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In Other Words, Socialized Medicine: Journal of the American Medical Association Versus the International Labour Organization

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This study is dedicated to Shannon Lacy, who sparked my interest “socialized medicine” after her cancer diagnosis on June 1, 2020 and her subsequent triumph over the disease.

Abstract

In the summer of 1952, the International Labour Organization—an agency of the United Nations—adopted the Social Security (Minimum Standards) Convention. It detailed and defined the minimum acceptable standards for social security in nine different areas, including medical care, in the nations which ratified the convention. However, in order to ratify the convention, nations need only prove compliance with four of the nine areas, possibly eliminating medical care reform entirely. This provision did not prevent the American Medical Association, through its published journal, from attacking the recommendations related to healthcare as "socialized medicine." Through these attacks, the AMA continued its pattern of opposition to centralized medical care or national health insurance. The goal of this study is to use these attacks as a case study to examine rhetoric and strategy behind opposition to expanded health coverage in the United States. Based on all relevant material published in the *Journal of the American Medical Association* between 1932 and 1958, this paper will analyze the tonal arc of the writings concerning the Social Security (Minimum Standards) Convention and dissect the AMA's approach to oppositional persuasion and policy. This study will also examine the AMA's opposition to "socialized medicine" through a novel lens separate from their hostility toward the Harry Truman's Fair Deal or Lyndon Johnson's Great Society. This will provide added insight into potential attacks to expect during future attempts to reform health insurance.

Introduction

In 1952, the International Labour Organization adopted the Social Security (Minimum Standards) Convention, which detailed nine different aspects of social security and their prescribed minimum standards.[1] To the dismay of the American Medical Association, which had just killed Harry Truman's attempt to pass national health insurance through Congress, the Convention recommended expanded medical care as one of its nine options. However, due to the diluted demands of the Convention, medical care reform was not actually a prerequisite for a member nation to adopt the convention. Nevertheless, that fact did not stop the AMA from vehemently attacking the ILO and the Convention to its members through the *Journal of the American Medical Association*. Even before the United States joined the ILO in 1934, the *JAMA* observed ILO activities concerning national health insurance. Though *JAMA*'s rhetoric toward the ILO was initially relatively fact-based and civil, it devolved after Truman's legislative failure into attacks centered on socialism and lack of freedom. These attacks by the AMA provide a new angle on opposition to healthcare reform and will allow policymakers to craft messages for health reform advocacy in the future.

The relationship between the American Medical Association and the International Labour Organization is a previously unexplored area of political history research. The most related relevant research was done by Gorsky and Sirrs, in their articles detailing the efforts of the ILO to implement universal health coverage. While these papers highlighted the Social Security (Minimum Standards) Convention and addressed opposition to the Convention (even briefly

[1] C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102). Normlex. International Labour Organization. Accessed April 25, 2022. https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB%3A12100%3A0%3A%3ANO%3A%3AP12100_ILO_CODE%3AC102.

mentioning the objections of physicians), they do not provide any detail on American physicians or the American Medical Association.[2] In addition, "The global social insurance movement since the 1880s" by Aiqun Hu and Patrick Manning and "US New Deal Social Policy Experts and the ILO, 1948-1954" by Jill Jensen both provide historical analysis of the ILO's role in expanding social security.[3] Hu and Manning provide a broad historical survey of the ILO and its social security aims but do not explicitly discuss the 1952 convention. Jensen highlights the role of American experts in crafting the Convention and discusses the opposition of U.S. employers. She even mentions the American Medical Association and a letter the Association sent to a U.S. government representative to the ILO, but she does not provide any further detail.

While there is ample material about the general history of the International Labour Organization,—much of it published by the ILO itself—it provides a perspective centered on the activities within the organization.[4] The ILO material does not offer much insight into member nations' attitudes or objections toward different ILO policies. On the other hand, general histories of the American Medical Association are sparce. The most relevant publication to this topic is "A History of the American Medical Association, 1847 to 1947" by Dr. Morris Fishbein.[5] This work, written in 1948, does not cover the crucial period between 1949 and 1952

[2] Gorsky, Martin, and Christopher Sirrs. "The Rise and Fall of 'Universal Health Coverage' as a Goal of International Health Politics, 1925-1952." U.S. National Library of Medicine. *American Journal of Public Health*, March 2018. https://pubmed.ncbi.nlm.nih.gov/29346007/, and Ibid. "Universal Health Coverage as a Global Public Health Goal: The Work of the International Labour Organisation, C.1925-2018." U.S. National Library of Medicine. *Historia, Siencias, Saude - Manguinhos*, September 2020. https://pubmed.ncbi.nlm.nih.gov/32997058/.
[3] Hu, Aiqun, and Patrick Manning. "The Global Social Insurance Movement since the 1880s." *Journal of Global History* 5, no. 1 (2010): 125–48. https://doi.org/10.1017/s1740022809990350, and Jensen, Jill. "US New Deal Social Policy Experts and the ILO, 1948-1954." Essay. In *Globalizing Social Rights: The International Labour Organization and Beyond*, edited by Sandrine Kott and Droux Joëlle, 172–205. Houndmills: Palgrave Macmillan, 2013.
[4] Maul, Daniel. *The International Labour Organization: 100 Years of Global Social Policy*. Berlin, Germany: De Gruyter Oldenbourg, 2019.
[5] Fishbein, Morris. *A History of the American Medical Association, 1847 to 1947*. New York: Kraus Reprint Co., 1969.

and is written without the knowledge of the events surrounding Truman, the ILO, or health insurance reform. The existing literature related to the ILO and the AMA suggest that this topic is represents new territory for scholarship.

