*Labor History, Vol. 41, No. 2, 2000*

# *"Take Health from the List of Luxuries": Labor and the Right to Health Care, 1915–1949*

ALAN DERICKSON*

Labor's emergence as a major force in the formulation of national health policy came suddenly. The occasion for this debut was the National Health Conference, convened by the Roosevelt administration in July 1938 in Washington, DC, to assess unmet medical needs across the population and to resurrect social insurance as the means to address those needs. Throughout the meeting, the traditional dominance of health-care providers, led by the mighty American Medical Association, came under unprecedented challenge from consumers and, more importantly, from those unable to afford to consume medical services. Workers' organizations formed the largest contingent in the chorus of previously unheard voices, and the second largest of all the delegations to the conference, behind the providers. As one participant recalled, "The major result of three days' deliberation was to show that, for the first time, a political base had been established for a broad legislative program. This base was the united support manifested by organized labor." The possibility of extending the Social Security Act to cover medical care had drawn unionists to the forefront of health reform.[1]

Labor also distinguished itself at the National Health Conference by its unvarnished style. One exchange in particular announced the arrival of impatient new forces. Olin West, secretary of the AMA, invited the uninformed laity to visit the association's headquarters in Chicago to observe its expert staff at their accustomed tasks of safeguarding the nation's well-being. This self-satisfied posture was too much for Florence Greenberg, chair of the Council of (women's) Auxiliaries of the Steel Workers Organizing Committee. "I, too, want to extend an invitation to the delegates here to visit Chicago," Greenberg fired back, "but I want to show them another picture. I want to show them a sick Chicago, a Chicago of dirt and filth and tenements." She went on to identify many ailments afflicting workers in the city and to point out the inaccessibility of professional services to diagnose and treat those ailments. Such an evocation of

* It would be disgraceful not to acknowledge the helpful criticism given two earlier versions of this essay. A paper at the Symposium on Labor and the Welfare State at the George Meany Memorial Archives profited from many comments, especially those of Michael Kazin, David Brody, the late Stuart Kaufman, and Jennifer Klein. A paper at the Penn State Labor History Workshop benefited from the comments of David McBride, Ron Filippelli, and Dan Letwin, among others.

[1]Michael M. Davis, *Medical Care for Tomorrow* (New York: Harper and Brothers, 1955), 278 (quotation), 277–279; U.S. Interdepartmental Committee to Coordinate Health and Welfare Activities, *Proceedings of the National Health Conference, July 18, 19, 20, 1938* (Washington, DC: Government Printing Office, 1938); James Rorty, *American Medicine Mobilizes* (New York: W.W. Norton, 1939), 19–63, esp. 30; Daniel S. Hirshfield, *The Lost Reform: the campaign for compulsory health insurance in the United States from 1932 to 1943* (Cambridge, MA: Harvard University Press, 1970), 102–114.

0023-656X print/1469-9702 online/00/020171–17 

mass suffering helped to swing the health-care financing debate away from preoccupation with preserving the sanctity of professional fee-for-service prerogatives.[2]

Florence Greenberg and her comrades did more than reframe the issue. Greenberg also took a strong stand regarding the basis on which the United States should move toward the goal of health security for all: "My people are asking that our Government take health from the list of luxuries to be bought only by money and add it to the list containing the 'inalienable rights' of every citizen." Indeed, at this moment of democratic ferment, activists strove to transform the fundamental premise underlying the principle of universal health protection. Commencing in the thirties and continuing through the following decade, labor and its allies in the New Deal coalition vigorously pressed the claim that U.S. citizens had a right to medical services. Such a sustained and unambivalent campaign appears to have been an unprecedented departure in the history of the nation's health policy discourse.[3]

The main purpose of this essay is to illuminate the birth of the radical, still-controversial idea that health care is a matter of entitlement, not privilege. To this end, I argue that labor played a central and often creative part in advancing and refining this proposition. To show more clearly the magnitude of the changes on this issue, I will trace the evolution of organized labor's policy on health security from the 1910s. Indeed, the voluntarist view held by the American Federation of Labor prior to the thirties posited an overriding negative right of workers to be left alone by state health insurance and the intrusions on personal freedom and dignity that it might entail. After 1930, the labor movement rejected this approach and (without much assistance from political philosophers and policy intellectuals) set out to recast the question of health reform as one of social justice and positive human rights.

The historiography of health-care financing quite successfully explains the failure of the campaigns for insurance legislation in the 20th century. Among the overarching interpretations, those offered by Paul Starr, Daniel Fox, and David Rothman have most cogently analyzed the ideological concerns and material forces that have stopped reform in the United States.[4] Moreover, the specific health-insurance initiatives have received careful attention in the literature.[5] Accordingly, this work focuses not on the well-

---

[2]Interdepartmental Committee, *National Health Conference*, 84 (Greenberg quotation), 84–85, 26–27; Josephine Roche, "The worker's stake in a national health program," *American Labor Legislation Review*, 28 (1938), 127.

[3]Interdepartmental Committee, *National Health Conference*, 84 (Greenberg quotation).

[4]Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982); Daniel M. Fox, *Health Policies, Health Politics: the British and American experience, 1911–1965* (Princeton: Princeton University Press, 1986); David J. Rothman, *Beginnings Count: the technological imperative in American health care* (New York: Oxford University Press, 1997); Odin W. Anderson, *The Uneasy Equilibrium: private and public financing of health services in the United States, 1875–1965* (New Haven: College and University Press, 1968); Rosemary Stevens, *In Sickness and in Wealth: American hospitals in the twentieth century* (New York: Basic Books, 1989); Ronald L. Numbers, ed., *Compulsory Health Insurance: the continuing American debate* (Westport, CT: Greenwood Press, 1982).

[5]Ronald L. Numbers, *Almost Persuaded: American physicians and compulsory health insurance, 1912–1920* (Baltimore: Johns Hopkins University Press, 1978); Theda Skocpol, *Protecting Soldiers and Mothers: the political origins of social policy in the United States* (Cambridge, MA: Harvard University Press, 1992), 153–310, *passim.*; Roy Lubove, *The Struggle for Social Security, 1900–1935*, 2nd edn (Pittsburgh: University of Pittsburgh Press, 1986), 66–90; David A. Moss, *Socializing Security: Progressive-Era economists and the origins of American social policy* (Cambridge, MA: Harvard University Press, 1996), 132, 136–57; Hirshfield, *Lost Reform*; Monte M. Poen, *Harry S. Truman versus the Medical Lobby: the genesis of Medicare* (Columbia: University of Missouri Press, 1979); Theda Skocpol, *Boomerang: Clinton's health security effort and the turn against government in U.S. politics* (New York: W.W. Norton, 1996); Jacob S. Hacker, *The Road*

known battles and their well-understood outcomes but instead on the arguments of those who insisted, and continued to insist in the face of repeated setbacks, that all Americans deserve access at least to essential health services. These advocates, especially those representing the working class, remain poorly understood and often appear in the literature as little more than punching bags for the AMA and its partners. Especially in light of the recent elucidation of the work of the mainstream civil rights organizations and of other middle-class and elite health activists, there is a need to clarify further labor's role in the health rights movement.[6]

