

fighting men say the thought uppermost in their minds is to win the war, come home and marry the girl of their choice, and settle down to a good job.

According to these sources, they show little interest in politics. They just do not feel that the outcome of the war depends on the identity of the occupant of the White House, or the outcome of other elections.

They are of the opinion that they and the folks at home who are supplying them with weapons—industry and labor—are sufficient to accomplish the defeat of the Axis.

So, it would seem, a lot of tears which have been shed into beer (or tea) over furnishing ballots to the services have been wasted.

There are, too, tremendous difficulties to setting up election machinery in the military services. If every man and woman in the service were to be given the opportunity to vote it would mean a complete suspension of military operations for American forces in the battle zones for the time that would be required for the men and women to visit the polling places.

Even if every service man and woman was herded to the polls by his superior officers—and that is unthinkable and un-American as there is no compulsion at home—it is to be doubted that their ballots would swing the election one way or the other.

These men and women—Democrats and Republicans—would vote as they would if in civilian life, and the proportion would be about the same as that of the home vote.

Nobody, Congress, the administration, or the American public, wants to deprive those in the armed services of a vote. And any charges to the contrary are unjustified.

If satisfactory arrangements can be made to give them an opportunity to express a free opinion on the political candidates, if they want that opportunity, it should be granted. But if political maneuvering interferes with the conduct of the war, you may rest assured nobody would resent that fact more than the men and women who are fighting the Nation's battles.

Their main objective is to get the dirty mess over; not to put somebody in political office or kick somebody else out.

Health Insurance

EXTENSION OF REMARKS

OF

HON. ROBERT F. WAGNER

OF NEW YORK

IN THE SENATE OF THE UNITED STATES

Monday, March 13 (legislative day of Monday, February 7), 1944

Mr. WAGNER. Mr. President, I ask unanimous consent to have printed in the Appendix of the RECORD a notable series of articles on the subject of health insurance, under the Wagner-Murray-Dingell bill, S. 1161, written by Albert Dutsch and published in the newspaper PM. I have received from the Public Printer an estimate that the printing of the articles will cost \$292.50.

There being no objection, the articles were ordered to be printed in the RECORD, as follows:

ORGANIZED MEDICINE AND GANNETT GROUP
SMEAR WAGNER HEALTH BILL
(By Albert Deutsch)

I. MEDICINE, POLITICS, AND PROPAGANDA

Organized medicine has joined hands with some of the most reactionary elements in

waging a propaganda campaign against the New Deal and the Roosevelt administration that is as unprincipled as it is clever.

The immediate object of the campaign is to defeat the Wagner-Murray-Dingell bill (S. 1161) for the expansion of social security and the establishment of a national health-insurance system. The slant of the propaganda, however, strongly indicates an ultimate purpose to discredit the whole New Deal and pave the way for its defeat in 1944.

Spearheading the campaign is a stooge propaganda agency for the American Medical Association, calling itself the National Physicians Committee for the Extension of Medical Service (N. P. C.). This agency is the product of a backstairs courtship between the American Medical Association and Frank Gannett's ultra-reactionary committee to uphold constitutional government.

Actively abetting organized medicine in this campaign, financially and otherwise, are the Nation's most powerful drug manufacturers, private insurance companies, and right-wing Republican politicians.

Under the guise of striving to keep medicine free from political control, this campaign has plumped organized medicine right into the middle of the worst kind of politicking. Many American doctors who are honestly opposed to the Wagner bill will be stunned and angered, I am sure, by the revelations that will follow, showing how leaders of organized medicine have tied their profession to the purse strings and apron strings of reactionary political and economic forces.

The Nation is being flooded with millions of pamphlets denouncing the Wagner bill as a step toward totalitarian dictatorship, communism, fascism, and general regimentation. The National Physicians Committee has already circulated over 15,000,000 pamphlets on this theme—one for every tenth man, woman, and child in the United States of America. Eight million more National Physicians Committee pamphlets are rolling off the presses.

Workers are being warned that the Wagner bill would cripple their income. Doctors are being panicked by hysterical propaganda informing them that the bill would make them slaves of a superstate. Businessmen are told the bill means the death of free enterprise and that the shackling of all industry would follow that of private medicine.

The Surgeon General of the United States Public Health Service, who would administer the health insurance program under the bill, is painted in this propaganda as a dictator, a czar, and a gauleiter. (Imagine the mild-mannered, democratic, nonpolitical surgeon general, Dr. Thomas Parran, in such a role!)

Twelve thousand newspapers and periodicals are deluged weekly with canned editorials and releases from National Physicians Committee headquarters attacking the Wagner bill and its sponsors. A nation-wide network of speakers has been organized to ride circuit among fraternal and other groups—Rotary, Kiwanis, Lions, and so forth—urging them to petition members of Congress to kill the bill.

II. THE NATIONAL PHYSICIANS COMMITTEE

The National Physicians Committee for the Extension of Medical Service, with headquarters in Chicago, claims to be a nonpolitical organization devoted to:

1. The task of securing the most widespread distribution of the most effective methods and equipment in medicine and surgery.

2. Familiarizing the public with the facts in connection with the values, the methods, and the achievements of American medicine.

The facts are:

The N. P. C. is the child of a misalliance between organized medicine and reactionary politics. It has never done anything toward the "extension of medical service." Its almost exclusive function during its 4 years of existence has been to combat Federal legis-

lation for providing adequate medical service to masses of people who are not now receiving it.

Let's take a look at the record of the origin and rise of the N. P. C.

The year 1938 witnessed a powerful drive led by labor and consumer groups for a national health program. This program was embodied in an unsuccessful bill introduced by Senator ROBERT A. WAGNER. To combat this movement and this bill, a Physicians' Committee for Free Enterprise in Medicine was created under the auspices of the Committee to Uphold Constitutional Government. This latter group was founded and then headed by Frank Gannett, the publisher-politician.

The Gannett-sponsored physicians' committee had a twofold purpose. The first aim, openly avowed, was to smash the movement for a national health program under the emblem of "free enterprise." The second aim, which soon emerged to the surface, was to mobilize the pressure-power of the medical profession behind the Gannett committee's anti-New Deal campaign and, perhaps, to further the Presidential ambitions of Gannett himself.

The list of members on the physicians' committee was studded with the names of leading lights in organized medicine, including several ex-presidents of the American Medical Association.

The director of activities, and the brains of the Physicians' Committee for Free Enterprise in the Gannett outfit was John M. Pratt, a former newspaperman, publisher, and advertising executive. He is now executive administrator of the National Physicians' Committee in Chicago.

The Gannett-inspired physicians' committee, like its present-day successor, started off with a spurge of pamphlets addressed to the medical profession and the lay public. These pamphlets subtly depicted the national health movement as part of a New Deal plot to destroy free enterprise in the United States of America, using private medical practice as its first target. The literature artfully hitched the star of private physicians to the wagon of big business.

Two events combined to embarrass the activities of the physicians' committee, however:

Dr. Edward A. Rumely, executive secretary of the parent Committee to Uphold Constitutional Government, was exposed in a congressional hearing as a former secret agent of the German Government during World War No. 1. Rumely had served a prison term for his propaganda activities in behalf of the Kaiser.