The limited published information regarding the history of the AMA is particularly surprising given their political activism and influence in American health policy. Beyond halting the advance of Truman's national health insurance legislation, the AMA also played a key role in limiting the scope of President Johnson's Great Society in the 1960s.[6] In both instances, the AMA prevented the passage of federal health insurance. Furthermore, the AMA's power was not limited to the twentieth-century. Even in 2020, the AMA spent over $19 million in lobbying efforts, which ranks 7th out of nearly 8,000 lobbying organizations tracked by *OpenSecrets*.[7] The past and present political influence of the AMA shines a spotlight on the void in academic research concerning the organization.

This study is designed to provide a novel perspective on American opposition to expanded health insurance access. In future debates over expansion of health insurance, this investigation can contribute to the discussion of what attacks to expect from opponents and how to properly prepare to combat those attacks. It is my hope that my research can be used to craft an effective, thoughtful case for the expansion of access to medical care and the lowering of health care costs.

[6] Shi, David E. *America: A Narrative History*. 2. 11th ed. Vol. 2. New York: W.W. Norton & Co., 2019.
[7] "American Medical Assn Profile: Summary." *OpenSecrets*. Accessed April 25, 2022. https://www.opensecrets.org/orgs/american-medical-assn/summary?all=2020&id=D000000068.

Sources

The primary source used in this study is *Journal of the American Medical Association*. As the AMA's primary publication, *JAMA* provides insight into the Association's attitudes and strategies concerning medical reform. Additionally, *JAMA* provides contemporary accounts of the AMA's engagements with the ILO and primary speeches and writings concerning the topic. Beyond *JAMA*, I also utilized several ILO primary-source publications, including the Social Security (Minimum Standards) Convention, the Philadelphia Declaration, and *Economical Administration of Health Insurance Benefits*.[8] Without directly consulting the writings of the ILO to which the AMA objected, it would be impossible to judge the veracity of the AMA's attacks or their motivations. Primary material from both the AMA and the ILO provide the foundation necessary to analyze their interactions and their conflict in the 1950s.

These sources are, of course, have some limitations. For example, while it is possible to assume that writings in *JAMA* represent the official line of the American Medical Association, it is also possible that opinions within the Association are more diverse than *JAMA* indicates. The resolutions and statements concerning the ILO are introduced by only one person, and though they are voted on, do not necessarily constitute the opinion of every American doctor. Moreover, limitations in my knowledge concerning international law restrict my interpretation of the documents ratified by the ILO. For example, I cannot attest with any *legal* authority to how the Social Security (Minimum Standards) Convention would have been practically implemented in

[8] C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102). Normlex. International Labour Organization. https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB%3A12100%3A0%3A%3ANO%3A%3AP12100_ILO_CODE%3AC102. Accessed April 25, 2022; Declaration of Philadelphia. International Labour Organization. 2022. https://www.ilo.org/legacy/english/inwork/cb-policy-guide/declarationofPhiladelphia1944.pdf. Accessed April 25; and *Economical Administration of Health Insurance Benefits.* 1938. Geneva: International Labour Office.

the United States. Nevertheless, the reactions and perceptions of the AMA can still be judged by comparing the written text of the Convention with the commentary by the AMA.

Additionally, the process for determining which articles to include from *JAMA* was not arbitrary. One of my priorities when choosing the most relevant articles for inclusion in this study was ensuring that the entire timeline of events was addressed. Therefore, I included articles spanning the entirety of 1932-1955. I also aimed to highlight the difference between rhetoric pre-1949 and post-1949. To accomplish this goal, I examined three volumes pre-1949 and three volumes post-1949. Each individual article was also included for a specific purpose. The article from Volume 99 was included to exemplify the discussions between doctors and the ILO regarding national health insurance before the AMA or the United States became directly involved in ILO politics. "Economical Administration of Health Insurance Benefits" was included in the study to provide a positive example of discourse between the AMA and the ILO to further highlight the shift in the conflict post-1949. I included the article from Volume 126 in order to demonstrate the AMA's relative cordiality regarding the adoption of the Philadelphia Declaration, which also mentioned the expansion of medical care. I examined the excerpts from Volume 149 because they summarized the general sentiment of the AMA to Convention 102. While there were other writings on the ILO in *JAMA* during this period, the text that is included in this study exemplifies the general AMA rhetoric. Finally, I included the discussion of the Bricker Amendment and the examination of the call for the U.S. to leave the ILO to demonstrate the extent to which the AMA was willing to go to prevent the adoption of Convention 102. Though some *JAMA* writings on the ILO were not included, these articles provide an overview of the general trends in rhetoric and demonstrate the arc of the AMA's attitude toward the ILO.

Context

Springing from the Paris Peace Conference in 1919 in the wake of the First World War, the International Labour Organization was founded to provide an incubator for social reforms, to legitimize capitalism by providing a forum for discourse between governments, employers, and workers, and to establish an entity to maintain a global capital market that did not punish nations implementing progressive labor reforms.[9] Structurally, the ILO accomplished these goals through a unique tripartite system in which government, employer, and labor delegations—and their accompanying interests—were represented within the organization. This tripartite system of internal governance produced policy in the form of conventions, which would be enacted by member states, and non-binding recommendations, which expressed the ideal standards to which member states could adhere. The convention that is of primary concern in this thesis is the Social Security (Minimum Standards) Convention of 1952.[10]

The road that directly led the ILO to the adoption of Convention No. 102 began in Philadelphia in 1944. After its exile from its pre-war office in Geneva to Montreal in 1940 due to the outbreak of the Second World War, the ILO planned a conference in Philadelphia in 1944 to decide on its path out of the horror of the Great Depression, Fascism, Nazism, and World War II. Out of this convention came the 1944 Declaration of Philadelphia, "a turning point in the history of the International Labour Organization."[11] The Declaration established that the value of ILO policies would be determined based on their adherence to the ILO's social objective to serve all

[9] For the following general structure and history of the International Labour Organization, see Maul, Daniel. *The International Labour Organization: 100 Years of Global Social Policy*. Berlin, Germany: De Gruyter Oldenbourg, 2019.
[10] Also known as Convention No. 102
[11] Maul, Daniel. *The International Labour Organization: 100 Years of Global Social Policy*. Berlin, Germany: De Gruyter Oldenbourg, 2019. p. 111.