* * * * * *

Labor's political involvement in the 1930s broke with a longstanding voluntarism on health-care financing. In the debates over state health insurance in the 1910s, Samuel Gompers made sure that the AFL became closely identified with a staunch reliance on self-help. By a series of strong public statements, Gompers made the national labor federation a leading opponent of the proposals for compulsory health insurance offered from 1915 on by the American Association for Labor Legislation (AALL). As Gary Fink, Julie Greene, and other historians have shown, this was a time when the AFL's commitment to voluntarism had bent to accommodate numerous exceptions.[7] Despite a willingness to pursue state intervention on behalf of injured workers and child laborers, among others, Gompers and his lieutenants drew the line at health security, apparently for two underlying reasons. That outsiders such as the AALL and, perhaps worse still, the Socialist party had raised this issue and had taken the most prominent advocacy roles antagonized the prickly AFL president. That this reform directly threatened union-sponsored benefit programs that Gompers had long championed made compulsory health insurance even more objectionable.[8]

---

*to Nowhere: the genesis of President Clinton's plan for health security* (Princeton: Princeton University Press, 1997).

[6]Dona Cooper Hamilton and Charles V. Hamilton, *The Dual Agenda: the African-American struggle for civil and economic equality* (New York: Columbia University Press, 1997), 72–83, 217, 244–254; for commentary on the unionists, Communists, and others who steered the NAACP toward fuller engagement with economic and social problems, see Beth Tompkins Bates, "A new crowd challenges the agenda of the old guard in the NAACP, 1933–1941," *American Historical Review*, 102 (1997), 340–377; Elizabeth Fee and Theodore M. Brown, eds., *Making Medical History: the life and times of Henry E. Sigerist* (Baltimore: Johns Hopkins University Press, 1997); Jane P. Brickman, " 'Medical McCarthyism': the Physicians Forum and the Cold War," *Journal of the History of Medicine and Allied Sciences*, 49 (1994), 380–418; Alan Derickson, "Health security for all? social unionism and universal health insurance, 1935–1958," *Journal of American History*, 80 (1994), 1333–1356. For other studies of health reform that emphasize labor, see Edmund F. Wehrle, " 'For a healthy America': labor's struggle for national health insurance, 1943–1949," *Labor's Heritage*, 5 (1993), 28–45; David C. Jacobs, "The UAW and the Committee for National Health Insurance: the contours of social unionism," *Advances in Industrial and Labor Relations*, 4 (1987), 119–140.

[7]Gary M. Fink, "The rejection of voluntarism," *Industrial and Labor Relations Review*, 26 (1973), 805–819; Julie Greene, *Pure and Simple Politics: the American Federation of Labor and political activism, 1881–1917* (Cambridge: Cambridge University Press, 1998); Joseph A. McCartin, *Labor's Great War: the struggle for industrial democracy and the origins of modern American labor relations, 1912–1921* (Chapel Hill: University of North Carolina Press, 1997).

[8]For hostility toward socialists, AALL experts, and the like, see Samuel Gompers, " 'Intellectuals,' please note," *American Federationist*, March 1916, 198–199; Gompers, "Labor versus its barnacles," *ibid.*, April 1916, 271–272; AFL, *Report of Proceedings of the Thirty-Sixth Annual Convention, 1916* (Washington, DC: Law Reporter Printing, 1916), 144; Samuel Gompers, "Statement," in U.S. House of

FIG. 1. Samuel Gompers.

Beyond his practical fears regarding the threat that governmental insurance posed for the institutional stability of his affiliated unions, Gompers maintained a principled opposition to state health protection. His perspective rested on the basic assumption that governments under capitalism invariably served the employing class much better than the working class. What benefited workers most was freedom from the attentions of the state. The AFL president inveighed against the meddling and other impositions that social insurance would bring. Gompers imagined government bureaucrats probing

Representatives, Committee on Labor, *Commission to Study Social Insurance and Unemployment: hearings … on H.J. Res. 159*, 64th Cong., 1st sess., 1916 (Washington, DC: Government Printing Office, 1918), 126ff.; Greene, *Pure and Simple Politics*, 256. On union benefit programs, see Samuel Gompers, *Seventy Years of Life and Labor: an autobiography*, 2 vols. (New York: E.P. Dutton, 1925), vol. 1: 144–145, 166–167; [Samuel Gompers], "The next step toward emancipation," *American Federationist*, Dec. 1899, 248–249; James M. Lynch, "Trade union sickness insurance," *American Labor Legislation Review*, 4 (1914), 82–91; James B. Kennedy, *Beneficiary Features of American Trade Unions* (Baltimore: Johns Hopkins Press, 1908). On AALL sponsorship of compulsory health insurance, see Committee on Social Insurance, AALL, "Health insurance: tentative draft of an act," *American Labor Legislation Review*, 6 (1916), 239–268; Moss, *Socializing Security*, 132, 136–157.

the intimate private details of workers' lifestyles. On March 1, 1916, he warned a New York unionist of the dire consequences of supporting health insurance legislation: "When once a political agent is authorized to take care of the health of citizens, there is no limit to the scope of his activities or his right to interfere in all of the relations of life. Even homes would not be sacred from his intrusions." The AFL Executive Council expressed fears that the enactment of social insurance, which employers helped to finance, would give rise to employee medical examinations and, in turn, the use of their findings to discharge those with disabilities.[9]

As an alternative to what he saw as degrading paternalism, Gompers defended the laborer's right to be left alone by the government. He presumed to speak for the nation's workforce as a whole: "The workers of America adhere to voluntary institutions in preference to compulsory systems which are held to be not only impractical but a menace to their rights, welfare and their liberty." Gompers declared it "a greater concern to all the working people of our country that under no guise, however well intentioned, shall they lose their liberties." At a major national meeting on social insurance in December 1916, he declared that "there is in the minds of many an absence of understanding of the essentials of freedom" before reciting "My Country, 'tis of thee / Sweet land of liberty."[10]