Frank Gannett announced his intention to run for the 1940 Republican Presidential nomination. This rendered untenable the claim of the physicians' committee that it was an independent and nonpartisan agency. As a matter of fact, Gannett boldly used the mechanism of the physicians' committee to solicit financial support for his campaign from medical men. Later, leaders of the committee urged the medical profession to get behind the Republican nominee, Willkie, for the defense of free enterprise.

The physicians' committee came under the blistering fire of incensed doctors who felt betrayed. It quietly disappeared. In its place, the National Physicians Committee for the Extension of Medical Service was formed in October 1939, under dubious sponsorship. The American Medical Association claims that it has no official connection with the National Physicians' Committee. The National Physicians' Committee, in turn, denies any connection with the Committee for Constitutional Government, successor to the old Gannett group.

Both claims may be technically correct. But the following facts reveal that the links between the agencies of medical and political reaction remain close and strong.

The membership of the National Physicians Committee itself is a significant index of the tie-up between organized medicine and the Gannett committee:

John M. Pratt, executive administrator of the N. P. C., held the same post in the Gannett-inspired Physicians Committee for Free Enterprise. Although the N. P. C. calls itself an all-physicians committee, its active head is a layman, and an advertising man at that. Of the 10 members of the N. P. C.'s board of trustees:

Dr. Edward H. Cary, chairman, is a former president of the American Medical Association and a former member of the Physicians Committee for Free Enterprise.

Dr. William F. Braesch, secretary of the N. P. C., is a trustee of the American Medical Association (A. M. A.).

Dr. F. F. Borzell is chairman of an A. M. A. committee, and was a member of the A. M. A. house of delegates in 1942.

Dr. William J. Carrington was vice president of the American Medical Association last year.

Dr. John H. Fitzgibbon is also a chairman of an A. M. A. committee and a 1942 member of its house of delegates.

Dr. Wingate M. Johnson, editor of the North Carolina State Medical Journal, is a former member of the Gannett physicians committee.

Dr. Edward J. McCormick is president of the Ohio State Medical Society.

Dr. William R. Maloney is president of the California State Medical Association.

Dr. James M. Robb is a former member of the Gannett physicians committee.

Dr. Edward H. Skinner is a past president of the Jackson County and a former member of the Gannett physicians committee.

III. THE A. M. A. AND THE N. P. C.

It may be technically true that the American Medical Association has no official connection with the National Physicians Committee, but—

The A. M. A. has officially approved the N. P. C. and voted to encourage its activities as a matter of A. M. A. policy. Nearly every State or local medical society affiliated with the A. M. A. has also voted a resolution of official endorsement.

The N. P. C. has branches in every State and nearly every locality. Invariably the leadership of the State or local N. P. C. branch is identical with the leadership of the medical society in that area.

The A. M. A. and its regional affiliates actively aid the N. P. C.'s solicitation of funds and distribution of propaganda.

Some forthright doctors have asked why the A. M. A. doesn't wage its propaganda campaign openly, instead of through a stooge agency. The answer is that if the A. M. A. engages directly in propaganda work and legislative lobbying, it loses its tax-exemption status—an important consideration in view of the fact that it clears a \$600,000-a-year profit from its Journal alone.

Dr. Chester I. Ulmer, chairman of the New Jersey branch of the National Physicians Committee, let the cat out of the bag when he wrote in the New Jersey State Medical Society Journal last year:

"We have received quite a few letters asking why there is a need for a new organization and why cannot the American Medical Association do all of this work?"

"There are definite reasons:

"1. By virtue of its charter provisions . . . the A. M. A. has been accorded the status of a nonprofit, scientific, educational foundation. As such it has been granted exemption from income and social security taxation. A departure from established practice would, in all probability, entail the forfeiture of this status. This, in turn, would entail exorbitant taxation.

"2. There are many lay groups and individuals who are vitally affected by present medical trends. . . . The support of all interested should be enlisted. The A. M. A., as such, could not ask for nor accept financial support from many of these. As a case in point, the finding of the (A. M. A.) council on pharmacy could not be kept free from suspicion if the A. M. A. were accepting substantial contributions from a drug manufacturer."

A pamphlet issued by the National Physicians Committee, entitled "The Minutemen of Medicine," contains this revealing passage on how it came to be created:

"Many conferences were held—conferences of physicians, conferences of representatives of the pharmaceutical industry, conferences of representatives of lay groups, and joint conferences of representatives of many of the above.

"The joint conferences resulted in a decision—that it was essential to establish a new institution.

"That institution was named National Physicians Committee for the Extension of Medical Service."

And this is the "institution" that palms itself off as an "all physicians" group, representing the "medical profession" purely and simply.

Dr. Morris Fishbein, dynamic factotum of the A. M. A. and editor of its official Journal, played an active role as consultant in the creation of the N. P. C. A speech of his, telling why organized medicine needs the N. P. C., has been reprinted as a pamphlet and widely circulated among physicians.

IV. THE COMMITTEE FOR CONSTITUTIONAL GOVERNMENT

Although no direct organizational link exists between the Gannett-inspired Committee for Constitutional Government and the new Physicians Committee, the former continues to wage an intensive drive within and without the medical profession, which ties in neatly with the N. P. C.'s propaganda.

(It should be said that Gannett, founder and former head of the Committee for Constitutional Government, is now vice chairman of the Republican National Committee. Samuel B. Pettengill, former chairman and still chief propagandist of the Gannett committee, is at present finance chairman of the Republican National Committee. Together, Gannett and Pettengill represent the extreme reactionary wing of the Republican Party. Pettengill, who succeeded the discredited German agent, Rumely, is one of the most active propagandists for big business and isolationism.)

The Gannett committee, paralleling the N. P. C. drive, is at present mailing fat packets of anti-New Deal pamphlets to every physician in the United States of America. The envelope in which this batch of propaganda is enclosed has these words printed across its face, in red letters:

"To all physicians: danger ahead . . . Senator Wagner's bill 1161.

"Here are your weapons. Protect your profession from serfdom to the State."

Three pamphlets by Samuel B. Pettengill are included in the packet. The first, entitled "Bismarck's Golden Chain," warns that Senator WAGNER is trying to emulate Bismarck in welding a "golden chain" of social security around the necks of American workers which would destroy their liberty.

The second Pettengill pamphlet, The Welfare State, warns that the "totalitarian state starts out as a welfare outfit" and that New Dealers like Tugwell and WALLACE—"who are kept in power by Mr. Roosevelt"—are conspiring to swallow up free industry by compulsory insurance and other welfare schemes.

The third Pettengill pamphlet addressed to the American medical profession indicts New Deal state socialism as a parallel of "what Hitler did in Germany, Stalin in Russia, and Mussolini in Italy."

It includes a shocking piece of anti-Allied propaganda which, in wartime, steps dangerously close to the edge of sedition:

"Will we wake up some day and find that Messrs. Churchill and Roosevelt have by secret covenants, secretly arrived at, repealed the Declaration of Independence and enacted common citizenship for us and all British subjects, as Churchill actually proposed to France and as he hinted recently on American soil?"

This is the kind of propaganda pounded into the medical profession by the unholy trinity under the guise of "nonpolitical" attacks on the Wagner bill.