people, "irrespective of race, creed, or sex."[12] On the issue of health coverage, the Declaration called for the implementation of "comprehensive medical care."[13]

The ambitious social security goals of the Declaration of Philadelphia were converted into an actionable piece of ILO policy in the form of the Social Security (Minimum Standards) Convention of 1952. This Convention sought to establish the right to medical care as one of its nine categories for social security. However, this bold plan was progressively diluted until universal medical care was not even a requirement for ratification. In the final version of the Convention, Parts II-X of Convention No. 102 contain the nine different social security policies recommended by the ILO. These nine categories include medical care, sickness benefits, unemployment benefits, old-age benefits, employment injury benefits, family benefits, maternity benefits, invalidity benefits, and survivors' benefits. "Medical Care" is enumerated in Part II. However, Part I, Article 2 of the Convention, which determines the requirements for compliance, dictates that "each Member for which this Convention is in force shall comply with at least three of Parts II, III, IV, V, VI, VII, VIII, IX and X…" Based on this article, a member nation could forgo healthcare reform entirely and still ratify the convention by agreeing to other—non-medical—social security commitments.[14]

This path from ambitious healthcare policy goal to relative healthcare policy failure was mirrored in the same period in the US government in the fate of President Truman's proposal for national health insurance. President Truman's fight for national health insurance sprang from his

[12] Declaration of Philadelphia. International Labour Organization. https://www.ilo.org/legacy/english/inwork/cb-policy-guide/declarationofPhiladelphia1944.pdf. Accessed April 25, 2022.
[13] Ibid.
[14] C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102). Normlex. International Labour Organization. https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB%3A12100%3A0%3A%3ANO%3A%3AP12100_ILO_CODE%3AC102. Accessed April 25, 2022.

service in the military. During his time in the First World War, Truman found that many would-be soldiers were rejected due to inadequate health. Moreover, as a county commissioner, the future president was a first-hand witness to the struggles of healthcare expenses. During his term in the United States Senate, he became a staunch supporter of the New Deal and social programs.[15]

These convictions were manifested in the post-war context through a reconstruction plan designed to expand New Deal policies enacted under President Roosevelt. This plan included a national health insurance program which, at the time of its introduction, 75% of Americans supported. In 1946, this legislative priority was introduced as the Wagner-Murray-Dingell bill. The bill ultimately failed in Congress, where Republicans maintained majority representation.[16]

As the election of 1948 approached, Truman's prospects for reelection looked bleak. Despite the politically unfavorable outlook, Truman campaigned fiercely for Americans' votes, and the fervor of the election reinvigorated Truman's calls for national health insurance. During his "whistle stop" tour of the nation—covering 22,000 miles and 271 speeches—Truman spoke determinedly in favor of health reform. In his 1948 State of the Union address, Truman detailed a series of programs including civil rights legislation, expanded social security benefits, a minimum wage increase, federal aid to education, and national health insurance, which would later become known as the Fair Deal. Due to his fervent campaigning, ambitious proposals, and a politically favorable candidate field, Truman won the 1948 election, using his victory as a mandate to pursue his legislative goals.[17]

[15] Hoffman, Beatrix Rebecca. *Health Care for Some: Rights and Rationing in the United States since 1930*. Chicago: The University of Chicago Press, 2013. p. 58.
[16] Ibid., pp. 58-59.
[17] Shi, David E. *America: A Narrative History*. 2. 11th ed. Vol. 2. New York: W.W. Norton & Co., 2019.

Not only did Truman maintain his presidency, but Democrats also gained control of Congress. Using his new legislative advantage, Truman tasked the head of the Federal Security Administration with drafting a new proposal for national health insurance. Truman asked Congress for adoption of the legislation in April of 1949. During his address, Truman asserted that national health insurance "will mean that proper medical care will be economically accessible to everyone covered by it, in the country as well as in the city, as a right and not as a medical dole."[18] However, with growing civil rights and foreign policy concerns dominating Truman's agenda, national health insurance fell out of the president's purview. Without Truman's leadership on the issue, national health insurance died again after being branded as "socialized medicine" by the American Medical Association—another iteration of the pattern that would continue in the AMA's confrontation with the ILO.[19] The AMA, founded in 1847, comprised the nation's largest professional association of physicians, and its influence over medical policy proved too strong for Truman to overcome.

It is necessary to reflect on the AMA's attack avenues against Truman's plan in order to fully understand their contemporary and similar methods used against Convention 102. Ubiquitous in AMA opposition to Truman and the ILO are repeated references to socialism, governmental power, and individual freedoms. The AMA developed an ad that included a

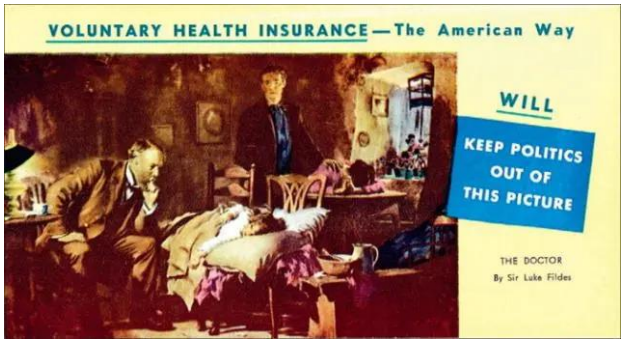

Figure 1. Perry, Susan. "How a British Painting Helped Thwart Universal Health Care in U.S." MinnPost, May 8, 2013. https://www.minnpost.com/second-opinion/2013/05/how-british-painting-helped-thwart-universal-health-care-us/.