In the same vein, Grant Hamilton of the AFL's legislative committee worried that state agencies would become "instruments of oppression under the guise of benefiting the workers." Hamilton asserted that the labor movement held individual rights sacred and frowned upon "compulsion of every character." He considered it a bedrock principle of the American Federation of Labor and an insurmountable obstacle to compulsory health insurance that "individual workers should retain undisputed possession of the rights and liberties guaranteed by the organic law of our country and the spirit of our people." The federation's Committee on Social Insurance advised that "Compulsory Health Insurance means the surrender by the wage earner of rights and liberties of action that would be dangerous to his individual and collective welfare." That the danger to collective welfare alluded to here was the supposed threat to unions posed by social legislation indicates the willingness of some in the federation to value institutional security above the well-being of the working class as a whole. Thus, during the initial round of agitation for insurance legislation the top leadership of the AFL dared to demand only negative rights regarding health security.[11]

The voluntarists expressed themselves so forcefully not only because they resented Progressive professors and socialist politicians. Gompers and his supporters also faced

---

[9]Samuel Gompers to Thomas D. Fitzgerald, March 1, 1916, in AFL, *Letterpress Copybooks of Samuel Gompers and William Green, Presidents, 1883–1925*, microfilm edn, 355 reels (Washington, DC: Library of Congress, 1967), vol. 216, 255 (quotation), 254, reel 204; Gompers, "Statement," in House, *Commission to Study*, 188; AFL, *Report of Proceedings of the Thirty-Fourth Annual Convention, 1914* (Washington, DC: Law Reporter Printing, 1914), 67–68; Gompers, "Not even compulsory benevolence will do," *American Federationist*, Jan. 1917, 47–48.

[10]Gompers, "Labor versus its barnacles," 270 (quotation), 274 (quotation); Samuel Gompers, "Address," in U.S. Bureau of Labor Statistics, *Proceedings of the Conference on Social Insurance Called by the International Association of Industrial Accident Boards and Commissions, Washington, D.C., December 5 to 9, 1916*, Bulletin 212 (Washington, DC: Government Printing Office, 1917), 848 (quotation), 848–849.

[11]Grant Hamilton, "Proposed legislation for health insurance," in Bureau of Labor Statistics, *Conference on Social Insurance*, 559 (quotation), 561 (quotation), 559 (quotation), 559–561, 567; Committee on Social Insurance, AFL, "Report," in Executive Council, AFL, "Minutes of Meetings," Feb. 25, 1920, appendix, 9 (quotation), 7–10, AFL Executive Council Minutes (George Meany Memorial Archives, Silver Spring, MD).

a sharp division within their own house. By the end of 1918, 21 international unions and 18 state labor federations had formally endorsed the AALL model bill. Two of the AFL's three largest affiliates, the United Mine Workers of America and the International Ladies' Garment Workers' Union, supported reform. Many unionists, from New York to California, worked to win enactment of compulsory health insurance in their state legislatures after 1915. Their position was largely rooted in a recognition that union-run health programs covered only a small fraction of union members and, more important, that unions represented only a fraction of the U.S. workforce. Pauline Newman of the ILGWU shared these unpleasant facts with the American Nurses' Association in 1917:

> It is well to forget for the moment the organized small minority and think of the great mass of unorganized workers. That is why my organization is in favor of health insurance and social insurance. We can take care of ourselves, but who are we? A mere hundred and fifty thousand.

In light of his obliviousness to the plight of the working poor who lacked funds to obtain adequate care, Gompers appeared to union dissenters to be unqualified to speak for more than 30,000,000 wage earners on the basis of the AFL's membership of approximately 3,000,000. Because unions like the ILGWU encouraged government intervention while pursuing such ventures as union-sponsored clinics, they could hardly be seen, by Gompers or anyone else, as doctrinaire statists.[12]

In the formal policy-making deliberations of the AFL itself, the champions of protective legislation fought the voluntarists to a draw in the 1910s. Despite Gompers's repeated and often vitriolic attacks, the proponents of reform held their ground. A series of AFL conventions and executive council sessions failed to reach a clear-cut policy on this question.[13]

For the most part, the unionists favoring reform refused to engage Gompers on the high ground of rights to freedom. To be sure, William Green, at that time the

[12]Pauline Newman, "What will health insurance mean to the insured?" *American Journal of Nursing*, 17 (1917), 943 (quotations), 942–945; Ann Schofield, *"To Do and to Be": portraits of four women activists, 1893–1986* (Boston: Northeastern University Press, 1997), 97; "Prominent labor organizations already on record for health insurance," *American Labor Legislation Review*, 8 (1918), 319; Irving Fisher, "The need for health insurance," *American Labor Legislation Review*, 7 (1917), 11–12; United Mine Workers of America, *Proceedings of the Twenty-Seventh Consecutive and Fourth Biennial Convention, 1919*, 3 vols. (Indianapolis: Bookwalter-Ball, 1919), vol. 2: 682–683; Beatrix Hoffman, "The Wages of Sickness: health insurance and the making of the American welfare state" (unpublished manuscript), 104–140. On union self-help programs involving delivery of health care, not merely insurance, see Gus Tyler, *Look for the Union Label: A History of the International Ladies' Garment Workers' Union* (Armonk, NY: M.E. Sharpe, 1995), 125–133; Alan Derickson, "From company doctors to union hospitals: the first democratic health-care experiments of the United Mine Workers of America," *Labor History*, 33 (1992), 325–342; Alan Derickson, *Workers' Health, Workers' Democracy: The Western Miners' Struggle, 1891–1925* (Ithaca: Cornell University Press, 1988), 86–154.

[13]AFL, *Report of the Proceedings of the Thirty-Eighth Annual Convention, 1918* (Washington, DC: Law Reporter Printing, 1918), 94, 282–283; Executive Council, AFL, "Minutes of Meetings," May 19, 1919, 46–48, Executive Council Minutes; AFL, *Report of Proceedings of the Thirty-Ninth Annual Convention, 1919* (Washington, DC: Law Reporter Printing, 1919), 144–145, 378–379; [William Green] to James Duncan, July 24, 1919, AFL, Office of the President, William Green Papers, RG-019 (George Meany Memorial Archives, Silver Spring, MD), box 1, folder 7; Daniel J. Tobin to Green, May 29, 1920, *ibid.*, folder 9; Green to Tobin, June 2, 1920, *ibid.*; AFL, *Report of Proceedings of the Fortieth Annual Convention, 1920* (Washington, DC: Law Reporter Printing, 1920), 176, 387; AFL, *Report of Proceedings of the Forty-First Annual Convention, 1921* (Washington, DC: Law Reporter Printing, 1921), 147–148; William Green, *Labor and Democracy* (Princeton: Princeton University Press, 1939), 34–38.

secretary-treasurer of the UMW, did confront the issue of compulsion in an article published in *American Labor Legislation Review* in 1917: "In human affairs there is no such thing as absolute freedom and liberty of action.... Society has ordered, through legislation on almost all subjects, that the freedom and liberty of every individual must, in some degree, be surrendered. There is more or less compulsion in all walks of life." (Green diplomatically overlooked the compulsion essential to the closed shop arrangements customary in a number of AFL unions.) James Mullen, editor of the newspaper of the California State Federation of Labor, observed that the problem with the AALL bill was not mandatory participation *per se* but rather that only wage earners were subject to the mandate. "I don't believe in compulsion for one class," Mullen told the California Social Insurance Commission in 1916.[14]

Resigned to the necessity of some types of compulsion, the advocates of social insurance justified reform in terms of national productivity. William Green, who had served in the Ohio State Senate earlier in the decade as a Democrat, fervently (if clumsily) expressed the reigning Progressive devotion to efficiency:

> Inasmuch as each worker is a social unit society is vitally interested in promoting and maintaining at the highest standard the efficiency of each worker. Loss of time, inability to work, the removal of each social unit from the field of industrial activity means, in the last analysis, a distinct loss to society at large.