V. WHO FINANCES THE NATIONAL PHYSICIANS' COMMITTEE?

The budget of the N. P. C., according to John M. Pratt, its executive administrator, amounts to "about \$200,000" for the current year. This sum, of course, does not cover the tremendous volume of N. P. C. publicity printed free in medical and lay journals, or N. P. C. propaganda inserted as paid ads in newspapers and other outlets by medical societies, private insurance companies, and drug manufacturers.

About 60 percent of the N. P. C.'s funds comes from the medical profession; the other 40 percent comes from the "medical industry." Dr. George M. Coleman, treasurer of the N. P. C., defines the medical industry as "pharmaceutical firms and that sort of thing." It is known that several of the biggest drug houses contribute large sums to the N. P. C.

The N. P. C. doesn't publish a regular financial statement. It is extremely secretive about the specific sources of its funds.

"We don't broadcast our finances," Dr. Coleman told FM's Chicago correspondent. "We say what we spend. We just don't break it down."

When our correspondent asked Coleman if the N. P. C. propaganda material dealt mainly with legislative matters, he answered:

"Oh, no. We are trying to preserve the practice of individual enterprise, private enterprise, initiative. They're plain words that your man Deutsch probably won't like. But we want to keep medicine the way it's always been. It's done a darn good job."

Besides donating big sums to the N. P. C., big drug manufacturers have offered their facilities to help distribute its propaganda literature. The Portland, Ore., division of the McKesson & Robbins Wholesale Drug Co., for instance, has packed hundreds of N. P. C. pamphlets in each regular shipment to retail drug stores, for distribution to customers. The Portland Warehousemen's Union, Local 203, A. F. of L., protested against this practice, but to no avail.

Retail drug chains have also enlisted in the N. P. C. propaganda drive. The president of the United Cigar-Whelan Stores Corporation, last month sent a letter to every doctor in the United States of America, denouncing the Wagner bill as an effort to regiment the medical profession and to bring about socialized or state medicine. The letter promised that:

"The enclosed leaflet, issued by the National Physicians Committee for the Extension of Medical Service, will be distributed to our customers in every Whelan drug store throughout the country—we will see to it that your message reaches the general public.

"It is a privilege to serve the medical profession on all occasions."

The N. P. C. would like people to believe that individual doctors are falling over one

another in an eager rush to donate funds to the agency. The fact is that its support from the medical profession seems to consist largely of assessments imposed on members by State and local medical societies, together with contributions jimmied out of doctors by means of high-pressure mail and telephone solicitation by local medical politicians. Many doctors subjected to such pressures find it highly impolite to say no.

Many medical societies have made lump-sum contributions to the N. P. C. The New Hampshire Medical Society last year imposed a State-wide assessment on its members to support N. P. C. activities. The Baltimore County (Md.) Medical Society voted to assess each member \$5 for the same purpose. The Erie Co. (N. Y.) Medical Society, including the Buffalo area, recently assessed its membership \$25 each N. P. C. support.

Here's a letter sent to Senator WAGNER by an Erie County doctor last week:

"MY DEAR SENATOR: The Erie County Medical Society has just passed a resolution assessing every member \$25 for the sole purpose of defeating the Wagner-Murray bill.

"If I should not pay this item, I may be expelled from the Erie County Medical Society and, therefore, from the American Medical Association. According to the statutes of recognized hospitals, only members of the county society and the A. M. A. can be admitted to their staff. Thus, an otherwise reputable physician may lose a full-time position.

"Thus far I have been flooded with literature against the bill, but I have yet to see the first statement in favor of it.

"Why the black-out on information in favor of the bill? Are we introducing here the propaganda methods of a Hitler and Goebels?"

VI. MEDICAL OPPOSITION ORGANIZED

That doctor is not alone in his disgust at the crude, unfair campaign being waged in the name of organized medicine. Last July the Committee of Physicians for the Improvement of Medical Care, Inc., a national group formed in 1936 for obtaining real improvement in medical care, issued a manifesto endorsing the general principles of the Wagner bill.

The membership of this liberal committee includes some of the most eminent names in American medicine. Dr. Channing Frothingham of the Harvard Medical School is chairman.

The July declaration of the committee of physicians denounced the misleading statements of the N. P. C., and its general satisfaction with the status quo.

"This is not the time," says the Committee of Physicians, "to be satisfied with the progress already made but rather to continue to solve the problems related to the improvement of medical care which we know exist at the present time and which are almost certain to become still more serious in the post-war period."

Yesterday the Physicians' Forum, another group, consisting of some 250 doctors, sincerely concerned with the problem of improving medical care, came out with a statement endorsing the general provisions of the Wagner bill.

But so far these voices are a minority in medicine. The organized skullduggery goes on, instigated and directed in part by reactionary politicians, and financially supported by powerful outside sources with dubious intentions.

REAL FACTS ON WAGNER BILL

The bill is a 90-page document outlining sweeping improvements in our whole social-security system. The health and medical care sections form only one part of it. The Wagner-Murray-Dingell bill has been called

the legislative equivalent of a Beveridge plan for America. The bill—

Creates a unified national social insurance system, with a Nation-wide network of public employment offices. It liberalizes old-age and unemployment insurance, and provides lump-sum death benefits, maternity benefits, insurance for temporary or permanent disability, and medical and hospital care.

Covers some 15,000,000 people not included in the present social-security system, such as small businessmen, self-employed professionals, farmers, domestics, agricultural workers, and employees of nonprofit institutions.

Sets up a Federal system of medical and hospital insurance for all persons covered by old-age and survivors insurance and for their dependents. This would include about 100,000,000 Americans. The Surgeon General of the United States Public Health Service would administer the technical and professional aspects of this program. The Social Security Board would supervise the financial phases and social-security relationships.

Here's how the medical and hospital insurance program would work:

Each insured worker and his dependents would be entitled to medical service. He could choose any doctor he wished from among those in the community who voluntarily agree to go into the system. Each person is also entitled, on the doctor's advice, to specialist, consultant, and laboratory services (including X-ray, appliances, eyeglasses, etc.) and necessary hospital care. The latter would be limited to 30 days a year, with a possible maximum of 90 days if the insurance fund could afford it.

Doctors are left free to enter or remain out of the system, to accept or reject patients who may wish to select them. Every qualified hospital is eligible to participate.

Provision is also made for Federal grants-in-aid for medical education and medical research.

An advisory council, consisting of 16 representatives of the medical profession and interested lay groups, would assist the Surgeon General in formulating policies for administering the program.

To finance the entire social-insurance program, all pay rolls would be taxed 12 percent, with employer and employee each contributing 6 percent. This money would go into a social insurance trust fund. One-fourth the total—amounting to an estimated \$3,000,000,000 annually, about the size of the present annual medical bill in the United States of America—would be earmarked for the medical care and hospitalization part of the program.

HOW ORGANIZED MEDICINE TWISTS TRUTH IN FIGHT TO KILL HEALTH BILL—PROGRAM NEEDED TO KEEP UNITED STATES WELL IS DISTORTED INTO DICTATORSHIP PLOT

(By Albert Deutsch)

The Medical Society of Christian County, Ky., on October 29, 1943, adopted an astounding resolution. It declared that if Congress ever so much as considered the Wagner bill, which would create a Federal health insurance program as part of the social-security system, members of the society would "close their offices and cease to practice during the time Congress is so considering this bill in order that the public may see that we mean not to have national socialism in the United States and thus start a revolt against this threat to freedom."

