insurance in New York

In 1912, Theodore Roosevelt ran for President as a member of the Progressive Party and endorsed compulsory health insurance but lost the election as a third party candidate. The AALL officially entered the debate in 1916 by working for the passage of health insurance proposals, but in truth its work had begun much earlier. The AALL was encouraged by swift previous success in lobbying for a federal law prohibiting poisonous phosphorous and for state workmen's compensation laws.³⁵ With the cost of medical treatment for the nation's workers at approximately \$180 million per year and another

³² Starr, The Social Transformation of American Medicine, p. 120.

³³ Derickson, Health Security for All: Dreams of Universal Health Care in America, p. 13; Hirshfield, The Lost Reform: the Campaign for Compulsory Health Insurance in the United States from 1932-1943, p.21.

³⁴ Hirshfield, The Lost Reform: the Campaign for Compulsory Health Insurance in the United States from 1932-1943, pp. 21-22.

³⁵ Jacob S. Hacker, The Divided Welfare State: The Battle over Public and Private Social Benefits in the United States (Cambridge: Cambridge University Press, 2002), pp. 195-96; model bill entitled "Health Insurance, Tentative Draft of an Act," Amer. Labor Legislation Rev., 1916, 6: 239, available at HeinOnline.

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\$500 million in lost wages,³⁶ the AALL aimed high for its next attempt to advance the American welfare state. Its Social Insurance Committee worked on drafting a model health insurance bill for several years before it lobbied states to introduce the bill.³⁷ The Committee modeled the bill after the insurance laws of England and Germany.³⁸

The AALL regarded compulsory health insurance as simply the next step in its plan for social welfare reform – one that unfortunately would not be completed. When Professor Irving Fisher of Yale, President of the AALL, spoke to a reporter in August 1916, legislation for compulsory health insurance of workmen had been introduced in Massachusetts, New York, and New Jersey, with commissions appointed in Massachusetts and California to study the topic. Fisher’s quest was the result of his personal struggle with tuberculosis starting in 1898 and continuing for three years, during which he was unable to work. As a member of the Roosevelt Conservation Commission, Fisher found that there were 600,000 “unnecessary” deaths each year and 1.5 million people made “unnecessarily” ill, at a cost of over \$1.5 trillion. Fisher cited expert calculations that at least 40 percent of deaths and approximately 50 percent of illnesses in the United States were preventable, with each person spending about ten days per year ill. Fraternal orders, labor unions, and private insurance covered only a small number of Americans for sickness. Yet Fisher was aware of barriers to the implementation of

³⁶ “Health Insurance for New York’s Workers,” New York Times, Jan. 30, 1916, p. SM8, available at ProQuest Historical Newspapers.

³⁷ Hacker, The Divided Welfare State: The Battle over Public and Private Social Benefits in the United States, pp. 195-96; model bill entitled “Health Insurance, Tentative Draft of an Act,” Amer. Labor Legislation Rev., 1916, 6: 239, available at HeinOnline.

³⁸ “Health Insurance,” New York Tribune, Mar. 14, 1916, p. 8, available at ProQuest Historical Newspapers.

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compulsory health insurance, in spite of the need for such legislation. In fact, Fisher cited “[p]ublic apathy” as the greatest barrier to the movement.³⁹

The Committee on Social Insurance of the AALL examined the voluntary provision of health insurance then in place in New York City. Of the thousands of small insurance funds, the AALL’s report examined thirty-six of the largest from five categories: fraternal societies, trade unions, mutual assessment societies, private stock companies, and establishment funds. These thirty-six funds covered 170,000 people in the city. With the exception of some of the union funds, all considered a person’s health condition for admission to the fund. Mutual assessment societies and stock companies considered the hazard of the person’s occupation, and some refused to cover the unemployed at all. Some funds also had age limitations or barred women. Premiums/dues varied wildly depending on the organization, the benefit, and certain risk factors. Almost all of the fraternal organizations, but few other funds, provided medical care instead of simply cash benefits in the event of illness.⁴⁰

When the AALL worked with New York legislators on a health insurance bill, all parties knew what was at stake. This was a national battle, and the AALL knew that its success depended on New York, with Massachusetts and many other states likely to follow suit if the model legislation passed in the Empire State.⁴¹ The AALL moved ahead only to find that employers, insurance companies, medical societies, and fraternal organizations opposed to compulsory health insurance presented formidable opponents.

³⁹ “War Is Teaching Us Not to Waste Human Life,” New York Times, Aug. 20, 1916, p. SM9, available at ProQuest Historical Newspapers.

⁴⁰ Anna Kalet, “Voluntary Health Insurance in New York City,” Amer. Labor Legislation Rev., 1916, 6: 142-45, 149 available at HeinOnline.