This rhetoric of social engineering and societal accounting only gained in resonance as the United States prepared for and then entered World War I.[15]

Within labor circles, two voices of social reform precociously advanced the idea that an affluent society should provide basic health protection as a matter of entitlement. Amid the period's preoccupation with productivity, responsibility, and need, one prominent individual and one prominent group spoke out for social rights. At a national conference on social insurance sponsored by the International Association of Industrial Accident Boards and Commissions in December 1916, Secretary of Labor William B. Wilson offered broad observations that carried suggestive implications for the health security problem under discussion at the event: "It has been interesting to watch the development of thought as it gradually moved away from the theory of charity and accepted the principle of giving the means of subsistence as a matter of right." Unfortunately, Wilson did not elaborate on the place of health care among the necessities of life. More straightforward was the plurality report of the U.S. Commission on Industrial Relations, drafted by Basil Manly but based on the radical vision of labor lawyer Frank Walsh. First made public in 1915, the widely read document called for a Federal system of sickness insurance to cover employees of all firms engaged in interstate commerce. It defended this plan as "more democratic; the benefits would be regarded as rights." These ideas appeared to have exerted little immediate onfluence on political discourse. But by packaging national health insurance

[14]William Green, "Trade union sick funds and compulsory health insurance," *American Labor Legislation Review*, 7 (1917), 93 (quotation); *San Francisco Chronicle*, Nov. 21, 1916, 9 (Mullen quotation).

[15]Green, "Trade union sick funds," 92 (quotation), 91–95; Craig Phelan, *William Green: biography of a labor leader* (Albany: State University of New York Press, 1989), 20–21. For a fuller articulation of the human resource logic, see [AALL], "Health Insurance Standards," *American Labor Legislation Review*, 6 (1916), 238; U.S. Public Health Service, *Health Insurance: its relation to the public health*, by B. S. Warren and Edgar Sydenstricker, Public Health Bulletin 76 (Washington, DC: Government Printing Office, 1916), 6–7, 38–39, 51.

with recommendations for old-age pensions and unemployment insurance, Walsh provided a rough draft of the New Deal social welfare agenda.[16]

* * * * * *

Inopportunely enough, during the New Deal years labor wholeheartedly embraced the right to health care just as the national political climate turned colder. By the late 1930s, the popular mandate for the more adventurous plans of the Roosevelt administration was waning. In the narrower context of health affairs, vested interests remained utterly inhospitable to change. Its surge of momentum in mid-1938 notwithstanding, the drive for health insurance faced an uphill battle. Liberals capitalized on the enthusiasm generated by the National Health Conference to draft the National Health Bill, introduced by Senator Robert Wagner in early 1939. Meanwhile, the AMA took from its embarrassment at the Washington conference an unmistakable warning as to the dangerous plans loose in the land. The physicians' group met the Wagner bill and its successors from 1943 on, the Wagner–Murray–Dingell (W–M–D) bills, with the most implacable opposition. Because many facets of this ideological reaction have been well analyzed by others, this study confines itself to overlooked facets of the contest which involve labor.[17]

Medical conservatives recognized the rising interest and influence of labor and made special efforts to put it on the defensive. The American Federation of Labor found itself haunted by Samuel Gompers's ghost. Although Gompers had died in 1924 and the AFL had unequivocally reversed its opposition to health insurance in 1935, opponents of social insurance passed up no opportunity to remind unionists and the general public of the prior position. A poster widely distributed in the 1940s featured his picture, accompanied by one of his many statements damning governmental intervention. When William Green testified in congressional hearings on the W–M–D measure in 1946, he anticipated Republican reminders of his predecessor's stance. "I knew Samuel Gompers as a progressive leader," Green maintained, "one willing and ready to change his views with the changing times." Given Gompers's well-known fixation on the mandatory nature of the reform propositions of the 1910s, Green hastened to defend this aspect of Wagner–Murray–Dingell: "The compulsory feature of health insurance is identical with the compulsory features of our public education system, where our children are required to attend school, and all property owners are required to support the system."[18]

Labor representatives also spent a considerable amount of energy rebutting their

[16]William B. Wilson, "Address," in Bureau of Labor Statistics, *Conference on Social Insurance*, 841 (quotation); U.S. Commission on Industrial Relations, *Industrial Relations: Final Report and Testimony*, 11 vols., 64th Cong., 1st sess., Senate Document 415 (Washington, DC: Government Printing Office, 1916), vol. 1: 126 (quotation), 125–126. On Walsh and his commission, see McCartin, *Labor's Great War*, 12–14, 18–30; Melvyn Dubofsky, *The State and Labor in Modern America* (Chapel Hill: University of North Carolina Press, 1994), 54–56.

[17]Rorty, *American Medicine Mobilizes*, 104, 320–323; Hirshfield, *Lost Reform*, 130–131, 145–148; Davis, *Medical Care for Tomorrow*, 284–292; Starr, *Social Transformation*, 280–286; Poen, *Truman versus the Medical Lobby*, 102ff.; Ronald L. Numbers, "The Specter of Socialized Medicine," in Numbers, ed., *Compulsory Health Insurance*, 3–24; Frank D. Campion, *The AMA and U.S. Health Policy since 1940* (Chicago: Chicago Review Press, 1984), 127–176.