[18] Hoffman, Beatrix Rebecca. *Health Care for Some: Rights and Rationing in the United States since 1930*. Chicago: The University of Chicago Press, 2013. p. 59.
[19] Jones, Maldwyn A. *The Limits of Liberty: American History, 1607-1992*. Oxford: Oxford University Press, 1996. 528.

doctor sitting beside a bed of a child with the words "Keep Politics Out of This Picture" next to the image, warning citizens that Washington politics would permeate medicine if national health insurance were approved. Moreover, multiple iterations of opposition appealing to fears of socialism and foreign influence penetrated discourse around the policy. Senator Robert Taft characterized comprehensive insurance as "the most socialistic measure that this Congress has ever had before it," and the Chairman of the National Physicians Committee called it "a dangerous move to foist an alien and collectivist mechanism on the people of this country." Though not directly affiliated with the AMA, the messages of these men were echoed by it. AMA President Dr. Ernest Irons compared national health insurance to the "regimentation of war" and emphasized that Americans would "assert [their] own right to choose [their] doctor and [their] medical service" if taxed for insurance "[they do] not want."[20] The references to socialism, government overreach, taxation, and freedom in attacks on Truman's health reform plan would be redeployed in response to the International Labour Organization in 1952.

The AMA and the ILO

The following analysis will examine the first phase of the AMA's discussion of the ILO in the early-1930 until the Philadelphia Declaration in 1944. I will then analyze the abrupt shift in rhetoric following 1944, which continued until 1958. Each of the following volumes of *JAMA* provide a specific insight into the arc of the conversation surrounding Convention 102. Though each article will be analyzed independently, they all form part of a larger story demonstrating the

[20] Quotations recorded in Hoffman, Beatrix Rebecca. *Health Care for Some: Rights and Rationing in the United States since 1930*. Chicago: The University of Chicago Press, 2013. pp. 60-61.

dramatic rhetorical shift around the late 1940s. The analysis is divided into two sections, before and after Truman's attempts to legislate national health insurance.

1932-1944: "Their Interest in National Health Insurance"

Volume 99 (1932): "International Labor Office" & "National Health Insurance"[21]

In September of 1932, delegates for national medical associations from around the world met in Bern and Geneva, Switzerland for the International Conference on Medical Economics. The goal of this conference was to "[collect] a vast amount of information on important questions of common interest" in the field of "medicopolitical and medicosocial business." In short, this conference gathered to discuss contemporary concerns in social policy related to the medical field. Despite the attendance from 15 Western medical associations, the American Medical Association sent no delegation to the conference, possibly because the United States had not yet joined the ILO. Nevertheless, the general proceedings of the conference are documented in the 99th volume of *The Journal of the American Medical Association*, providing insight into international physicians' views on national health insurance and the coverage of national health insurance and how it was covered and circulated by the AMA.[22]

During the conference, the delegates visited the International Labour Office in Geneva, Switzerland. Upon their arrival, they were greeted by M. Maurette[23] who welcomed them "for their interest in national health insurance, a problem of international scope which is constantly before the International Labor Office." Here, *JAMA* acknowledges the international interest in

[21] "Association News." *Journal of the American Medical Association* 99, no. 17 (October 22, 1932): 1435.
[22] The general proceedings in *JAMA* are authored by a "Special Correspondent" who remains anonymous.
[23] Possibly Marie-Thérèse Maurette who worked for the ILO during this time period

national health insurance. Opposition to this internationalism, presented as being in conflict with "American values," would become a chief argument in the AMA's fight against the ILO and Convention 102 later in the mid-century. The delegates' meetings with the International Labour Office continued with a lecture by M. Tixier[24] entitled "The Role of the Doctor in Social Insurance," followed by a speech by a doctor who was associated "with the chief national insurance organizations in Germany." The author continues by reporting that "mixed feelings were raised by these addresses, but there was no discussion." It is clear that national health insurance was a common topic at this conference, as the author compares health insurance to the head of King Charles, acknowledging that "it cannot long be kept in the background." Though certainly not praising national health insurance, this report on the meeting with the International Labour Office regarding health insurance stands in stark contrast to later *JAMA* articles on the ILO. This article offers examples of thoughtful discourse regarding national health insurance and the ILO that is not present in later commentary and resolutions. Though the AMA was not present at the conference, *JAMA*'s publication of the discussion of national health insurance offers insight into *JAMA*'s views on international influence in health policy.

Later in the report on the International Conference on Medical Economics, the reporter offers a brief glimpse into a discussion of "a letter from the International Labor Office asking its [the conference's] opinion on three questions concerning national health insurance." The report continues by documenting the statement from the delegate from Bulgaria regarding the Bulgarian experience with national health insurance. The unnamed delegate offers the perspective that, in Bulgaria, "owing to the political manipulation of the insurance system in that country, free

[24] Possibly Adrien Tixier (1893–1946), Director of Social Insurance Section, International Labour Organization, 1927–1937.

choice of physician had been lost." While the intricacies of the Bulgarian insurance system are beyond the scope of this paper, it is noteworthy that this is the first report of a negative comment related to national insurance in the context of the ILO included in *JAMA.* Moreover, the author states that Germany and France reported similar experiences.

The tone of the report of the Special Correspondent from the International Conference on Medical Economics is analytical and apparently objective, which cannot be said of later criticism of the ILO related to national health insurance. Though no AMA delegation is present, this article demonstrates that the discourse between doctors and the ILO regarding health insurance began with amicable debate. The 1932 conference provides a foil to later calls for condemnation of and American departure from the International Labour Organization.