⁴¹ “Health Insurance for New York’s Workers,” New York Times, Jan. 30, 1916, p. SM8, available at ProQuest Historical Newspapers.

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When the Russian revolution and World War I interceded, opponents labeled supporters of the bills as Bolsheviks or pro-German.⁴² Yet even with these opposing factors, the AALL found support in New York and optimism. Many agreed with John Mitchell, Chairman of the New York State Industrial Commission, when he stated, “In my judgment, the time is not far distant when a system of health insurance will be devised by the Legislatures of the various States and by the Federal Government which will meet the needs of our present social life.”⁴³

If At First You Don't Succeed . . .

The AALL helped draft the bill for compulsory health insurance in New York. Focusing on the working man and designed to supplement workmen's compensation by providing medical care and other benefits to cover sickness, in addition to accident, the bill provided benefits that included medical and nursing care, a payment after the fourth day of illness and continuing for twenty-six weeks, and a funeral benefit.⁴⁴ The state was to pay 20 percent of the cost, while the employers and employees would each pay 40 percent. The bill would cover all employees earning less than \$100 per month but exempted state and municipal employees.⁴⁵ The state was to be divided into health association districts to monitor the benefits that would also be supervised by a statewide

⁴² Hacker, [The Divided Welfare State: The Battle over Public and Private Social Benefits in the United States](#), pp. 195-96.

⁴³ “Health Insurance for Workers Asked,” [New York Times](#), Jan. 24, 1916, p. 20, available at ProQuest Historical Newspapers.

⁴⁴ “Health Insurance,” [New York Tribune](#), Mar. 14, 1916, p. 8, available at ProQuest Historical Newspapers; “Health Insurance for Workers Asked,” [New York Times](#), Jan. 24, 1916, p. 20, available at ProQuest Historical Newspapers.

⁴⁵ “Health Insurance for Workers Asked,” [New York Times](#), Jan. 24, 1916, p. 20, available at ProQuest Historical Newspapers; “Health Insurance Plan Under Fire,” [New York Times](#), Mar. 15, 1916, p. 6, available at ProQuest Historical Newspapers.

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commission.⁴⁶ Provisions for insurance coverage of families and a maternity benefit had not made it from the model bill to the bill proposed in New York, an indication of the initially paternal nature of the benefits sought.⁴⁷

Many interested parties seemed surprised when Senator Ogden L. Mills introduced the compulsory health insurance bill in the New York State Legislature on January 24, 1916, including private insurance companies and physicians.⁴⁸ Perhaps with the success of workmen's compensation laws, the AALL and Mills did not see the necessity of organizing a coalition to support the bill, but they clearly underestimated the opposition and the era in which they found themselves. This also supports Skocpol's notion of the AALL as an elitist organization without a broad-based coalition of support.

An editorial in The New York Tribune asserted that the cause of health insurance is a "legitimate and logical companion to that of payment for industrial accidents," as the AALL itself believed. The author argued that the insurance would serve a preventive function as employers improved working conditions to reduce their healthcare costs, which were based on experience. These arguments focused on the worker, though naturally, the care of the sick would help society as a whole.⁴⁹ But John P. Davin, M.D., secretary of a physicians association in New York City, took issue with the editorial's claim that compulsory health insurance and the Mills bill followed naturally from the workmen's compensation legislation. He argued that the workmen's compensation law

⁴⁶ "Health Insurance Plan Under Fire," New York Times, Mar. 15, 1916, p. 6, available at ProQuest Historical Newspapers.

⁴⁷ Numbers, Almost Persuaded: American Physicians and Compulsory Health Insurance, 1912-1920.

⁴⁸ "Health Insurance for New York's Workers," New York Times, Jan. 30, 1916, p. SM8, available at ProQuest Historical Newspapers.

⁴⁹ "Health Insurance," New York Tribune, Mar. 14, 1916, p. 8, available at ProQuest Historical Newspapers.

passed only after public opinion demanded protection against these harms in the workplace *and* the state amended the constitution. The public pressed for legislation “due to the systematic exploitation of the victims of industrial accidents, first, by the casualty companies created by the state, and, secondly, by those officers of the state, their lawyers, who took at least, as far as known, 50 per cent of all that was recovered for loss of life or limb or for total disability, and who made the charitable medical institutions and the doctors go without compensation for their services to the victim.”⁵⁰ Not only did the health insurance legislation apparently lack widespread physician support, it was a movement driven by the AALL and state legislators – not by the mass public, as Dr. Davin argued were worker’s compensation laws.