[18]U.S. Senate, Committee on Education and Labor, *National Health Program: Hearings … on S. 1606*, 79th Cong., 2nd sess., 1946, 5 pts. (Washington, DC: Government Printing Office, 1946), pt. 1: 464 (Green quotation), 468 (Green quotation), 490; Nelson H. Cruikshank, "What labor expects from medicine," *Connecticut State Medical Journal*, 10 (1946), 303. For the AFL's formal shift in policy, see AFL,

FIG. 2. William Green.

adversaries' central assertion that national health insurance constituted socialized medicine. In a 1939 pamphlet, *Next Steps in Social Insurance*, the AFL flatly denied that publicly sponsored medical insurance was equivalent to government seizure and operation of the health-care industry. Connecticut union official Joseph Rourke dismissed as "utter nonsense" the AMA's allegation that President Truman sought to socialize America, beginning with the medical care system. George Addes of the UAW turned from defense to offense when considering the role of commercial insurance carriers who sponsored a regular radio program called Freedom of Opportunity, which regularly lambasted W–M–D as socialized medicine. Addes noted that for each dollar of premium they collected, private carriers paid only between 19 and 57 cents in health benefits. "What they mean [by freedom of opportunity]," the Auto Workers' secretary-treasurer explained, "is that they want the freedom which will continue to provide them with the opportunity of amassing huge profits out of the mental and physical suffering and the unsatisfied health needs of the people."[19]

If there was one antagonist who did the most to propound the distorted view that national health insurance was socialized medicine, it was Morris Fishbein, the longtime editor of the *Journal of the American Medical Association*. Labor played a singular role in toppling Dr. Fishbein from his position as the foremost spokesman of organized

*Report of Proceedings of the Fifty-Fifth Annual Convention, 1935* (Washington, DC: Judd and Detweiler, n.d.), 93, 495–496, 593.

[19]Joseph M. Rourke to James E. Murray, April 5, 1946, rpt. in Senate, *National Health Program*, 79th Cong., pt. 1: 497 (quotation), 496–497; Senate, *National Health Program*, 79th Cong., pt. 4: 2022 (Addes quotation), pt. 1: 484–488; AFL, *Next Steps in Social Insurance* (n.p., 1939), 9; AFL, *Report of the Proceedings of the Sixty-Seventh Convention, 1948* (n.p., n.d.), 180; AFL, *Report of the Proceedings of the Sixty-Ninth Convention, 1950* (n.p., n.d.), 229.

medicine. On February 22, 1949, the AMA official confronted Nelson Cruikshank, director of social insurance activities at the AFL, in a nationally broadcast Town Meeting of the Air. Based on his recent investigation of the newly launched, socialistic British National Health Service, Fishbein predicted disastrously clumsy assembly-line medicine. Cruikshank responded by summarizing Fishbein's own account of his trip to England, published in his own journal:

> He went to the theater, he had all kinds of dinners, he sat next to Lord Moran, he went to the Olympic Games, he passed out CARE packages, and spent one morning in Sandringham Road visiting a practitioner. … In the afternoon he took the plane to Paris and read a detective story on the way.

Shortly thereafter, the medical association fired the man often called "Dr. AMA."[20]

Beyond its jibes at labor's abandonment of the Gompersarian tradition, the medical establishment found itself in a delicate position regarding the unions. Even though organized labor came out of the Second World War with low public regard, the AMA could not easily capitalize on this unpopularity. The reason for this reticence was that the medical profession looked to organized labor to negotiate health benefits for its members, if only as a stopgap measure. Indeed, the growth of the state medical societies' Blue Shield plans depended in large part on union initiatives in a number of states.[21]

Opponents of national health insurance, however, found an ingenious way to exploit the unpopularity of labor organizations, while simultaneously lodging ideologically charged criticisms of Washington bureaucrats and collectivist internationalism. Because the medical Right could not tar all their adversaries with Soviet sympathies, they came up with another wellspring of collectivism. Participation by Social Security officials in conferences and other educational activities sponsored by the International Labor Organization thus became the basis for sweeping charges. The journal *Medical Economics* alleged in November 1945 that the Wagner–Murray–Dingell bill "was written largely by ILO leaders" and warned of a global ILO strategy to socialize medicine. In this scenario, control over the financing and delivery of health services would pass not to the central government in Washington but to a monstrous bureaucracy in Geneva. This preposterous notion received serious consideration from politicians and others susceptible to extreme Red Scare formulations.[22]

In these forbidding circumstances, with the prospects for advances in social provision growing dimmer even before the onset of the Cold War, a small number of activists put forward the tenet that there was a right to access to health care. Although the years after 1937 witnessed what Alan Brinkley called "the end of reform," this period did not witness the end of fresh ideas regarding social justice. Indeed, Brinkley saw not simply

---

[20]Milton Mayer, "The rise and fall of Dr. Fishbein," *Harper's Magazine*, Nov. 1949, 80 (Cruikshank quotation), 76–85; Michael M. Davis to Nelson Cruikshank, April 8, 1949, Michael M. Davis Papers (Rare Book Room, New York Academy of Medicine, New York), drawer M-1, folder: Nelson Cruikshank.

[21]Frank G. Dickinson, "The trend toward labor health and welfare programs," *Journal of the American Medical Association*, 133 (1947), 1285–86; U.S. Bureau of Labor Statistics, *Union Health and Welfare Plans*, Bulletin 900 (Washington: Government Printing Office, 1947); Raymond Munts, *Bargaining for Health: labor unions, health insurance, and medical care* (Madison: University of Wisconsin Press, 1967), 52–57, 71.

[22]"Labor's program to socialize medicine internationally: Wagner bill revealed as a product of the International Labor Organisation," *Medical Economics*, Nov. 1945, 37 (quotation), 36, 118, 40. On the demonizing excesses of these polemics, see Alan Derickson, "The house of Falk: the paranoid style in American health politics," *American Journal of Public Health*, 87 (1997), 1836–1843.

the expiration of the reform impulse but rather "an important moment of transition between the reform liberalism of the first third of the twentieth century and the rights-based liberalism that succeeded it." Central to the new liberalism was continued commitment to expansion of the welfare state, recast in terms of social rights.[23]

Prior to 1942, the Roosevelt administration made no argument that governmental health insurance should be considered a matter of right. The rhetoric of New Dealers at the National Health Conference, for example, remained cautiously tentative. Federal or state health insurance was portrayed as desirable, but by no means a moral imperative or an essential condition of citizenship. The emphasis lay on bringing to light the extent and ramifications of widespread unmet need for care.[24]

Perhaps unsurprisingly in a government in which economists played such a prominent role in formulating social policy, economics initially provided the fundamental rationale for public medical insurance. Reformers contended that workers denied health services became inefficient, either when working while sick or injured or, worse still, when permanently disabled by untreated conditions. With its conservationist theme, this human resource argument echoed the Progressive position of 20 years earlier. One participant in the National Health Conference quoted Theodore Roosevelt's dictum that "[t]he Nation's greatest asset is the healthy citizen." Another conferee, Louis Dublin of Metropolitan Life Insurance, welcomed this perspective as an advance over the view that took human resources for granted. Dublin reported that studies showed that "human beings are valued in terms of their productive capacity at five times the value of all other assets." We thus find in the 1930s not only the resuscitation of the Progressive agenda but recitation of the Progressives' reasoning.[25]

Labor initially emphasized this line of argument. At the 1935 convention at which it first endorsed compulsory health insurance, the AFL supported "pooling the costs of medical care on the ground that the nation needs sound and efficient citizens." At the National Health Conference, Dorothy Bellanca of the Amalgamated Clothing Workers observed, "Basically, the health needs resolve themselves into the need of preserving and safeguarding human resources." William Green's speech at the 1938 conference called attention to employees' loss of an estimated $2 billion per year in income due to sickness. Green, like Dublin, merely picked up where he had left off two decades earlier.[26]

Besides the modest attempt to portray national health insurance as macroeconomically rational, an alternative justification sought to establish a new right. During the 1930s and 1940s, three different bases for claims of entitlement emerged and commingled in liberal discourse. Taken together, these three lines of reasoning, though none proved compelling in the short term, served to open up a rights-based perspective that would prove seminal for subsequent reform campaigns.