What lies behind this unprecedented threat of a medical strike, aimed at forestalling free, democratic congressional debate over a bill duly introduced by two Senators and a Member of the House? What impelled the good doctors of Christian County to disregard so flagrantly the sacred tradition of their pro-

fession, the safety of their patients, and the dictates of democratic common sense?

VIRUS SPREADS

The answer is that the Christian County medicos have succumbed to the same propaganda virus that has infected large numbers of their colleagues. This infection has rendered the greater part of the medical profession hysterically allergic to the Wagner bill.

The focal center of this infection is Chicago, headquarters of the American Medical Association and of its stooge propaganda agency, the so-called National Physicians Committee for the Extension of Medical Service. From there the virus, loaded in millions of propaganda packages, has been spread throughout the Nation.

Its victims, mainly medical men, are transformed from decent, fair-minded Americans into rabid monomaniacs on the subject of the Wagner bill, filled with blind, irrational fears and hates.

Yesterday we showed how a backstairs courtship between organized medicine—by which we mean the American Medical Association and its State and local affiliates—and the ultrareactionary Committee for Constitutional Government resulted in the birth of the National Physicians Committee as a medico-political propaganda agency against the New Deal. The putative grandfather of this National Physicians Committee (N. P. C.) is Frank Gannett, isolationist publisher, founder of the Committee for Constitutional Government and vice chairman of the Republican National Committee.

The executive administrator and chief propagandist of the N. P. C. is John M. Pratt, an old advertising agent and Gannett associate who was executive director of the Gannett-connected Physicians Committee for Free Enterprise in Medicine until exposures of its political connections forced it out of business in 1939.

John M. Pratt is the author of what is probably the most widely circulated pamphlet ever published in the United States of America. Fifteen million copies of this single pamphlet have already been distributed; millions more are rolling off the press.

This pamphlet is the source and fountainhead of most of the propaganda against the Wagner bill flooding the Nation today. It supplies the chief arguments drummed into the medical profession through editorials in hundreds of official medical journals, and pounded into the public ear from the lecture platform, the press, and the radio.

DISTORTS TRUTH

This pamphlet, as we shall show, is compounded largely of innuendos, half-truths, distortions, and downright lies about the purposes and provisions of the Wagner-Murray-Dingell bill. It makes free use of the propaganda equivalents of brass knucks, eye gouging, groin kicking, and rabbit punching in its unprincipled attack on the bill and its sponsors.

Yet this pamphlet has become a bible of organized medicine. Its falsifications are solemnly repeated as gospel truth in medical journals and in floods of printed matter emanating from the headquarters of the American Medical Association and its local affiliates.

The first edition of this pamphlet was entitled "Abolishing Private Medical Practice: \$3,048,000,000 of Political Medicine in the United States."

The author's name did not appear on this pamphlet.

Succeeding editions of the same pamphlet bore the title:

"Abolishing Private Medical Practice, or Prelude to Centralized Control of the Professions and of Industry."

These copies all bear the signature of the author, John M. Pratt, erstwhile Gannett

man. When Mr. Pratt was asked to explain the discrepancy, he replied:

MODESTY?

"The first edition was intended exclusively for the medical profession. The others are for general consumption."

Medical men, you see, do not relish having authoritative statements on medical practice written by laymen. So they were spared the signature of the advertising expert, Pratt, in their edition of the pamphlet distributed in the name of organized medicine. The title change in the succeeding editions was artfully aimed at stampeding nonmedical groups into active opposition to the Wagner bill.

The very title of the pamphlet is misleading. The Wagner bill neither strives for nor would lead to the abolition of private medical practice. The bill specifically provides safeguards for private medicine. In many countries, private medical practice flourishes side by side with national health-insurance systems.

The pamphlet, according to the title page, is "a factual analysis of the medical and hospitalization provisions of the Wagner-Murray Senate bill 1161 and an explanation of some of their implications."

It is not a factual analysis but a propaganda-loaded smear; it is not an explanation but a distortion.

The very first sentence of the pamphlet is a plain-faced distortion.

FREE SERVICE?

"Senate bill 1161," it says "makes provision for free general medical, special medical, laboratory, and hospitalization benefits for more than 110,000,000 people in the United States."

Nothing is given away free under the Wagner bill, any more than it would be in any form of contributory insurance, public or private. The medical and hospital care provided by the bill would be paid for by the beneficiaries on a bona fide insurance basis.

Each beneficiary pays 6 percent of his wages up to \$3,000 a year into the national insurance fund. In return, he and his dependents get covered for unemployment, old age, disability, medical and hospital insurance, besides death and maternity benefits.

Employers contribute 6 percent of their pay roll into the central insurance fund. Self-employed persons and small businessmen may get coverage on a voluntary basis by contributing 7 percent of their annual income.

It is estimated that a total of \$12,000,000,000 a year would be paid into the national insurance fund to cover all the aforementioned benefits. About one-fourth of this total—roughly \$3,000,000,000—would be earmarked for medical and hospital care.

The rest of the National Physicians Committee pamphlet is replete with misstatements and skillful distortions. Let's examine some of the more important ones:

Bunk: The pamphlet makes it appear that the \$3,000,000,000-a-year estimated cost of the medical and hospital insurance program would represent a brand new financial burden on the American people.

Because: The truth—never mentioned in the pamphlet—is that the annual medical bill of the American people now amounts to nearly \$4,000,000,000. The Wagner bill would permit more Americans to get better medical care at less cost.

Bunk: The pamphlet makes it appear that all the 12 percent social-security tax on pay rolls would be new revenue.

Because: Employers already contribute 4 percent of their pay rolls, workers 1 percent of their wages up to \$3,000, into the present limited social-security fund.

Bunk: The Surgeon General of the United States Public Health Service, who administers the medical and hospital provisions of the bill, is painted in the pamphlet as a virtual totalitarian dictator. Editorials in medical journals based on the pamphlet refer

to the Surgeon General as a czar, a gauleiter, a Hitler.

The pamphlet deliberately exaggerates the Surgeon General's powers by omitting important qualifying phrases in the bill. It uses an old smear technique by printing Surgeon General in bold-face type wherever it appears in the pamphlet.

Because: The bill provides for democratic methods of determining policy and procedures. The Surgeon General of the Public Health Service is given administrative responsibility because his is the logical Federal office to handle medical and hospital care. The Public Health Service has a splendid record of 145 years of nonpolitical, high-caliber health service to all the people. Nobody calls the British Health Minister a dictator or gauleiter because his department happens to administer the national insurance system in Britain.

Bunk: The pamphlet says:

"It (the bill) proposes placing in the hands of one man—the Surgeon General of the Public Health Service—the power and authority to hire doctors and establish rates of pay—possibly for all doctors."

Because: The implication that all doctors in the health insurance program must be salaried is false. The bill (sec. 905) says explicitly that the method of payment for the general practitioner's services shall be determined by a majority of doctors in each local area. Payment may be fixed by local decision on a salary, fee-for-service or pro-rata basis.

No doctor would be compelled to enroll in the Federal insurance system. He can go in or stay out, as he chooses.