In hearings before the state’s Senate Judiciary Committee, both supporters and opponents, including some physicians, spoke out on behalf of various interest groups. Social welfare workers, including those affiliated with organizations such as the Sage Foundation, lined up in support of the Mills bill, while employers and employees lined up against it. Employers opposed the bill because of the expected cost, and physicians argued that the plan did not permit the patient to freely choose his doctor.⁵¹ A representative of the New York State Medical Society also argued that physicians should be represented on the statewide commission supervising the provision of health insurance. Another doctor asserted that the bill should fail and simply could not succeed without the support of physicians’ groups. A representative of employers suggested

⁵⁰ John P. Davin, M.D., “Doctors and the Mills Bill,” New York Tribune, Mar. 31, 1916, p. 10, available at ProQuest Historical Newspapers.

⁵¹ “Health Insurance Bill Gets Hearing,” New York Tribune, Mar. 15, 1916, p. 8, available at ProQuest Historical Newspapers.

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businesses would move out of the state as a result of this measure.⁵² The legislation clearly threatened the economic interests of both big business and doctors.

Employees and civic organizations, somewhat counter intuitively, also opposed the bill. Employees were angry because their labor representatives had not been sufficiently consulted in the formation of the proposal – although they favored the concept.⁵³ A letter from Samuel Gompers, President of the American Federation of Labor indicated that the bill was “too autocratic.”⁵⁴ The failure of the AALL and Mills to immediately gain the support of labor groups through participation and reassurance represented a major lack of foresight. Even those whom the AALL sought to protect did not support their efforts at first. Similarly, many fraternal insurance organizations, who traditionally provided some social insurance benefits to their members and therefore favored health insurance generally, also opposed the bill.⁵⁵

In hearings before the state Senate and in the efforts to gain public support for the bill, the AALL and Mill did have a strong showing of support from other groups and individuals. Given the foregoing discussion of their perhaps clumsy efforts to rally support before and immediately after the introduction of the legislation, the existence of that support appears surprising. Or perhaps the support is not surprising, given the condition of healthcare in New York at the time. Bailey B. Burritt of the Society for the Improvement of the Conditions of the Poor claimed that the average city workman earned

⁵² “Health Insurance Plan Under Fire,” New York Times, Mar. 15, 1916, p. 6, available at ProQuest Historical Newspapers.

⁵³ “Health Insurance Bill Gets Hearing,” New York Tribune, Mar. 15, 1916, p. 8, available at ProQuest Historical Newspapers.

⁵⁴ “Health Insurance Plan Under Fire,” New York Times, Mar. 15, 1916, p. 6, available at ProQuest Historical Newspapers.

⁵⁵ *Ibid.*

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\$2 per day, and, since the minimum monthly expenses of a family of five were \$56, there was simply no money for healthcare.⁵⁶

Frederick D. Greene, General Secretary of the Hospital Saturday and Sunday Association, provided some figures on hospital care in New York City in a letter to a newspaper editor. In 1915, forty-six associated non-municipal hospitals cared for 120,990 “bed patients,” fifty-seven percent of whom paid nothing for their treatment, including the twenty-three percent who were public charges. Greene asserted that there were far more who refused to seek treatment at the hospitals because they would not accept the charity. Of the nearly \$5.7 million in expenses that these hospitals incurred in 1915, the hospitals had to raise \$2.5 million from charities to pay for their work. Greene posed the question, “Is it fair or wise to leave a service of such importance to be provided as a matter of charity by a small body of philanthropic people?”⁵⁷

Supporters of the bill argued that employers’ opposition would fade once they saw the benefits to them of compulsory health insurance. They referred to similar opposition by employers initially to workmen’s compensation, which turned out to benefit both employer and employee. A supporter at the Senate committee hearing argued that since Germany instituted its healthcare system, it added eleven years to the average lifespan. Supporters claimed benefits here would far outweigh costs of the legislation, although they could not precisely agree upon what those costs would be – for either the employer or the employee. Claims included that employer costs might be

⁵⁶ “Health Insurance Plan Under Fire,” New York Times, Mar. 15, 1916, p. 6, available at ProQuest Historical Newspapers.

⁵⁷ “Support of Hospitals,” New York Tribune, Mar. 25, 1916, p. 10, available at ProQuest Historical Newspapers.