The most heavily used justification for a right to health care via universal public insurance was the most straightforward, as well as the most economistic. All plans for

---

[23]Alan Brinkley, *The End of Reform: New Deal liberalism in recession and war* (New York: Vintage Books, 1995), 10 (quotation), 3–14.

[24]Interdepartmental Committee, *National Health Conference, passim*, esp. 1–5, 154–156.

[25]*Ibid.*, 70 (Theodore Roosevelt quotation, used by Annie W. Goodrich), 76 (Dublin quotation); CIO, *For the Nation's Security* (n.p., n.d. [1945]), 13.

[26]AFL, *Proceedings, 1935*, 93 (quotation); Interdepartmental Committee, *National Health Conference*, 14 (Bellanca quotation), 11; U.S. Senate, *To Establish a National Health Program: hearings on … S. 1620*, 76th Cong., 1st sess., 1939, 3 pts. (Washington, DC: Government Printing Office, 1939), pt. 1: 224; CIO, *Daily Proceedings of the Fourth Constitutional Convention, 1941* (n.p., n.d.), 111–112.

Federal–state and Federal health insurance during this period relied upon employee financial contributions through payroll deductions. By helping to pay for their protection, wage-earners and their dependents would gain the entitlement accorded to paying policyholders in a scheme of group insurance. To be sure, this method of financing slid over such questions as whether low-wage workers and intermittently employed workers made actuarially sufficient premium payments. It also placed the disabled, displaced, and other "medically indigent" segments of the population within a unified social insurance program, rather than consigning them to a separate stigmatizing system of medical relief. Envisioning payroll taxation arrangements like those established to support Social Security pensions, the champions of Wagner–Murray–Dingell strove to present national health insurance as a modest venture in group insurance, with risk-sharing spread across the entire population and financial contributions spread across virtually the entire population. The search for a fundamental grounding of rights was, in a sense, finessed by assuming that the vast majority of Americans would at some point make some contributions through employment and that this should automatically confer entitlement.[27]

Labor supported the principle of contributory financing. In 1944, the AFL Executive Council praised the funding mechanisms found in European plans:

> Pooling risks over a wide base lowers costs. The law requires employers to make necessary deductions from wages and contributions from the company. By putting insurance on a contributory basis, it is made essentially different from relief. Workers have equities and rights.

Nelson Cruikshank made the same association in explaining labor's concerns to the medical profession:

> What workers … are determined to have is an opportunity to earn, through their own contributions, adequate medical care for themselves and their families to which they will be entitled as a matter of right when the need for care arises.

To be sure, some in the CIO accepted the contributory approach only grudgingly, preferring that general revenues fund health insurance. All unionists, however, appreciated the way in which contributions enabled workers to maintain a sense of self-reliance. Access to health services became a property right by this form of entitlement.[28]

Labor's support for contributory social insurance stemmed in large measure from strong aversion to its leading alternative. By the late 1930s, even opponents of universal public insurance conceded that the government had a legitimate role in securing access to health care for the poorest members of society. Consequently, conservatives offered to expand welfare arrangements for those unable to afford important health services. In

[27] Medical Care Section, Planning Committee, National Health Assembly, "Conclusions," May 3, 1948, Nelson H. Cruikshank Papers (Archives Division, State Historical Society of Wisconsin, Madison), box 16, folder: AFL, Committee on Social Security, General, 1948 and 1947. On the pattern into which this plan fit, see Mark H. Leff, "Taxing the 'Forgotten Man': the politics of Social Security finance in the New Deal," *Journal of American History*, 70 (1983), 359–381.

[28] AFL, *Report of Proceedings of the Sixty-Fourth Annual Convention, 1944* (Washington, DC: Ransdell, n.d.), 147; Cruikshank, "What labor expects from medicine," 304; Interdepartmental Committee, *National Health Conference*, 107; Conference of Labor Research Group, "Summarized Proceedings," 15, Dec. 10, 1946, United Steelworkers of America Archives (Historical Collections and Labor Archives, Pattee Library, Pennsylvania State University, University Park), Research Department Records, box 65, folder 7.

a series of proposals sponsored by Senator Robert Taft, the AMA and its allies pursued various forms of relief (the forerunners of the Medicaid program) for the "medically indigent." Organized labor met these schemes with indignation. The UAW's Frederick Lendrum maintained that auto workers would neglect treatment of ailments in order to avoid obtaining care as charity. "It is very difficult," Dr. Lendrum reported, "to talk a worker into going to a doctor and begging for service." This was a deeply felt issue on which unionists naturally assumed the leading role as spokespersons for the New Deal coalition.[29]

Nothing crystalized labor's opposition so much as Senator Taft's proposal to impose a means test for eligibility for medical assistance. George Addes excoriated the 1946 rendition of this proposition:

> [I]t no more constitutes a national health program than did the pre-New Deal poorhouse system constitute a social-security program. The Taft bill ditches completely the typically American insurance principle under which a person could obtain benefits as a matter of right because he had made his proportional contribution. It substitutes the despised and degrading "means" test.