Volume 112 (1939): "Economical Administration of Health Insurance Benefits"[25]

In this article, also penned by an anonymous author in 1939, the *Journal of the American Medical Association* is responding to a report by the International Labour Office that shares its title with the article—"Economical Administration of Health Insurance Benefits." In this report, the ILO explores the notion "of applying the principle of economical organisation [sic] to the work of insurance institutions and the work of doctors attending insured patients."[26] The principle of economical organization—more specifically, economical prescribing—suggests that doctors should utilize the treatment that is the least expensive, provided that "the therapeutic result appears to be practically the same."[27] While this report is not, of course, offering the same recommendations as Convention 102, it provides a valuable precursor to the Convention that

[25] "Economical Administration of Health Insurance Benefits." *Journal of the American Medical Association* 112, no. 17 (April 29, 1939): 1730-1731.
[26] *Economical Administration of Health Insurance Benefits.* 1938. Geneva: International Labour Office. p. 3.
[27] Ibid., p. 2.

demonstrates the AMA's attitude toward the ILO and its attempted interventions in medical practice.

The article in *JAMA* begins with an attack on the necessity of the ILO's report at all. In the opening paragraph, the author suggests that the report provides evidence for an inherent weakness in social insurance—the necessity of financial concerns. As either a government program or a private business, a health insurance providers would be motivated, as the report suggests, to keep costs as low as possible by encouraging the least expensive treatments. The necessity of relatively cheap treatments would, according to the article, restrict "the development of medical science and its application to the large section of the population covered by insurance" by restricting the development, use, and availability of more advanced treatments. Furthermore, the author precedes this point by making a telling statement: "This domination of financial considerations and the economy which it enforces cannot well be criticized once the system of sickness insurance comes into existence…" The author is suggesting that, once sickness insurance becomes widespread (universal or compulsory), no one would be able to suggest that they spend *more* money on treatments. The logical position would be that a system paid for by all or most of the citizenry keep costs as low as possible. This statement indicates that the author not only opposes the economical organization of sickness insurance. This article was written in opposition to public sickness insurance itself.

The article next discusses the economics of preventative medicine. The author of the article recalls the ILO report, which states that "prevention is not only easier but also cheaper than cure and than the cost of compensation." *JAMA*'s criticism, however, is that the ILO does not describe the extent of these preventative measures that would be covered by the new insurance funds. While the ILO report is indeed unspecific on that issue, the author of the article

moves on to make a less well-founded objection. The article states that a primary objection to the recommendation of preventative care is that the report admits that the funds "must not use any of their resources for the individual or collective prevention of disease if this form of activity is not expressly prescribed or permitted by law." This statement is construed by *JAMA* to suggest that doctors would lose control of prescription or treatment power related to preventative medicine. However, this statement from the ILO report simply stipulates that insurance funds must function within the law of the nation in which they operate, just like any other entity—including doctors—is also required to do.

JAMA continues by refuting a claim from the ILO that patients are visiting specialists in order to receive excessively expensive treatments "before considering whether such a step is necessary or likely to be fruitful." The author of the article argues that "in no country do insured patients customarily receive any such service," indicating that this trend is a non-issue. Moreover, the article disputes the ILO report's "ideal" diagnosis under insurance which includes the physical ailment, the "psychological state of the patient," the patient's relationship to society, the treatment plan, and the prognosis. The author goes on to suggest that these criteria are not met under current insurance models, and the ILO report "wisely does not attempt to give any examples" of the practice.

In the longest section of the rebuttal, the author discusses the relationship between treatment of the insured and uninsured. The ILO report suggests that a private practitioner may use any methods he deems necessary to treat a patient so long as the patient is aware of the costs. However, a doctor treating an insured patient must follow the principle of economy. The author then contrasts that statement with another part of the report which states that "the patient must not be required to put up with second-rate methods of treatment[...]merely on the grounds of

economy" and "the necessary treatment is that which[…]guarantees success and is applied only so far as is necessary to achieve the purpose of the insurance scheme," which is funding effective treatment. What the article objects to in this statement is the suggestion that a physician could "guarantee success" to any patient. The article then goes so far as to invoke Nazi Germany and Hitler. The author comments that "rest, massage, baths or other treatment not requiring drugs or appliances may be used for reasons of economy," and that is, perhaps, why the *naturheiler* experienced a renaissance in Hitler's Germany—to conserve costs on healthcare. This discussion then evolves into a suggestion that the ILO report decries the use of drugs for economic purposes. There is, however, no indication in the ILO report that drugs may not be used to achieve the aims of medical treatment. The author of the article takes the report's suggestion to an illogical extreme, ignoring the aforementioned directive from the report that preference should only be given to the cheaper option "whenever the therapeutic result appears to be practically the same." The article opposes the report on the grounds that treatment options will be limited, but the report actually emphasized that the result of the treatment is the first priority. Cost is secondary. If a drug can treat a patient better than rest, massage, or bath can treat a patient, the ILO report implies that the drug should be the preferred method of treatment, even if it is more expensive.

Finally, the article explicitly addresses the prospect of political interference in the economical insurance structure. The article extracts a quote directly from the report which it deems "the most significant statement in the entire report." This passage describes the legal processes necessary to implement insurance under the principle of economy and the challenges that would accompany it. The report acknowledges that legislative authorities may have to compromise on economic viability "simply because of the relative strength of the various

political parties in the government at the time."[28] This is indeed a valid political concern under the model suggested by the report (legislation regarding the cost of treatment).

This is what differentiates this author's comments on the *Economical Administration of Health Insurance Benefits* report from future *JAMA* remarks and resolutions against Convention 102. The ILO report offers specific recommendations for implementing an economical and low-cost health insurance system, which the author of the article attacks on rational grounds. The concerns with *Economical Administration of Health Insurance Benefits* are relatively specific and based on the policies included in the report. The author justifies his criticisms of this particular report with policy concerns and fears over the ability of doctors to practice without thought to economy. In the early-1950s, however, the AMA's arguments against Convention 102 will lack the same specificity and substantive objections. Instead, the Convention will be attacked with vague references to "socialism" and "choice".