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either one percent or one and a half percent of payroll.⁵⁸ Dr. Samuel McCune Lindsay, a Professor at Columbia University, specifically took issue with opposition to the bill by the New York Board of Trade and Transportation, which he stated either did not do its due diligence or “deliberately set out to mislead the employers” by declaring in a report that workers would have to provide five percent of their pay towards insurance premiums, when in fact the true figure was approximately three percent.⁵⁹

Dr. Goldwater, New York Health Commissioner, supported the legislation and was not surprised that the United States was the last of the “great” countries to consider compulsory health insurance given the country’s individualism and prosperous history, which convinced many that the worker could and should support himself at all costs. He countered arguments by the opposition. The Associated Manufacturers and Merchants of New York State expressed concern that workers would feign illness out of laziness, but advocates suggested that medical diagnostic science had advanced to the point where mere expression of illness would not be accepted as proof of actual illness. The insurance underwriters, despite their protests, would be mainly unaffected since they primarily dealt with those whose annual incomes exceeded \$1200 per year. Goldwater, for one, saw compulsory healthcare in the United States as inevitable.⁶⁰

Even some physicians joined Mills’ cause. The journal *American Medicine* scolded the New York County Medical Association and city doctors in general for their opposition to the Workmen’s Health Insurance Bill solely because it did not sufficiently

⁵⁸ “Health Insurance Plan Under Fire,” *New York Times*, Mar. 15, 1916, p. 6, available at ProQuest Historical Newspapers.

⁵⁹ “Lindsay Defends Mills Bill,” *New York Tribune*, Feb. 23, 1916, p. 11, available at ProQuest Historical Newspapers.

⁶⁰ “Health Insurance for New York’s Workers,” *New York Times*, Jan. 30, 1916, p. SM8, available at ProQuest Historical Newspapers.

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secure their fees. The medical profession in England opposed similar legislation in their country but in the end admitted that they fared well under the new scheme.⁶¹ The New York state council of the American Medical Association endorsed the model health insurance bill in December 1916 but withdrew its approval the following March after facing economic opposition.⁶²

Recognizing that his bill would not pass as quickly as he would have liked, Mills proposed the creation of a commission to study the matter of workmen's health insurance and report to the Legislature. Again, the AALL looked to its previous success of passing workmen's compensation laws after the appointment of the Wainright Commission to study the matter. This time, "[i]ncluded in the scope of its work would be the investigation of sickness and accidents not covered by workmen's compensation, the influence of working conditions on health, existing provisions for caring for the sick and the operation of various systems of health insurance in other countries."⁶³ This "paternal" legislation had stalled without a broad coalition or strong leadership to support its passage.

In spite of the failure of similar measures introduced by Mills and his successors over the next few years, supporters for health insurance seemed to gain strength – even expanding benefits in the proposed legislation. On January 15, 1917, state Senator Mills once again introduced a bill for compulsory health insurance.⁶⁴ This time, the bill

⁶¹ "Topic of the Times: Doctors Get a Scolding," New York Times, Apr. 10, 1916, p. 10, available at ProQuest Historical Newspapers.

⁶² Starr, The Social Transformation of American Medicine, p. 253.

⁶³ "Study First," New York Tribune, Apr. 5, 1916, p. 10, available at ProQuest Historical Newspapers.

⁶⁴ "Mills Bill to Provide Insurance for Workers," New York Tribune, Jan. 15, 1917, p. 6, available at ProQuest Historical Newspapers; Journal of the Senate of the State of New York at their 140th Session,

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included dental care and maternity benefits for covered women, a sign of a shift in focus from the worker to the family unit. Alexander Lambert, Chairman of the Social Insurance Committee of the AMA and a former member of the AALL's drafting committee, supported the measure as an important preventative step.⁶⁵ And one fraternal society solicited refused to speak against the health insurance movement. The President of the American Insurance Union instead stated, "Of course there will be men who cry out against the suggestion of universal health insurance as a species of paternalism or some other 'ism.' But men of this type of mind have always served the purpose of mud on the wheels of progress and they always will serve in that capacity."⁶⁶

Opposing forces again appeared before the Senate Judiciary Committee to protest its enactment. Hugh Frayne of the American Federation of Labor called the bill "a dangerous experiment" and argued against it because labor did not participate in drafting the bill.⁶⁷ At the hearings, physicians argued amongst themselves, and the American Federation of Labor faced off against the Garment Workers' Union. Dr. Henry W. Berg, on behalf of the Real Estate Owners' Association of New York City asserted that the bill was as "insane as anything that ever emanated from the wildest lunatic asylum in the country."⁶⁸ With American involvement in World War I drawing closer, a representative of the National Manufacturers' Association spoke perhaps out of some form of war

Volume I, 42-43 (J.B. Lyon Company Printers 1917). Note that no bill jackets are available for this time period in New York's legislative history.

⁶⁵ Alexander Lambert, "The Health Insurance Bill," New York Tribune, Jan. 18, 1917, p. 8, available at ProQuest Historical Newspapers.

⁶⁶ John J. Lentz, "Fraternal Societies Under Universal Health Insurance," Amer. Labor Legislation Rev., 1917, 7: 79, available at HeinOnline.