Labor thus portrayed the conservative option as an atavistic and un-American abridgement of rights. Addes pointed out that the Taft scheme was mean-spirited as well: "It is hard enough to be poor without being required to prove it if your kids get sick." When the 1946 elections gave the Republican party control of Congress, the chances rose for enactment of some variation on the Taft plan. Nonetheless, labor and its allies resisted the temptation to compromise on welfare medicine.[30]

Beyond its defensive maneuvers, labor also affirmed a right to health care on the basis of citizenship. Florence Greenberg at the National Health Conference and others thereafter consistently maintained that American citizenship implied a righteous claim to health security. Unionists asserted that the passage of the Social Security Act in 1935 had established in national public policy the principle of assuring security against the common misfortunes of industrial society. Indeed, beginning with the Wagner bill of 1939, health insurance measures came forward as amendments to the Social Security Act. Even more cautiously, the AFL situated health reform in the social-insurance tradition that began in the 1910s with the enactment of workers' compensation statutes. Thus, the first efforts to assert a social right traced only its shallower political roots.[31]

Strong opposition to these proposals meant, however, that health security could not easily be appended to the list of misfortunes for which the Federal government assumed some responsibility. As the ideological battle heated up, proponents of national health insurance worked to place medical protection on a sturdier foundation. That the Declaration of Independence proclaimed rights to life, liberty, and the pursuit of

---

[29]Interdepartmental Committee, *National Health Conference*, 24 (Lendrum quotation); [William Green], "Medical care," *American Federationist*, Dec. 1938, 1287; Constance Kent, "The wage earner's stake in health," *ibid.*, April 1939, 371; Matthew Woll, "Labor on national health," *ibid.*, June 1939, 608.

[30]Senate, *National Health Program*, 79th Cong., pt. 4: 2023 (Addes quotation), 2024 (Addes quotation), pt. 5: 2688–2690; Nelson Cruikshank, "Issues in Social Security," *American Federationist*, Feb. 1947, 28; Senate, *National Health Program*, 80th Cong., pt. 5: 2798; CIO, *Final Proceedings of the Ninth Constitutional Convention, 1947* (Washington, DC: n.pub., n.d.), 107.

[31]CIO, *Proceedings of the First Constitutional Convention, 1938* (Indianapolis: n.pub., n.d.), 208, 211; Senate, *To Establish a National Health Program*, 1: 206; William Green, "A national health plan," *American Federationist*, Aug. 1938, 811.

happiness gave health reform a grounding in incontestable national ideals. The Roosevelt administration first explicitly connected a guarantee of medical care to the rights set forth in the Declaration as it began to contemplate postwar planning. In January 1942, the National Resources Planning Board stated that "[w]e are intent on winning this war, not only to safeguard our lives and liberties, but also to make possible the 'pursuit of happiness' "; the board then presented a New Bill of Rights that included the right to adequate medical care. FDR observed in his State of the Union message in 1944 that the rights declared in 1776 had "proved inadequate to assure us equality in the pursuit of happiness." To repair this inadequacy, the president pledged his commitment to "a second Bill of Rights under which a basis of security and prosperity can be established for all." Harry Truman cast his Fair Deal in terms of his predecessor's aim to expand the Bill of Rights. (The language of constitutional rights was, of course, entirely metaphorical: no one in the 1940s intended to amend the Constitution to establish a right to health care.)[32]

Organized labor joined the effort to relate health insurance to cherished ideals and values. To be sure, unionists made relatively little contribution to the attempts to place insurance reform within the intents of the Founding Fathers. The AFL did remind Congress in 1946 that the Constitution empowered it to provide for the general welfare. But more often, the labor movement characterized denial of health security as, in a sense, a denial of full citizenship to most of the nation's population. Mrs. Herman Lowe of the AFL considered it

> unjust for a small percentage of our people to have access to the best medical and hospital care simply because they can afford it, while the majority have to jeopardize their well-being.... Under the provisions of [W–M–D], truly we could say, "We are all Americans."

Unionists also portrayed universal health security as a buttress to democracy, making frequent comparisons to universal public education. The CIO convention of 1947 upheld national health insurance as "part of the right and heritage of the people of a strong democratic nation." Like their counterparts in and around the British Labor government, U.S. unionists sought a concept of citizenship that encompassed social as well as civil and political rights.[33]

---

[32]U.S., National Resources Planning Board, *National Resources Development: report for 1942* (Washington, DC: Government Printing Office, 1942), 1 (quotation), 3, 8–9, 15, 110, 112; Franklin D. Roosevelt, "Message to the Congress on the state of the union," Jan. 11, 1944, in Roosevelt, *Public Papers and Addresses of Franklin D. Roosevelt*, comp. Samuel I. Rosenman, 13 vols., vol. 13: *Victory and the Threshold of Peace* (New York: Harper and Brothers, 1950), 41 (quotations), 40–41; Harry S. Truman to Congress, Sept. 6, 1945, in *Congressional Record*, vol. 91 (Washington, DC: Government Printing Office, 1945), 8368. For a radical reworking that demanded universal health protection, see National Unemployed Leagues, "Declaration of workers' and farmers' rights and purposes," July 4, 1933, in Philip S. Foner, ed., *We, the Other People: alternative declarations of independence by labor groups, farmers, woman's rights advocates, socialists, and blacks, 1829–1975* (Urbana: University of Illinois Press, 1976), 160–162. On the wider liberatory potential of the Declaration of Independence, see Charles L. Black Jr., *A New Birth of Freedom: human rights, named and unnamed* (New York: Grosset/Putnam, 1997).

[33]Senate, *National Health Program*, 79th Cong., pt. 1: 499 (Lowe quotation), 473; CIO, *Proceedings, 1947*, 224; CIO, *Proceedings, 1946*, 81; Cruikshank, "What labor expects from medicine," 304. On British developments, see T.H. Marshall, "Citizenship and social class," in Marshall, *Class, Citizenship, and Social Development* (1964; Westport, CT: Greenwood Press, 1973), 65–122; William Beveridge, *Social Insurance and Allied Services* (London: His Majesty's Stationery Office, 1942). For helpful analyses of Marshall's work, see Nancy Fraser and Linda Gordon, "Contract versus charity: why is there no social citizenship in the United States?" *Socialist Review*, 22 (1992), 45–67; Tom Bottomore, "Citizenship and social class,

This period also offered glimpses of a legitimating notion of a right to health care, rooted not in a theory of societal justice specific to America and its traditions but rather in a theory of global rights. Roosevelt's famous Four Freedoms, first proclaimed in 1941, defined freedom from fear and want and freedom of speech and religion in global terms. In the same vein, Roosevelt held that realization of these freedoms involved "understandings which will secure to every nation a healthy peacetime life for its inhabitants—everywhere in the world." Clearly, the war placed social ideals in a wider perspective.[34]

The vision of an interdependent family of nations produced, of course, the United Nations. For health policy, the fruit of that advance in internationalism was the historic Universal Declaration of Human Rights, passed by the UN General Assembly in 1948. Article 25 declared that "[e]veryone has … the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood."[35]

A few advocates of national health insurance in the United States ventured to frame their arguments in transnational terms. Indeed, some did not wait for the UN proclamation. The year before the Universal Declaration, Joint Council 25 of the International Brotherhood of Teamsters stated its conviction that "adequate medical care is a basic human right." When Federal Security Administrator Oscar Ewing addressed the 1949 AFL convention, he urged the AMA to reread the Constitution to understand the Founding Fathers' authorization for Federal promotion of the general welfare. But in his comments on Ewing's speech, William Green ignored the constitutional discourse and instead globalized the issue. "[W] e are going to fight together for a better world, because in order to get that better world we must develop human values, health, strength and security here in America," Green told the convention. Rising to the challenge of the AMA's propaganda against the welfare state, the AFL president declared, "I am one of those who believe that the poorest man or woman in the world is entitled to receive adequate hospital care, nursing care and medical attention whenever they are ill, and I believe in a Welfare State that will accord to them that kind of service." Green finally abandoned his vestigial Progressive preoccupation with productive human resources.[36]

* * * * * *

The 1930s and 1940s witnessed the rise of the labor movement as the foremost

---

forty years on," in T.H. Marshall and Bottomore, eds., *Citizenship and Social Class* (London: Pluto Press, 1992), 55–93.