Volume 126 (1944): "The International Labor Organization on Sickness Insurance"[29]

The AMA's comparatively neutral stance on expanded health insurance even extended to the Philadelphia Declaration, in which the ILO explicitly stated its goal to expand "comprehensive medical care."[30] In Volume 126 of the *Journal of the American Medical Association*, a writer for *JAMA* reports on the Philadelphia Convention, at which the Declaration was adopted. The author of the article, far from disparaging the Philadelphia Declaration, offers a dispassionate analysis of the Declaration that acknowledges its broad aims related to sickness insurance. The article goes so far as to suggest that the Philadelphia Conference "may have a

[28] Ibid., p. 19.
[29] "The International Labor Organization on Sickness Insurance." *Journal of the American Medical Association* 126, no. 1 (September 2, 1944): 32-33.
[30] Declaration of Philadelphia. International Labour Organization. https://www.ilo.org/legacy/english/inwork/cb-policy-guide/declarationofPhiladelphia1944.pdf. Accessed April 25, 2022.

greater influence on sickness insurance legislation than any of the laws proposed in Congress." While this may not be completely accurate given the jurisdiction and political options available to the ILO, this recognition—without fear or disdain—suggests that the AMA acknowledged that the Philadelphia Declaration's goals for sickness insurance would in some way affect the United States.

The next paragraph of the article provides details of the Philadelphia Declaration that demonstrate the author's understanding of the Declaration's goals. In this part of the article, the author provides the section of the Declaration that "constitute[s] a complete outline for legislation." This comment from the author and the accompanying excerpt from the Declaration provided in the article clarify the AMA's belief that the Declaration fully intendeds to affect policy changes in ILO member states. The author even states that "these recommendations are *likely* to be followed in legislation introduced in nearly all countries not having sickness insurance at the present time." Though the author's remark may suggest that the AMA only expects implementation of sickness insurance without universality or compulsion, the excerpt from the Declaration provided in the article clarifies that the Declaration advocates for "medical care service [that covers] all members of the community, whether or not they are gainfully employed."

The most striking portion of this article, specifically when compared to the later writings in *JAMA*, is a quote at the end of the article explaining the attitude of Henry Harriman, who was a representative of U.S. employers at the Philadelphia Convention and voted against the health portion of the Declaration. His comments as recorded in *JAMA* state,

> The employers' group was frankly surprised at the universality of the demand for all-inclusive social security legislation. It was their feeling, as it is mine, that such laws must

> come as a matter of evolution[…]I feel that the employers of the United States must face the demand for enlarged social security and that if they are wise they will not try to stop the enactment of such laws but will guide them into sound and reasonable form.

The appearance of Harriman's comments in *JAMA* demonstrate its initial willingness to acknowledge "all-inclusive social security legislation" as a sort of inevitability. Though certainly not an explicit endorsement, the author's addition of Harriman's perspective reads like a glowing recommendation compared to later publications by *JAMA* in 1952 and beyond concerning the ILO and social reform.

In summary, "The International Labor Organization on Sickness Insurance" provides a stark contrast to later years. The analytical and informational tone of this article concerning the Philadelphia Convention and Declaration are a far cry from the harsh, accusatory tone that *JAMA* would later adopt toward the Social Security (Minimum Standards) Convention. In general, the pre-1952 articles in *JAMA* concerning the ILO offer a control group of comments, quotes, and even some attacks that allow for observation of the subsequent dramatic shift during the 1950s. In 1952, after the Truman Administration's attempts to legislate national health insurance, *JAMA*'s language shifts to outright hostility. In the fight against Convention 102, fear of socialism and government control seeps out of *JAMA* and into the resolutions and policies supported AMA members—the doctors of the United States of America.

1952-1958: "Government control of medicine will have been achieved"

Volume 149 (1952): Hostile Resolutions: The Attacks Begin[31]

In one of *JAMA*'s first references to the ILO since Truman's failed attempts to pass national health insurance through the U.S. Congress, *JAMA* records a statement by the President-Elect of the American Medical Association, Dr. Louis H. Bauer, that he gave at the 1952 session of the AMA House of Delegates in Chicago directly concerning the Social Security Convention. In order to draw AMA members' attention to the Convention, Dr. Bauer reminds his constituency that the Convention, if adopted, will be sent to member nations of the ILO for adoption. He also highlights that the United States is a member. He provides a brief summary of Part II, Article 9 of the Convention when he states that Convention 102 "envisages the inclusion either of 20 per cent of the population, 50 per cent of all employees, or 50 per cent of all residents" in medical care protections. This recognition of the limited scope of the minimum standards in the Convention provides an empirical backdrop to later accusations by *JAMA* that Convention 102 is dangerously all-pervasive.

Dr. Bauer continues by emphasizing his concerns as the Convention relates to Congress. Bauer states that AMA members should contact their Congressional representatives because the Convention will go to Congress for adoption if it is passed by the ILO. This Convention, Bauer claims, is evidence that the United States and its doctors are "subject to attack not only from within the country but from without," which is possibly a reference to the Truman administration as well. According to Bauer, these attacks call in to question Congress' ability to ratify treaties

[31] "Statement of Dr. Louis H. Bauer Re International Labor Organization and World Medical Association and Resolutions on Amendment to Constitution of the United States (S. J. R. 130*)." Journal of the American Medical Association* 149, no. 9 (June 28, 1952): 869-870, and "Resolutions on International Labor Organization Attempt to Socialize Medicine." *Journal of the American Medical Association* 149, no. 10 (July 5, 1952): 938.

that may affect American domestic policy. To emphasize his distaste for international treaties recommending medical reform, Dr. Bauer refers to the United Nations Declaration for Human Rights, "a particularly vicious statement which states that every country should see that medical care is provided by legislation." To be clear, neither the Social Security (Minimum Standards) Convention nor the U.N. Declaration for Human Rights would require health reform by law if adopted by the United States.