⁶⁷ "Health Insurance Bill Opposed at Albany," New York Tribune, Mar. 8, 1917, p. 8, available at ProQuest Historical Newspapers.

⁶⁸ "Urge More Study of Health Insurance," New York Times, Mar. 8, 1917, p. 7, available at ProQuest Historical Newspapers.

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hysteria, dubbing the bill “foreign,” and claiming, “I know its origin is Germanic . . . It is class legislation. It sets aside a certain body of laboring men and says ‘You are not capable of taking care of yourself; you are dependents of the State.’”⁶⁹ Dr. Berg also claimed the bill was un-American and asserted that manufacturers would move to New Jersey if the measure passed.⁷⁰ The National Civic Federation once again opposed the Mills bill as well.⁷¹

The essence of the opposition to compulsory health insurance legislation, however, was most clearly stated by Frank F. Dresser, counsel for the American Steel and Wire Company of Massachusetts: the measure failed to place responsibility for the illness on the proper parties. As in the early days of the republic, some men viewed illness as a sign of moral culpability. Dresser stated, “It is difficult to see why, if a man is run over by an automobile on a Sunday afternoon, he should get any contribution from his employer because he happens to work in his mill the other six days a week, or why alcoholism or venereal disease should operate to transfer any money from the taxpayer’s pocket to the workman’s.”⁷² He railed against the laziness of the workers and their voluntary absences. He stated that there was no preventive measure included within the bill. Dresser argued instead in favor of the industrial physician.⁷³ John B. Andrews, Secretary of the AALL, in opposition to statements made by Dresser, stated that Section 40 of the Mills bill authorized funds for preventative and educational work. He also

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ “Fight on Health Insurance,” New York Times, Mar. 3, 1917, p. 8, available at ProQuest Historical Newspapers.

⁷² George MacAdam, “Do We Want to Pay the Health Insurance Bill?,” New York Times, Mar. 11, 1917, p. SM6, available at ProQuest Historical Newspapers.

⁷³ Ibid.

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asserted that sickness premiums based on experience would be one of the strongest preventative measures for sickness possible.⁷⁴

Once again, the Legislature reached an agreement to propose a commission to study the topic of compulsory health insurance. On March 12, 1917, Senator Mills and Assemblyman William S. Coffey proposed legislation to create such a commission, which would include two Senators, three Assemblymen, and four members appointed by the Governor, including one representative each for employers, employees, and physicians.⁷⁵ The legislation had stalled again, and it fared no better the next year. Introduced in 1918 by Mills' successor, Senator Courtlandt Nicoll, another health insurance bill was killed in committee during the war.⁷⁶

The Rise of the Women

On April 6, 1917, the United States officially entered World War I with a declaration of war, and women entered the workforce in large numbers to support the effort. A million and a half women worked in the munitions industry while an additional eight million worked in other industries – an increase of twenty percent from 1910.⁷⁷ Many occupations previously considered “men’s work” were opened to women for the first time, and AALL publications touted the need to protect women since “[a]ll are potential mothers.” In advocating maternity insurance, the AALL argued, “WE MUST

⁷⁴ John B. Andrews, “Insurance and Prevention,” New York Times, Mar. 20, 1917, p. 10, available at ProQuest Historical Newspapers.

⁷⁵ “Health Insurance Plan,” New York Times, Mar. 13, 1917, p. 12, available at ProQuest Historical Newspapers.

⁷⁶ “Labor to Back State Insurance Bill,” New York Tribune, Jan. 13, 1919, p. 3, available at ProQuest Historical Newspapers; Journal of the Senate of the State of New York at their 141st Session, Volume I (J.B. Lyon Company Printers 1918), pp. 174, 264-65, 270-71.

⁷⁷ “Women’s War Work: Increasing Need for Safeguards,” Reel 70, R. 7094, AALL archives accessed 3/19/09 at NYU Tamiment Library (hereinafter “AALL archives”).