The bill also states explicitly that the pay for doctors must be adequate to provide incentives for the professional advancement of practitioners and to encourage high standards in the quality of services furnished.

Bunk: "The Surgeon General * * * is given the power and authority to determine the number of individuals for whom any physician may provide service."

Because: The pamphlet implies that each doctor may be given a different number of people to serve—depending, perhaps, on his political pull. The fact is that the bill authorizes the Surgeon General only to set a maximum number of people for all doctors, in order to prevent any physician from assuming the care of more patients than he can handle satisfactorily. Setting this maximum insures higher standards of care for the people covered.

FREE CHOICE

Bunk: The pamphlet—and the propaganda literature of organized medicine based on it—implies that the Wagner bill would destroy the "free choice" system in American medicine.

Because: The bill specifies that any insured person can choose any doctor serving on the insurance panel. The doctor is given the right to accept or reject any patient.

Bunk: The pamphlet makes a lengthy comparison between the estimated \$3,000,000,000 annual cost of the health insurance program and the national budgets of pre-war France, the German Government, and the Japanese Empire. The only comment made in the pamphlet on this strange comparison is:

"How much is \$3,000,000,000? What can be done with it? What can be accomplished? The potential can be understood only by comparisons."

Because: The comparisons are utterly irrelevant. The only reason for making them, obviously, is to tie up the Wagner bill with our enemies and with the fate of France—a smear technique.

Bunk: The pamphlet makes repeated use of bogey words designed to instill fear and resentment in its medical and lay readers. The Wagner bill is smeared by such catch-

words as "totalitarian medicine," "political medicine," "state medicine," "centralized control of the professions," "catering to the ward committeeman." It depicts the doctors under the bill as "mere pawns of politicians."

Because: There is often more politics in private medical and hospital care than in public-health institutions. Tax-supported medical and hospital care is not necessarily any more political than their private prototypes. What of the many medical politicians in private practice? Many of our Government health departments—Federal, State, and local—are operated on a nonpolitical, merit basis with high standards. Our public hospitals are no more political, necessarily, than many private hospitals where medical advancement depends not on individual ability, but on whom you know.

Bunk: The foreword to the pamphlet says: "The processes proposed and the mechanisms indicated (in the Wagner bill) are designed to act as the catalyst in transforming a rapidly expanding bureaucracy into an all-powerful totalitarian state control. Human rights as opposed to state slavery is the issue."

Because: This is a contemptible smear of the bill's sponsors, attributing to them the sinister and deliberate aim of ushering in a "totalitarian state." The real and laudable aims of the bill's health insurance provisions, as ably stated by its coauthor, Senator JAMES E. MURRAY, of Montana, include:

As nearly universal coverage as possible to insure the widest possible spread of risks and costs of medical and hospital care.

Unrestricted access to all necessary medical care for the people, regardless of how low their incomes.

Preservation of standards of medical care. Preservation of professional independence for the members of the medical profession.

Bunk: The pamphlet charges that the bill places "in the hands of one man—the Surgeon General of the Public Health Service—the expenditure of \$3,000,000,000 annually."

Because: The bill specifically places financial control of the program in the hands of the Social Security Board. All financial arrangements for medical and hospital care are subject to the Board's approval. The Social Security Board is a nonpartisan body. Its members, like the Surgeon General, are appointed for terms that do not coincide with Presidential terms.

Bunk: The pamphlet identifies the present fee-for-service practice of private medicine with the "Christian concept of the sanctity of human personality" and with "the American way."

Because: Fee-for-service private medical practice antedated the Christian era. It is practiced among Buddhist, Mohammedan, Hebrew, and Shinto peoples as well as among Christians. There is no record that Jesus ever took a fee for service rendered to those He healed. Neither private nor public medicine is exclusively Christian. It would appear to be both a Christian and American ideal to make modern medical resources available to all who need them, regardless of ability to pay, rather than to deny it to those unable to meet fees when catastrophic illness strikes.

REACTIONARIES IN UNITED FRONT AGAINST HEALTH BILL

(By Albert Deutsch)

A united front among organized medicine, big business, drug manufacturers, chain drug stores, chambers of commerce, private insurance companies and anti-New Deal politicians is rapidly developing in opposition to the Wagner-Murray-Dingell bill for an expanded social and health security program.

These forces are being welded together behind the huge propaganda campaign led by the misnamed National Physicians Committee for the Extension of Medical Service,

stooge agency for the American Medical Association.

Big business has grabbed the opportunity to have a respectable profession front for its general attack on the New Deal administration. Its well-heeled propaganda agencies, notably the Frank Gannett-created Committee for Constitutional Government, are cleverly steering the anti-Wagner bill bandwagon in the general direction of right-wing Republican party interests.

Even more sinister forces have joined the campaign, trying to exploit propaganda-doped doctors to help finance them. So grave has this situation become, that the New York County Medical Journal—itsself rabidly opposed to the Wagner Act—was constrained to carry this warning editorial in its issue of December 4, 1943:

"Aware of the intensity of medical opposition to the Wagner-Murray-Dingell bill, certain lay organizations with the suspicious Fascist tinge are circulating the profession for funds on the pretext that they, too, are opposed to this legislation.

"Physicians are determined to resist any attempt to impose bureaucratic dominancy on medical practice—but they need not and will not associate themselves with questionable groups in the fight.

N. P. C. ISN'T CHOOSEY

"To many it will seem a course of wisdom for medical men to concentrate their fighting dollars in the National Physicians Committee. Even if a practitioner is not in accord with the general political viewpoint of the latter's active members, at least he knows they are honest, loyal citizens. * * *

"Some will disagree with this and prefer to support other organizations. Before they do, however, they should carefully investigate the agency of their choice to make sure it is not 'fronting' for dubious groups."

"But the National Physicians Committee is not as squeamish as the New York Medical Society about its associates. It not only accepts the support of the most reactionary elements in American society; it actively solicits such cooperation. Its own close tie-up with the ultra-reactionary Committee for Constitutional Government hardly warrants the trust of politically independent doctors.

State and local chambers of commerce have eagerly joined hands with organized medicine in offering their services as "transmission belts" for the untruthful propaganda emanating from the N. P. C. A statement recently issued by the Bronx County (N. Y.) Chamber of Commerce illustrates the subtle manner in which the interests of organized medicine and business are tied up in an anti-Roosevelt attack:

The statement declares:

"No time should be lost by this or any other organization in opposing the bill introduced by United States Senators ROBERT F. WAGNER and JAMES E. MURRAY which, under the guise of increased social-security benefits would bring about out-and-out Communism of United States Medicine.

"The Bronx Chamber of Commerce has been on record as opposed to socialized medicine in any form and this is the worst that could be conceived with aspects throughout that would tear down the American way of life.

"We have had much of that policy in the recent past as regards to business, but here we are playing with the health of the Nation."

COMMERCE CHAMBERS JOIN

Many chambers of commerce, egged on by the National Physicians' Committee, are sending resolutions to their Congressmen opposing the Wagner bill. In many areas, chambers are exchanging speakers with local medical societies to strengthen further the ties of conservative business interests and organized medicine.

The National Physicians' Committee recently adopted a new line in its attack on the Wagner bill for national health insurance system. It aims to stimulate private medical insurance plans as a means of heading off the movement for a government-sponsored system.