Bauer then details his resolution to the AMA House of Delegates that addresses his fears that an international agreement will change U.S. domestic policy. This resolution calls for an amendment to the U.S. Constitution that restricts Congress' ability to ratify certain treaties. Bauer requests that "no treaty or executive agreement shall be made which conflicts with[…]the Constitution or which operates or may operate to regulate any of the purely domestic affairs of the United States." While constitutional and international law is beyond the scope of this paper, it is evident that Convention 102 is so objectionable to the AMA that the House of Delegates supports a measure to constitutionally prevent its ratification and the enaction of any of its provisions. Again, while I cannot claim to know if Convention 102 violates the Constitution, concerns over medical care reform, which *are not required* by the Convention, led the AMA to endorse Constitutional reform to restrict Congress' ability to ratify treaties.

Not all attempts by the American Medical Association to convey its stance on so-called "socialized medicine" were as indirect as the resolution introduced by Dr. Bauer. Later in the documentation of the same session of the House of Delegates, a resolution introduced by Dr. J. Stanley Kenny is recorded. Dr. Kenny mentions the WHO's "Expert Committee on Medical Care in Social Security," which, according to Dr. Bauer in his previous statement, issued a report recommending an end to the fee for service model of medicine "at the instance of the

International Labor Organization." This report was allegedly distributed to ILO delegates before the adoption of Convention 102. In his resolution, Dr. Kenny decries the committee for "not [containing] any practicing physician." Dr. Kenny also claims that the committee made no attempt to "obtain the opinions of the practicing medical profession." The adoption of Dr. Kenny's "timely and vital" resolution was then endorsed by the chairman of the committee in which the resolution was considered.

Beyond attacking the committee, Dr. Kenny's resolution makes two assertions with different levels of veracity. First, the resolution states that the committee plans to "recommend full time salaried medical service in the countries which are members of the International Labor Organization." This statement is technically true. By adopting Convention 102, the ILO is indirectly endorsing the prospect of universal medical care. However, the Dr. Kenny's resolution continues to suggest that "such a scheme would consign the United States of America to full time salaried medical service for all of its people, in other words, socialized medicine." This statement is simply incorrect. The Social Security (Minimum Standards) Convention explicitly does not require universal medical insurance. Parts II-X of the ILO convention contain the different social security policies recommended by the ILO. "Medical Care" is enumerated in Part II. However, Part I, Article 2 of the convention, which determines the requirements for compliance dictates that "each Member for which this Convention is in force shall comply with at least three of Parts II, III, IV, V, VI, VII, VIII, IX and X…"[32] Based on this article, the United States could forgo healthcare reform entirely and still be in accordance with the requirements specified in the convention. Beginning here—and continuing throughout much of the commentary of the JAMA

[32] C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102). Normlex. International Labour Organization. https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB%3A12100%3A0%3A%3ANO%3A%3AP12100_ILO_CODE%3AC102. Accessed April 25, 2022.

on the ILO—is the inaccurate suggestion that Convention 102 dooms the United States to the destructive force of "socialized medicine".

Volume 154 (1954): "Why the 'Bricker Amendment' is Important to the Medical Profession"[33]

Both the pursuit of Constitutional protections against the ILO and dramatized claims about the scope and influence of the Convention continue from 1952 into an article in Volume 154 of *JAMA* in 1954. In an article entitled "Why the 'Bricker Amendment' is Important to the Medical Profession," *JAMA* details its position on a Senate resolution introduced by Senator Bricker "which proposed the adoption of a constitutional amendment limiting the treating-making authority." This proposed amendment meets the requirements detailed by Dr. Bauer in his House of Delegates resolution that was passed in 1952. According to the article, it invalidates unconstitutional treaty provisions and stipulates that "the treaty power could be used to establish or modify internal law[…]only through the enactment of domestic legislation that could have been adopted in the absence of such treaty."

This article relates this amendment to the medical profession by describing the perceived dangers of treaty powers in the U.S. The author of the article begins by stating that currently, if treaties are adopted by the Senate, they become "the supreme law of the land," implicitly replacing the Constitution. Once again, though constitutional law is beyond the scope of this paper, the notion that treaties override the Constitution is tenuous at best. Following this claim, the author discusses three examples of treaties that have threatened to alter U.S. domestic law. *JAMA* mentions the United Nations Charter and some specific treaties between the United States

[33] "Why the 'Bricker Amendment' Is Important to the Medical Profession." *Journal of the American Medical Association* 154, no. 8 (February 20, 1954): 680.

and individual nations before elaborating on the Social Security (Minimum Standards) Convention. The author claims that Convention 102 "includes almost all of the socialist medical proposals that have until now been rejected by the Congress," perhaps again drawing the reader's attention to Truman's failure to enact medical reform by law. If the Convention is adopted, "government control of medicine will have been achieved." Once again, *JAMA* emphasizes the concern that Convention 102 will directly implement "socialized medicine" in the U.S. despite the fact that medical reform is not a requirement of the Convention. To further emphasize the correlation between the Convention and their endorsement of Constitutional reform, the article states that the AMA "favors a redefinition of existing treaty-making powers" "because of the danger of socialized medicine via international treaty."

This article provides two insights into *JAMA*'s views on Convention 102. Firstly, it reiterates the fact that the ILO Convention was of enough concern to the AMA that they were willing to endorse a constitutional change in order to prevent it from being enacted. The fear of "government control of medicine" was so great that the AMA used their political power and general influence to advocate for the Bricker Amendment. Secondly, this article provides another example of the AMA falsely claiming that Convention 102 would lead to the enactment of "socialistic medical proposals" that the Convention simply does not mandate. This article is another iteration of this pattern that demonstrates the AMA's willingness to weaponize fear of socialism and government overreach to fight the adoption of the Convention.