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HAVE HEALTHY MOTHERS AND HEALTHY BABIES TO RECRUIT OUR POPULATION” (emphasis in the original).⁷⁸ The AALL had found a new tactic in its struggle for compulsory health insurance: arguing for the protection of women and children. But the AALL used health coverage for women as simply another method of gaining coverage for both mothers and fathers, stating, “Universal health insurance, with its medical and nursing attention, its special maternity care, and its cash benefits in sickness—all at small cost to the worker—is especially designed to increase the well-being of wage-earners and to sustain and renew the vitality of motherhood and childhood.”⁷⁹ Cartoons advocating health insurance pictured the whole family – not simply the worker.⁸⁰

The AALL used the war to press its health insurance legislation in other ways as well. The war’s demands on the “fitness and endurance of labor,” as exemplified through the many men rejected for the draft due to physical impairments, indicated the need for health insurance, said Secretary John B. Andrews of the AALL before a meeting of the Albany Social Science Society. Reconstruction after the war would require the productive use of labor, and the New York legislation was essential to that planning.⁸¹ The New York Women’s Trade Union League, the State Federation of Women’s Clubs, and the New York Suffrage Association agreed and joined the fight to pass the legislation

⁷⁸ “Labor Laws in War Time,” Untitled AALL publication and Special Bulletin, Issue 4 (May, 1918), Reel 70, AALL archives. See also press release dated February 5, 1919, Reel 71, AALL archives.

⁷⁹ “Maternity Insurance: Safeguard Motherhood and Childhood,” Special Bulletin, Labor Laws in War Time, Issue 5 (Nov. 1918), Reel 70, AALL archives.

⁸⁰ See Appendix A.

⁸¹ Press release dated March 9, 1918, “War Emphasizes Need of Health Insurance: New Valuation being Placed on Human Life by Present Emergency, Speaker Asserts,” Reel 71, AALL archives.

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in 1919.⁸² The AALL now had its partnership with traditionally successful women's groups and advocated a combination of maternal and paternal policies.

In 1919, compulsory health insurance was finally poised to succeed in New York with the war at an end, a broad base of support for the measure, and a strong leader supporting the legislation and willing to compromise with opponents. Senator Davenport, a Republican, and Representative Donohue, the leader of Democrats in the Assembly, introduced the legislation.⁸³ In his inaugural address to the Legislature, Governor Alfred E. Smith called upon its members to pass compulsory health insurance because “[n]othing is so devastating in the life of the worker's family as sickness.” In addition to the Governor, the State Federation of Labor supported the new bill, since proponents of insurance amended the bill that failed in committee in 1918 to accommodate labor concerns. The Women's Joint Legislative Conference, which included several large women's organizations, also supported the bill. The 1919 measure provided for an eight week minimum maternity leave, as well as benefits for dependents, sick benefits to the worker of \$8 per week, and a funeral benefit that had increased from \$50 to \$100. Employers and employees would split the cost evenly, with less of the cost paid by employees earning under \$9 and a cost of \$1 million to the state to administer the program.⁸⁴

⁸² Dec 14 [1918] press release, “Women's Trade Union League of New York Urges Protection for Children and Mothers Through Health Insurance Law,” Reel 71, AALL archives; special press release to Rye Chronicle, “Health Insurance Bill Urged for Passage in New York Includes Special Maternity Benefits,” Reel 71, AALL archives.

⁸³ Lubove, *The Struggle for Social Security*, p. 84.

⁸⁴ F. Spencer Baldwin, “Paring Down That \$500,000,000 Loss From Sickness,” *New York Tribune*, Jan. 26, 1919, p. B9, available at ProQuest Historical Newspapers; “Labor to Back State Insurance Bill,” *New York Tribune*, Jan. 13, 1919, p. 3, available at ProQuest Historical Newspapers.

Senator Davenport, a former Progressive Party candidate for Governor in 1914, showed remarkable flexibility in his attempt to gain support for the legislation. In a nod to the times, he asserted that measures such as these were necessary as “prophylactics against Bolshevism” because sickness caused poverty and desperation among the workers. To mollify business leaders, Davenport contemplated an influx of workers into the state, providing employers with the best selection of employees. Using history again as a lesson, Davenport considered the possibility of making the measure optional, as workmen’s compensation was when it was first enacted.⁸⁵

Most importantly, sweeping amendments made to the legislation demonstrated Davenport’s – and the AALL’s – new flexibility and helped ensure that the measure would pass in the Senate. In March 1919, the bill was amended to eliminate a provision providing for physicians to work on salary for a local insurance fund. Instead, the amendments permitted those covered to choose their own physicians, who would be paid according to varying rates selected by the State Industrial Commission. In addition to government employees, agricultural workers, and domestic servants, the amendments excluded “superintendents, managers, and officers” from coverage by the legislation. The State Industrial Commission would also appoint all subsidiary bodies administering the health insurance plan. The local Board of Directors administering the funds would be comprised of an equal number of employer and employee representatives with a

⁸⁵ “Health Insurance Is Seen As a Bulwark Against ‘Red’ Terror,” New York Tribune, Jan. 26, 1919, p. 5, available at ProQuest Historical Newspapers.