The N. P. C.'s board of trustees, at their annual meeting held at Chicago last month, voted to plug private medical prepayment plans—which were opposed by organized medicine for many years until the bogey of public health insurance appeared on the scene—as a means of checkmating the Wagner bill.

A resolution unanimously adopted at the N. P. C. meeting, as reported in the American Medical Association Journal for December 11, 1943, included these revealing points:

"Resolved, that the management committee be authorized, and the administrator (ex-advertising man John M. Pratt) be instructed, to proceed with efforts designed to—

"Investigate conditions relating to and inform industry concerning the principles underlying sound participation with employees in prepayment plans for meeting the cost of unusual or prolonged illness and hospitalization.

"Inform private insurance underwriters of the opportunity being offered through cooperation in nationwide efforts to provide group insurance policies for those needing or desiring insurance against the hazards of unusual illness."

ERECTING BARRICADES

The intent behind these long-winded phrases is clear: To mobilize industry and private insurance in the task of erecting barricades against a national health program for all the people:

A recent item in the ubiquitous Dr. Morris Fishbein's column, Dr. Pepys' Dairy, which appears regularly in the American Medical Association Journal, mentions a visit to the executive of a private casualty insurance company. We may be sure the weather wasn't the main topic of conversation.

Meanwhile the private firms handling sickness and accident insurance haven't been blind to the threat to their profits represented by the Wagner bill's health and hospitalization program. The letter displayed on this page shows how they are combating the bill.

The National Physicians Committee, in its anti-Wagner bill propaganda, makes a great point of the "huge administrative costs" entailed by the setting up of a Federal "bureaucracy" under the bill. It estimates that the administrative expense would amount to about 20 percent of the total health-insurance fund. This is a grossly exaggerated estimate.

WHICH IS WASTEFUL?

Even so, the fact is that the administrative costs of private casualty and accident insurance companies in the United States average about 40 percent of their total income—twice the percentage which scares the N. P. C. Which is more wasteful—public or private health insurance?

The drug manufacturers and chain drug stores have also swung heavily behind the N. P. C. campaign, financially and otherwise. For two main reasons:

The passage of the Wagner bill would deal a grave blow to the extremely profitable patent-medicine trade, upon which so many poor people depend for lack of money to pay doctors.

The American Medical Association wields a powerful influence on these drug outfits, many of whom depend on official A. M. A. sanction of their products. On the other hand, it is the lavish advertisements of these drug firms in medical journals that furnishes most of the financial support of organized medicine.

WAGNER BILL GAINS SUPPORT OF DOCTORS; AMERICAN MEDICAL ASSOCIATION ASSAILED

(By Albert Deutsch)

Dr. Ernst P. Boas, chairman of the Physicians Forum, is one of the many thousands of American doctors who stand four-square behind the true Hippocratic tradition in medicine. He knows that the "horse-and-buggy" economic relationships that control the greatest part of American medicine lag far behind the streamlined development of medical art and medical science. He is genuinely disturbed by the fact that large sections of the American people are not getting the medical care they need. Like many of his colleagues, he is anxious to help break down economic barriers that are separating sick people from the rich medical resources of this country.

That is why Dr. Boas favors the general principles of the Wagner-Murray-Dingell bill, in spite of its admitted imperfections in some details. That is why he opposes the completely negative stand of the American Medical Association on this bill.

"It is an accepted fact," says Dr. Boas, who is a prominent practitioner in New York City (and incidentally, the son of the late Prof. Franz Boas, America's greatest anthropologist), "that a large proportion of the population does not receive adequate medical care, and that methods of distributing medical care are unsatisfactory and often too expensive.

"These matters concern all the people and their Government, not doctors alone."

The high ideals traditionally followed by the medical profession, Boas asserts, give first place to the health and welfare of patients. It is part of this tradition to seek for the truth, through study and experiment, in medical science and art.

"How closely has the American Medical Association adhered to these ideals with respect to the social and economic aspects of medicine?" Dr. Boas asks.

"Unfortunately, in recent years the A. M. A. has led the profession into a morass of befuddled and dishonest thinking. Its actions and pronouncements have been guided solely by economic self-interest, with a desire to maintain at all costs the medical status quo for the benefit of those doctors who have reached positions of power and financial comfort. This is true of its position on the Wagner-Murray-Dingell bill, as it was true of its opposition to the Group Health Cooperative of Washington (which led to the conviction of the A. M. A. in Federal court as a monopoly) and its opposition to the National Health Conference of 1939.

"The welfare of the Nation, the objectives of scientific study, are sacrificed to methods of expediency designed to defeat all change and maintain the present unsatisfactory system. Freedom of the press is throttled, for no views that deviate from those officially approved can appear in the powerful press of organized medicine."

Dr. Boas finds no excuse for the distortion of facts and the vituperation employed by the A. M. A. in its propaganda against the Wagner bill. The A. M. A., he adds, "is relinquishing its right to be the mold of medical thought and is making many of its members ashamed of it and of its leadership.

"Some of the young doctors of today, as a result of this false teaching, lose their ideals before they are well started on their careers. But most of them are bewildered and disillusioned. They seek a new leadership which will guide the organized profession into its old channels of service to its fellow men, along paths determined by objective scientific inquiry and investigation."

The Physicians Forum which Boas heads is a group of more than 250 doctors banded together for the study of medical care. Earlier this week the Forum assailed the "medical isolationism" of the A. M. A. and

endorsed the Wagner-Murray-Dingell bill as an "epochmaking" step toward improving medical service on a national scale. It described the bill as the "most realistic legislation yet proposed" although it criticized certain details in the measure.

Unlike the A. M. A.—which has bitterly attacked the bill without once offering a constructive suggestion—the Physicians Forum has recommended specific changes. Its recommendations have been gratefully accepted by the congressional framers of the bill, who have repeatedly stated that it was not drafted as a "perfect instrument" and have welcomed all constructive criticism.

Senator ROBERT F. WAGNER has sent me the following wire:

"Have just inserted the Physicians Forum statement in the CONGRESSIONAL RECORD on behalf of Senator JAMES E. MURRAY and myself. We are pleased that this important group of physicians has taken this view of our measure. The statement is an effective answer from within the profession to the widespread false propaganda against the bill.

"We are especially gratified that the Physicians Forum has presented constructive criticism and suggestions for improvement. Their proposals will have our earnest, open-minded study, in our continuing effort to improve the health and well-being of the American people."

As for the medical isolationists who control organized medicine and who have made common cause with the political isolationists, when will they emerge from their caverns and offer the American people something constructive for a change?

REACTIONARY MEDICAL CLIQUES WARP VIEWS OF DOCTORS

(By Albert Deutsch)

Lest some readers mistake my criticism of organized medicine for an attack on the medical profession, let me try to clarify the issue.

There is a vital distinction between the medical profession and organized medicine. The medical profession, individually and collectively, represents one of the finest groups of citizens engaged in the noble enterprise of saving lives and promoting human health and happiness. Its established standard of ethics is unparalleled. Its members devote more free time and energy to their needy fellow men than those of any other profession.

Virtually everybody is familiar with at least one physician who approaches the famous radio character, "Dr. Christian"—a kindly, selfless, and trusted family adviser who combines the best and most lovable features of Mr. Fix-it and Mr. Buttsky.