Volume 158 (1955): "A revolutionary and socialistic medical care section"[34]

Dr. Louis Bauer made his final mark on the AMA's conflict with the ILO through a resolution introduced at the Atlantic City meeting of the AMA House of Delegates in 1955 and recorded in Volume 158 of the *Journal of the American Medical Association.* Bauer propagates the AMA strategy that emphasized fear of socialism by invoking the influence of the Soviet Union. His resolution states that "there is little doubt that Soviet Russia will use the International Labor Organization[…]to further the doctrine of communism." Moreover, Bauer uses language of freedom, control, and choice in his resolution to argue against continued U.S. participation in the ILO:

> The World Medical Association has previously pointed out the *danger* of the International Labor Organization to the *freedom of medicine*, and[…]has been instrumental in bringing to the attention of the doctors of the world the philosophy of the I.L.O.[…] to encourage *taking over control* of medicine by social security bodies, and recommending *elimination of all free choice* of doctor by the patient.

This resolution, which was "adopted with enthusiasm," recommends that Congress institute a moratorium on providing funds to the ILO and that Congress take steps to terminate the United States' membership in the organization. Driven by the recent entry of the USSR into the ILO and justified by the ILO's previous attempts to advocate for medical reform through Convention 102, the AMA's attack shifted from the Social Security (Minimum Standards) Convention to the entirety of the International Labour Organization.

[34] "No. 83. International Labor Organization." *Journal of the American Medical Association* 158, no. 8 (July 16, 1955): 940.

To prevent this rhetoric from being perceived as simply a reaction to Soviet membership in the ILO and not deriving from Convention 102, I want to highlight the commentary that accompanies this resolution at the AMA House of Delegates meeting. In the report from the committee under whose jurisdiction this resolution fell, Chairman Dr. Charles Hayden "deems it timely to remind this House that the Convention which was adopted by the International Labor Organization in 1952 and which includes revolutionary and socialistic medical care" had been sent to Congress in the preceding year. The inclusion of this statement suggests that Dr. Hayden expected that a reminder of the "socialism" present in Convention 102 would help raise support for withdrawal from the ILO.

This resolution and its accompanying motivations provide the final step in the AMA's journey from cordiality to hostility toward the ILO. Beyond even preventing Convention 102 from being ratified by Congress through a constitutional amendment, the AMA ventured so far as to advocate for American isolation—monetarily and politically—from the organization. Moreover, proposal to terminate American monetary support for the ILO had the clear intent to harm the organization itself. Dr. Bauer's resolution and Dr. Hayden's report both illustrate, once again, the AMA's rhetorical and political strategies to attack the ILO, Convention 102, and medical reform through the lens of socialism. Volume 158 provides a climax to AMA antagonism toward the ILO.

Discussion and Conclusion

The arc of the *JAMA*'s perceptions of the ILO illustrates a path from dialogue and discourse to anti-socialism and scare tactics. In the early years of their relationship, *JAMA*

records meetings and conversations between doctors and ILO representatives over the issue of national health insurance. In their first direct confrontation, *JAMA* provides a harsh, but substantive, review of "Economical Administration of Health Insurance Benefits," which is an ILO report about how to efficiently distribute medical resources. Furthermore, in 1944, though the United States voted against the adoption of the Philadelphia Declaration, *JAMA*, through a comment recorded in *JAMA* acknowledges that health insurance expansion is widely perceived as inevitable.

Between 1944 and 1952, something altered and hardened the attitude of *JAMA* and the AMA toward the ILO. It could not have solely been Convention 102 because the AMA and the ILO had civilly disagreed on "socialized medicine" before the Convention. The catalyst could have been the Truman administration's efforts to pass national health insurance through Congress, sparking the political wrath of the AMA against the policy measure. It could also have been the Cold War that heightened American fear of government overreach and "socialism." In 1948, the Soviets instituted a blockade of East Berlin; in 1949, China fell under communist control; in 1950, war in Korea erupted; and in 1951, McCarthyism reached its peak.[35] The period between 1944 and 1952 was rife with fear over the spread and influence of socialism. Whatever the reason, *JAMA*'s rhetoric grew increasingly hostile between in the years after 1944.

Beginning immediately before the ILO's adoption of Convention 102 in 1952, *JAMA* published statements and resolutions from the AMA House of Delegates suggesting that the AMA was intent on convincing the American public that Convention 102 would undermine the Constitution and implement "socialized medicine." In 1954, *JAMA* directly endorsed a

[35] Shi, David E. *America: A Narrative History*. 2. 11th ed. Vol. 2. New York: W.W. Norton & Co., 2019.

Constitutional change that would, they believed, prevent the implementation of the provisions of Convention 102 in the United States and protect Americans from "government control of medicine." This debate climaxed in 1958 when the AMA called for the U.S. government to defund the ILO and leave the organization entirely. According to *JAMA,* these steps were necessary because the USSR would use the ILO "to further the doctrine of communism;" the ILO would "encourage taking over the control of medicine by social security bodies;" and the policies recommended by the organization included "revolutionary and socialistic medical care."

This study could also be used as a catalyst for further research related to the subject. This analysis could be used to expand the general historical research regarding both the AMA and the ILO. Additionally, this study could contribute to the research regarding American attempts at and responses to health reform in the era, including the Truman administration and the ILO. This research could also provide insight into modern anti-globalist sentiment by highlighting a specific historical moment in which American institutions objected to international policy. The analysis of the relationship between the AMA and the ILO could contribute to further research on American responses to international actors and influences.

In order to make practical use of the findings of this study, one must focus on the attacks from the AMA. Rhetoric surrounding socialism, choice, and freedom permeated their assault on Convention 102 and the ILO. Therefore, in order to counter similar attacks on future policies to expand health insurance or make it universal, I would recommend focusing deliberately and explicitly on the concerns of physicians. If they are concerned about money or compensation, reassure them that universal health coverage would expand their patient pools and guarantee payment for services. If they are worried about autonomy, craft the legislation to allow for the discretion of physicians regarding treatment. Finally, if they are worried about socialism,

emphasize that many capitalist nations have already instituted similar programs. The American Medical Association's conflict with the International Labour Organization over "socialized medicine" provides a blueprint to use previous attacks to plan a future defense of more accessible, more affordable health care in the United States.

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