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chairman chosen by both.⁸⁶ Davenport also made concessions to fraternal organizations.⁸⁷

At a Senate Judiciary Committee hearing, however, big business, physicians, and fraternal organizations still spoke out against the bill. Representatives of employers again argued that the costs of the measure would be higher than contemplated and “declared it would be unfair to compel employers to pay for the sickness of an employe [sic] where the sickness had been contracted either through intemperate or licentious living.” Supporters found cause for hope, however, and thought claims of the measure’s unconstitutionality were “the last, ditch of the standpatters.”⁸⁸ The bill was referred to the Committee on Taxation and Retrenchment, chaired by Davenport, and seemed close to approval.⁸⁹

Supporters of the health insurance legislation, however, soon ran into an unexpected and unmovable obstacle: Speaker of the Assembly, Thaddeus C. Sweet. First elected from Pheonix in Oswego County, New York, to the Assembly in 1909, Sweet served as Speaker from 1914 to 1920. As early as 1918, Sweet received endorsements for the Republican nomination for Governor.⁹⁰ In fact, by 1920, when his leadership in the Assembly had solidified, there was even mention of his potential

⁸⁶ “Health Insurance Measure Amended,” New York Times, Mar. 17, 1919, p. 20, available at ProQuest Historical Newspapers.

⁸⁷ Lubove, The Struggle for Social Security, p. 76.

⁸⁸ “United in Attack on Health Insurance,” New York Times, Mar. 20, 1919, p. 5, available at ProQuest Historical Newspapers.

⁸⁹ “Health Insurance Is Seen As a Bulwark Against ‘Red’ Terror,” New York Tribune, Jan. 26, 1919, p. 5, available at ProQuest Historical Newspapers.

⁹⁰ “Sweet Indorsed for Governor,” New York Times, May 17, 1918, p. 8, available at ProQuest Historical Newspapers.

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nomination as Vice President.⁹¹ Driven to succeed in politics, Sweet stepped in to fill a vacated U.S. Congressional seat in 1923 and, after being elected and reelected to the position, served until his death in a plane crash in 1928.⁹²

In 1919, Sweet vehemently opposed the compulsory health insurance bill. Twisting the arguments of advocates for maternal policies, he claimed that women wanted to be treated as equals: “[W]omen workers of the State do not need, nor do they want, a nursemaid tied to their apronstrings . . . They are able-bodied women and mentally alert to their conditions and the conditions under which they are competing with members of the opposite sex.”⁹³ Sweet also assailed the supposedly “un-American” nature of these legislative proposals, stating that, though well-intentioned, supporters of these bills in 1919 were “misled by those in sympathy with the socialist ‘Red’ whose only aim, I believe, to have to have been the creating of discontent, disorder and the hastening of the day of the Soviet.”⁹⁴

Rebellious Republican Senators including Davenport joined forces with Democrats and fought to have several progressive bills, including the bill for health insurance, come to a vote on the floor instead of dying in committee. The Lieutenant Governor provided some help through procedural maneuvering in an effort to advance the Governor’s legislative program. Only one of the four Republican insurgents denied that their uprising against Sweet was the result of lobbying by Mrs. Norman D. R.

⁹¹ “Sees Sweet Plot in Socialist Trials,” New York Times, Feb. 7, 1920, p. 3, available at ProQuest Historical newspapers.

⁹² “T.C. Sweet Killed in Airplane Crash,” New York Times, May 2, 1928, p. 1, available at ProQuest Historical Newspapers.

⁹³ “Predicts Repeal of Welfare Bills,” New York Times, Dec. 28, 1919, p. 20, available at ProQuest Historical Newspaper.

⁹⁴ *Ibid.*

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Whitehouse, Chairman of the New York State Women Suffrage Party.⁹⁵ Ignoring opposition in the Assembly for the moment, Whitehouse had warned Senators of possible repercussions among female voters and secured support in the Senate.⁹⁶ The Senators eventually passed the bill by a vote of third to twenty after a lengthy filibuster to prevent a motion to adjourn.⁹⁷ Yet the coalition in support of the legislation, including women's groups, was defeated by one individual: Sweet managed to defeat the measure in the Assembly. To justify their actions to the public, Republicans cited the need to protect American industry, particularly in the post-war period, as a reason for their opposition to the welfare bills generally.⁹⁸

The AALL, women's groups, and labor groups were outraged and assailed Speaker Sweet. At a joint conference in Syracuse, they adopted a resolution on August 27, 1919, calling on citizens to "send to the Assembly only those candidates who are pledged to the passage of health insurance [and other legislation favorable to workers] and will have the stamina to support these measures to the end."⁹⁹ An AALL press release dubbed this resolution a declaration of war against Sweet and candidates for the Legislature who did not pledge to support the legislation in the next session.¹⁰⁰ The

⁹⁵ "Senate Bolters Beat Old Guard," New York Times, Apr. 3, 1919, p. 5, available at ProQuest Historical Newspapers.