The present generation of American doctors is probably the best educated and most competent in the world. (It wasn't always so.) Out of the vast wealth of this, the world's richest country, has come a network of rich medical resources.

AVERAGE M. D. IS O. K.

The average doctor is a "good egg," anxious to use his medical skills and knowledge to the best advantage of his patient. There is nothing blameworthy about the individual average member of the medical profession. This writer has no particular axe to grind with him. Most of my best friends, as I've said before, happen to be physicians.

It is different with organized medicine. By organized medicine I mean the American Medical Association, the 54 State and Territorial medical societies, and the two-thousand-odd county medical societies—all affiliated with the American Medical Association at the top. The American Medical Association started nearly a century ago with the praiseworthy purpose of raising the professional, scientific, and ethical standards of American medicine. It developed into a powerful trade association. That's what it is now, in the main.

The guiding genius in this development is Dr. Morris Fishbein, editor of the A. M. A.'s phenomenally successful (financially) Journal, member of several of its important councils, general factotum, and chief spokesman for organized medicine. He has never practiced medicine on his own, but he's one of the greatest promoters and advertising men this country has ever produced.

RULING CLIQUE

Here's how the magazine Fortune sized up the relationship in analysis of the A. M. A. several years ago:

"If Dr. Fishbein acts and talks and looks and writes like a promoter this is because he is a promoter, and so far he has promoted the A. M. A. from a mild academic body into a powerful trade association. Presumably that is what the doctors want the A. M. A. to be, and if so they have no justification for objecting to Dr. Fishbein's methods. If the A. M. A. were a scientific society exclusively, it would scarcely need Dr. Fishbein to speak for it, but as matters stand he is invaluable."

Dr. Fishbein's services are invaluable to organized medicine's economic interests. But it would be a mistake to regard the A. M. A.'s actions and pronouncements as strictly a one-man show. The A. M. A. is run by a little self-perpetuating clique representing the hierarchy of organized medicine. Its leaders are recruited from the most prominent men in American medicine. They have been eminently successful, financially and otherwise, under the present system of medical practice and distribution. They want to preserve it. They deeply resent any efforts to change it.

UNDEMOCRATIC

While outwardly a democratic organization, the A. M. A. works like a well-oiled oligarchy. Its members are thrice removed from the top officials. Doctors don't join the A. M. A. directly; they become members by joining their county societies. They vote for their county officials, who in turn name delegates to the State societies, who in turn name delegates to the national body. Nominations of A. M. A. officers are controlled by the ruling hierarchy; these are invariably steam-rollered through without opposition.

The average doctor has no voice in making A. M. A. policy. Decisions are made at the top and imposed on the membership. They are usually accepted without question, or at least without protest.

It happens that the economic interests of the average American doctor are not the same as the affluent, prosperous men who head the A. M. A. Reliable studies show that a compulsory health insurance system such as that proposed by the Wagner-Murray-Dingell bill, would raise the average income of physicians, besides providing better medical care for the people.

The British experience with national health insurance since 1911 has proved this. The British Medical Association opposed the system at the time it was introduced as bitterly as the A. M. A. opposed the Wagner bill. But today it not only accepts compulsory health insurance in principle and in practice, but is actually demanding that the present British system be vastly extended. It has repeatedly declared, in official statements, that the economic status of physicians and the health condition of the people have both been improved by health insurance.

Has Britain gone communistic? Has the British medical profession been "enslaved" by politicians? Just ask the British doctor, who is just as democratic as his American colleague.

But the average American doctor doesn't know these facts. He hasn't been honestly informed by his official medical journals. For years he has been bombarded with untruthful, irresponsible propaganda that

serves the interests of a reactionary clique that is often opposed to his own interests.

LOCAL MEDICAL HEAD ATTACKS DO-NOTHING POLICY OF AMERICAN MEDICAL ASSOCIATION

(By Albert Deutsch)

The propaganda barrage loosed by organized medicine against the Wagner-Murray-Dingell bill simply repeats a pattern of inflexible opposition manifested by this group toward any and all national health programs. This pattern, recognizable by the unprincipled smearing of sponsors and supporters of such programs by the hierarchs of organized medicine, was clearly defined years before either Roosevelt or Senator WAGNER appeared on the Washington scene. The present propaganda campaign differs from previous ones only by its amazing mobilization of reactionary political, industrial and medical forces behind it. The destructive and negative attitude of the American Medical Association toward proposals for improved national care, plus its failure to advance any constructive plans of its own, has already disgusted and dismayed several of its local affiliates. Dr. George C. Adie, retiring president of the Westchester County (N. Y.) Medical Society, scathingly denounced the policy of A. M. A. in an address reported in the current issue of the society's bulletin.

"Our national organization (the A. M. A.)," he said, "has been fighting a long succession of stubborn but not too brilliantly executed rear-guard actions. It has acknowledged the existence of new conditions only after they have become too obvious to be denied, and declined new principles or policies long after most of the constituent societies have announced these policies, and sometimes after they have become accomplished facts.

"It is time, we think, to stop fighting rear-guard actions and to formulate policies before the pressure of political interests or public opinion compels us to formulate such policies."

Those are the words of a realistic conservative opposed to the blind reactionary line traditionally followed by the A. M. A.

The A. M. A. has never offered a single constructive suggestion on the Wagner-Murray-Dingell bill, ignoring the repeated invitations of its framers. The 90-page bill, heaven knows, has many defects, some of them serious. I will take up some of these flaws tomorrow. It would be miraculous if the bill—which covers the whole scope of social and health insurance—were not without blemish. Its authors have repeatedly averred that it was not intended as a perfect, finished product but as a draft to be modified on the basis of public hearings and expert discussion.

The A. M. A. has raised a big fuss because it was not consulted in the framing of the Wagner bill. Actually, its authors showed good sense in not giving the A. M. A. a chance to abort the whole project.

They may have remembered the sad experience of the Committee on Economic Security, created by President Roosevelt to draft the report on which the great Social Security Act of 1934 was based. This naive committee consulted the A. M. A. before submitting its final report, which included a recommendation for including national health insurance in its program.

While the committee was still deliberating the A. M. A. suddenly called a special session of its house of delegates, which forthwith adopted resolutions condemning any and all compulsory health-insurance plans and indicating opposition to the social-security program in toto. That stab-in-the-back action effectively killed the health insurance proposal, and it was taken out of the program submitted to Congress.

It's a good thing the A. M. A. didn't get the opportunity to do the same to this bill before it at least got a public hearing.

DOCTORS' GROUP ANALYZES PROVISIONS OF
WAGNER BILL

(By Albert Deutsch)

The Wagner-Murray-Dingell bill for an expanded social-security program gets kudos and criticisms in an analysis made public today by the Committee of Physicians for the Improvement of Medical Care.

This group is not to be confused with the American Medical Association's stooge propaganda agency, the misnamed National Physicians Committee for the Extension of Medical Service. The Committee of Physicians is headed by Dr. Channing Frothingham, of Boston, and includes such distinguished medical men as Drs. John P. Peters, Hugh Cabot, Allan M. Butler, H. Clifford Loos, George R. Minot, and G. Canby Robinson.