[34]Franklin D. Roosevelt, "The annual message to the Congress," Jan. 6, 1941, in Roosevelt, *Public Papers and Addresses*, vol. 9: *War—And Aid to Democracies*, comp. Samuel I. Rosenman (New York: Macmillan, 1941), 672 (quotation); Franklin D. Roosevelt, "Message to the Congress," Jan. 11, 1944, *ibid.*, vol. 13: 33. On the distinction between health care as a civil entitlement and health care as a human right, see Laurence B. McCullough, "Rights, health care, and public policy," *Journal of Medicine and Philosophy*, 4 (1979), 209.

[35]Amnesty International USA, *The Universal Declaration of Human Rights, 1948–1988: human rights, the United Nations and Amnesty International* (New York: Amnesty International USA Legal Support Network, 1988), 115.

[36]International Brotherhood of Teamsters, *Proceedings of the Fifteenth Convention, 1947* (n.p., n.d.), 219 (quotation), 219–220; AFL, *Report of Proceedings of the Sixty-Eighth Convention, 1949* (n.p., n.d.), 414 (Green quotations), 413–414. For an instance of early adoption of a human rights perspective outside the labor movement, see Franz Goldmann, *Public Medical Care: principles and problems* (New York: Columbia University Press, 1945), v, 198.

champion of national health insurance in the United States. In this capacity, labor strongly promoted universality as a bedrock principle for health reform. During this formative period, labor's underlying rationale for reform evolved toward legitimating ideas that buttressed truly universal and egalitarian protection. Leftover Progressive notions of maximizing the efficiency of human resources implicitly encompassed only a fraction of the work force. The contributory-financing notion of an earned right similarly spoke on behalf of the primarily white male employees in some sectors of the industrial economy, with women and children trailing as their "dependents." By locating a sense of health rights within constitutional doctrines or within a framework of global human rights to subsistence, the liberal coalition commenced the process (still incomplete a half century later) of making a forceful claim on behalf of all those Americans denied access to health services.[37]

Recognition of the sustained efforts to argue for a right to health care has been obscured from historical view primarily by preoccupation with the loud dispute over whether national health insurance was socialized medicine. Also obscured thus far has been the importance of the labor movement in shaping unprecedented claims to this form of social protection. This study suggests that labor has as much claim as any other group in the United States to priority in positing a universal right to health care.

The relevance of these findings for attainment of health security in this country may not be self-evident from this analysis. Simply put, upholding a right to medical care remains a significant part of the armamentarium of any large-scale reform movement, and it seems reasonable to expect a revival of such a movement. The current drive for privatization, under the banner of managed care, will not achieve any approximation of universal insurance coverage. Between 1991 and 1996, the number of Americans under the age of 65 without health coverage increased by more than 6,000,000, from 35.4 million to 41.7 million, the vast majority of whom are employees and the members of employees' families. Moreover, the AFL–CIO recently estimated that between 1996 and 2002 at least 8,000,000 more Americans will lose their employment-based health coverage. The base for a working-class movement for insurance legislation is growing.[38]

A militant mass protest movement will be necessary to win meaningful health security. Rights become realities only by struggle, as Charles Tilly and Tom Bottomore, among others, have argued. Previous struggles for social protection are plainly instructive. Mass agitation of the unemployed in the 1930s contributed to the inclusion of unemployment insurance under Social Security. The Townsend movement helped greatly to push through the old-age pension provisions of Social Security. Mass pressure by the elderly in the 1960s was a major factor in the passage of Medicare in 1965.[39] Such movements need strong legitimating ideas for recruitment, mobilization,

[37] On the gendered nature of social provision and its justification in terms of needs, earnings, and rights, see Linda Gordon, *Pitied But Not Entitled: single mothers and the history of welfare* (Cambridge, MA: Harvard University Press, 1995), *passim*, esp. 10–11, 160–167; Lisa Peattie and Martin Rein, *Women's Claims: a study in political economy* (Oxford: Oxford University Press, 1983), 81–86.

[38] *The New York Times*, Nov. 10, 1997, A24, July 2, 1995, 1, 20, Aug. 27, 1995, 1, 20; AFL–CIO, *Paying More and Losing Ground: how employer cost-shifting is eroding health coverage of working families* (Washington, DC: AFL–CIO, 1998), 3–4; Laura Summer, "The escalating number of uninsured in the United States," *International Journal of Health Services*, 24 (1994), 409–413; Philip F. Cooper and Barbara Steinberg Schone, "More offers, fewer takers for employment-based health insurance: 1987 and 1996," *Health Affairs*, 16 (1997), 142–150.

[39] Charles Tilly, *Where Do Rights Come From?* (New York: New School for Social Research, 1990); Bottomore, "Forty years on"; Arthur M. Schlesinger, Jr., *The Age of Roosevelt*, vol. 3: "The Politics of Upheaval" (Boston: Houghton Mifflin, 1960), 29–41; Franklin Folsom, *Impatient Armies of the Poor: the*

and other purposes. Especially because health reform has been an intensely ideological subject ever since the 1910s, the next round of agitation will surely need a galvanizing rallying cry.[40] The durable idea of a right of access to health care may again serve uninsured Americans and all those pressing this issue in the future.

*story of collective action of the unemployed, 1808–1942* (Niwot, CO: University Press of Colorado, 1991), 231ff.; Henry J. Pratt, *The Gray Lobby* (Chicago: University of Chicago Press, 1976), 30–103.

[40]E.P. Thompson, *The Making of the English Working Class* (New York: Vintage Books, 1963), 68; Thompson, "The moral economy of the English crowd in the eighteenth century," *Past and Present*, 50 (1971), 76–136, esp. 78; Herbert G. Gutman, "Protestantism and the American labor movement: the Christian spirit in the Gilded Age," *American Historical Review*, 72 (1966), 74–101; Sidney Tarrow, *Power in Movement: social movements, collective action and politics* (Cambridge: Cambridge University Press, 1994), 118–134.