⁹⁶ "Mrs. Whitehouse in Albany Pleads for Reform Bills," New York Tribune, Apr. 1, 1919, p. 9, available at ProQuest Historical Newspapers.

⁹⁷ "Welfare Bills to Die Despite Big Filibuster," New York Tribune, Apr. 16, 1919, p. 11, available at ProQuest Historical Newspapers; Starr, The Social Transformation of American Medicine, p. 254.

⁹⁸ "Republicans Tell Why They Fought Democratic Bills," New York Tribune, Apr. 21, 1919, p. 9, available at ProQuest Historical Newspapers; see details on the provisions of the defeated bill in a publication by the League for Industrial Rights, Law and Labor: A Monthly Periodical on the Law of the Labor Problem, published by the League for Industrial Rights, LAW & LAB. 1919, 1: 11, available at HeinOnline.

⁹⁹ Press release, Reel 71, AALL archives.

¹⁰⁰ Press release dated August 28, 1919 with a report from Syracuse and a note that the release was for and used by the NY Eve Post, Reel 71, AALL archives.

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women, newly enfranchised by an Amendment that Sweet opposed, supported the candidacy of Marion Dickerman against Sweet. In the 1919 election, however, Sweet was reelected by a large plurality, particularly by the farmers who constituted a majority of his district.¹⁰¹

Although Senator Davenport once again proposed a health insurance bill in 1920, he believed that public opinion was against the measure as a result of propaganda.¹⁰² Speaker Sweet seemed determined once again to kill welfare bills in the Rules Committee, and activist women once again descended on Albany. Republican Mrs. James Lees Laidlaw stated that Sweet's actions were "more fertile of Bolshevist propaganda and of disloyalty toward our Government than a thousand radical schools and soap-box orators . . . What a spectacle is one ordinary man, clothed with a little brief authority, breaking down the whole system of orderly government and legislative procedure."¹⁰³ The health insurance bill once again passed the Senate and suffered defeat in the Assembly, though the AALL claimed to have advanced public awareness of its cause.¹⁰⁴

The New York State League of Women Voters, a member of the AALL coalition, submitted a report to the Governor blaming the 1920 defeat of the favored welfare bills on several different groups, but in the end the coalition had been defeated by one man

¹⁰¹ "Woman Threatens Speaker's Seat," New York Times, Nov. 2, 1919, p. E1, available at ProQuest Historical Newspapers; Emma Bugbee, "Woman Vote Cannot be Lined Up," New York Tribune, Nov. 9, 1919, p. F1, available at ProQuest Historical Newspapers.

¹⁰² "Insured Against Illness," New York Times, Mar. 12, 1920, p. 12, available at ProQuest Historical Newspapers; Journal of the Senate of the State of New York at their 143rd Session, Volume I (J.B. Lyon Company Printers 1920), p. 446.

¹⁰³ "Republican Women in Tilt with Sweet," New York Times, Apr. 8, 1920, p. 11, available at ProQuest Historical Newspapers.

¹⁰⁴ "Legislative Record of the 1920 Session," New York Times, Apr. 26, 1920, p. 3, available at ProQuest Historical Newspapers.

and the League saved a large share of their ire for him. Among the tactics assailed in the report, Speaker Sweet controlled proceedings in 1920 that resulted in the expulsion of five “Socialist” Assembly members.¹⁰⁵ He used any means at his disposal to prevent the enactment of the health insurance measure and assumed that this sideshow would distract from another death by committee for the welfare bills.¹⁰⁶

Conclusion

Although the initial movement by the AALL in New York seems to confirm Skocpol’s perception of an elitist organization that initiated paternal welfare legislation and failed, the AALL successfully organized a broad-based coalition of labor and women’s groups advocating legislation that was both paternal and maternal in nature. In this moment, when physicians and insurance companies crystallized their opposition to compulsory, government-subsidized health insurance, an opposition that still has not been overcome, the coalition was nearly able to defeat these powerful interests. One individual was the proximate cause of the failure of the legislation in one house of the New York Legislature, but the near success of this potentially groundbreaking legislation can teach scholars and politicians alike how to unite elitist, top down organizations with more broad-based, grassroots interest groups to create sufficient popular support for welfare legislation. This episode in history demonstrates that only through popular appeal can the compulsory health insurance movement defeat unified, well-financed

¹⁰⁵ Lubove, *The Struggle for Social Security*, p. 143.

¹⁰⁶ *Ibid.*, p. 144.

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interest groups that favor a continuation of incomplete and expensive private health insurance.