Although this reporter disagrees with some parts of the committee of physicians' report, he considers it a well-tempered, honest, and constructive statement that stands in sharp contrast to the dishonest and purely destructive propaganda issued in the name of organized medicine.

The committee of physicians has already endorsed the general principles governing the medical and hospital provisions of the Wagner bill. Today's analysis approves some specific parts of the bill, and sharply criticizes others.

Its main point of criticism is that the Wagner bill covers too many people—from 100,000,000 to 110,000,000—and that it might be wiser at the outset to limit coverage for medical and hospital benefits to those with incomes of \$2,000 or \$2,500 a year. (The Wagner bill covers all wage earners and permits self-employed and small businessmen to join the plan by paying 7 percent of their income up to \$3,000.) The committee also suggests that it might be better to finance health insurance entirely by general tax funds, instead of making individual workers and employers contribute to it.

This proposal, although well-intentioned, is utterly unrealistic. In the first place, adequate medical care could be guaranteed only by a maximum coverage of the population. To set income limits for the beneficiaries might turn the plan into "poor man's insurance." The Wagner bill covers virtually everybody, and everybody pays something into the jackpot—a sound, democratic principle of insurance that gets away from the old charity concept. Joe Doakes would pay for the medical care he and his family get—although he actually pays less than he does now, without insurance—and J. D. Rockefeller can join, if he wants to.

Unlike the A. M. A. and its stooges, who have raised the cry that the Wagner bill would give the Surgeon General of the Public Health Service the powers of a totalitarian dictator, the physicians committee complains that it doesn't give him enough. Under the present bill, the Surgeon General is empowered to administer the medical and hospital provisions, but ultimate control of the financing is placed solely in the hands of the Social Security Board. The committee wants the Surgeon General to get a larger share in financial control.

The committee of physicians also asks for stronger safeguards to permit beneficiaries in middle and high-income groups to purchase luxury medical care at added costs if they wish, to protect group practice in medicine and even to foster its expansion, and to insure adequate medical representation on the advisory council set up to formulate policies regarding health and hospital insurance.

In some respects the committee's recommendations are far more radical than the

Wagner bill's provisions. For instance, the committee urges that the fee-for-service principle be excluded completely from the proposed health insurance system, in order to avoid possible abuses by unscrupulous or incompetent doctors on the panel.

The committee endorses the Wagner bill's provisions for disability benefits, grants-in-aid to States for needy persons not covered by the bill, and Federal aid to medical education and research.

WAGNER BILL PROVIDES GOOD MEDICINE FOR
AMERICANS

(By Albert Deutsch)

The refined, frock-coated combine of brass-knuck artists which has ganged up on the Wagner-Murray-Dingell bill has deliberately distorted the bill's broad scope by magnifying its medical and hospital provisions out of all proportions. Reading the propaganda put out by the coalition of medical, political, and economic reactionaries, the average citizen gets the impression that the measure is a "political medicine" bill, pure and simple, and that he's being asked to fork over 6 percent of his pay for health insurance alone.

The truth is that the Wagner-Murray-Dingell bill covers a comprehensive system of social insurance. Its medical and hospital provisions take up but a small part of the text. There is nothing essentially revolutionary in the measure; it represents a logical extension of the existing Social Security Act, passed in 1935.

The bill fills vital gaps in our present Social Security System, which is confined almost exclusively to protection against the hazards of unemployment and old age. Here are some of its main provisions, as outlined by Senator ROBERT F. WAGNER:

It establishes a Nation-wide system of public employment offices, to help war workers and war veterans (as well as others in search of work) to avail themselves of job opportunities in private industry and on farms.

It covers broadly the main economic hazards of average American families—the cost of medical and hospital care, and loss of income in time of unemployment, temporary sickness, permanent disability, and old age.

It improves the present old-age insurance system and extends coverage to 15,000,000 persons now excluded, such as farm workers, domestic servants, employees of nonprofit institutions, and the independent farmer, professional and small businessman.

All these changes are established under a unified national system of social insurance, with one set of contributions, one set of records and reports, and one set of local offices. (There are now 48 different systems of unemployment compensation in the country, with much duplication of records and waste of money and manpower.)

Reinforcing the job guaranty in the Selective Service Act, the bill gives the returning veteran and his family paid-up benefit rights in every phase of this insurance protection.

Finally, the bill sets up an improved, unified system for Federal grants-in-aid to the States for public assistance (relief for needy people not covered by social insurance) on a variable matching basis, to offset the differences between poor and rich regions of the United States of America.

This comprehensive plan would be financed by equal pay-roll contributions of employees and employers, 6 percent each. Three percent of the insurance fund—1½ percent each from employee and employer—would be earmarked for the medical and hospital provisions of the bill. The average American family now pays 3 percent of its income for medical care, so this would not mean extra expenditures. It actually entails a smaller amount of the worker's total income.

The bill also provides for maternity benefits and for Federal grants to "aid the ad-

vancement of knowledge and skill in the provision of health services and in the prevention of sickness, disability, and premature death."

Call it cradle-to-grave or womb-to-tomb security. Honestly, does it add up to "bad medicine" for the American people, as its opponents claim?

Under Cover Loses Round One

EXTENSION OF REMARKS

OF

HON. PAUL W. SHAFER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 10, 1944

Mr. SHAFER. Mr. Speaker, under permission to extend my remarks, I include an article from the National Republic, which challenges the communistic smear book, *Under Cover*, and its author of many aliases. This article from such an outstanding American publication should prove enlightening to thousands who have been duped into buying this book and to others who have unwittingly used it as a basis for talks before community organizations.

UNDER COVER LOSES ROUND ONE

John Roy Carlson (*Derounian*), alias George Pagnanelli, alias George Paige, alias Thomas L. Decker, alias John Correa, alias Rudolph Elbers, the alien-born author of *Under Cover*, the largest gold brick in fiction (misnamed nonfiction), for which thousands of duped Americans have handed over \$2,275,000 to date, has lost the first round in his attempted persecution of an American.

Paving the way for the launching of an initial propaganda send-off for *Under Cover*, Carlson filed serious charges in New York against Policeman James L. Drew, a member of the force for 17 years. Carlson, parading under false colors, did not go into court with clean hands. He filed the charges under an assumed name (John Roy Carlson), also giving an incorrect home address. During the trial he also used the alias Thomas L. Decker, following which the court finally forced him to give his real name (Arthur Derounian) and address. Under examination, he finally admitted that he had not made an investigation of Policeman Drew, and could not, therefore, sustain the charges he made against Drew.

POLICEMAN DREW EXONERATED OF CARLSON
CHARGES

Policeman Drew, married and the father of five children, had much more at stake than Carlson and his crowd of smear artists who selected Drew as their initial target in launching *Under Cover* on the sea of sales. Consequently, Drew employed a renowned attorney to defend him. After hearing all the evidence presented in the case, Deputy Commissioner Lyon decided in behalf of Drew, clearing him and reinstating him to the police force. With this stinging rebuff which opened *Under Cover* to question in all its phases, the Carlson crowd, augmented by full-fledged Communists and hate-mongers, began the organization of anti-Drew committees in New York City, setting the city afire with contention. The atmosphere became so tense that Police Commissioner Valentine finally agreed to review the testimony personally. He ultimately announced that he found no evidence to warrant the dismissal of Policeman Drew. The National