"In all that the people can individually do as well for themselves, government ought not to interfere." — ABRAHAM LINCOLN

40 Questions—40 Answers on

HEALTH INSURANCE

Compulsory or Voluntary

The people's decision will determine the ultimate fate of Freedom and Truth in this Nation.
A YEAR OF DECISION

The decisions and actions of the American people in 1950 will have a vital effect on the future of our Nation. Basic questions of transcending importance are at issue in Congress—and also will be at issue in the 1950 Congressional elections.

Freedom at Stake

The way the people settle those issues, through their legislators in Washington and by expression of their opinions at the ballot boxes, may determine the ultimate fate of American freedom—whether it endures as our most precious heritage, or perishes beneath the onereeping wave of socialistic controls by expanding Government.

THE KEY ISSUE

The most significant of all the issues before the 1950 forum of public opinion is the Federal Security Agency's proposal for a system of National Compulsory Health Insurance—Government-controlled medical care. This plan, which was blocked by an upsurge of public protest in 1949, is the most sweeping attempt yet made in this country toward central control of the personal lives of Americans.

Politics in the Sick Room

The plan would place politics at the bedside of the ill. It would open the gates for a multitude of proposals endangering basic American freedoms all along the line.

HEALTH INSURANCE IS HERE TO STAY!

There is no argument about the basic principles of health insurance. Almost half of the American people, on their own initiative, already have protected themselves against the financial shock of unexpected illness and accidents, through the hundreds of Voluntary Health Insurance plans available.

THE ONLY QUESTION IS:

• How Will You Have Your Health Insurance?
• On a Voluntary basis—with sound medical direction?
• Or on a Compulsory basis—with politicians at the controls?

HERE ARE

• The Questions You've Been Asking—and
• The Factual Answers You've a Right to Know

What?

1. Q. What is "Compulsory Health Insurance"?
   A. It is a multi-billion dollar program proposed by the Federal Security Administrator. In place of existing Voluntary Health Insurance plans, it would levy a new, compulsory payroll tax to support a medical system featuring Government regulation of both patients and doctors.

2. Q. Is Compulsory Health Insurance really "insurance"?
   A. It is not. And it is gravely unfair to the people to pretend that it is. Sound insurance is based on sound actuarial standards—and on contracts clearly setting forth both benefits and costs. Millions of Americans have such guarantees in writing—under Voluntary Health Insurance. But the only guarantee in the Compulsory Health "Insurance" proposal is guarantee of a new payroll tax—the eventual amount unpredictable!

Who?

3. Q. Who is for Compulsory Health Insurance?
   A. The Federal Security Agency
   The American Association of Social Workers
   The National Farmers Union
   The American Veterans Committee
   Americans for Democratic Action
   All who seriously believe in a Socialist State
   Every left-wing organization in America
   Two specially organized propaganda groups—the "Committee for the Nation's Health" and the "Physicians Forum"—whose prime concern is campaigning for Compulsory Health Insurance.

Some AFL and CIO Leaders, but Labor is divided on this issue. Most rank-and-file union men and women are violently opposed to more payroll deductions, and less take-home pay.
The Communist Party
Some well-intentioned, but misinformed, people who have been led, by the proponents’ misuse of facts, to believe that Government control will solve all of our health problems.

4. Q. Who is against Compulsory Health Insurance?
A. More than 3,000 National, State and Local organizations—speaking out in the greatest “Grass Roots Lobby” in history—were on record in early February, 1950. They represent a cross section of all America—farmers and businessmen, women and laborers, veterans and clergymen.

The National Groups include:
- General Federation of Women’s Clubs (5,000,000 members)
- National Fraternal Congress of America
- American Farm Bureau Federation
- American Legion
- American Council of Christian Churches
- National Association of Retail Grocers
- Veterans of Foreign Wars
- National Conference of Catholic Charities
- National Grange
- American Protestant Hospital Association
- National Association of Retail Druggists
- AMVETS
- State and Territorial Health Officers Association
- American Bar Association
- American Gold Star Mothers, Inc.
- Catholic Hospital Association
- National Retail Hardware Association
- D.A.R.
- American Dental Association
- National Association of Insurance Agents
- U. S. Chamber of Commerce

And in the "Grass Roots"...

In addition to the scores of National organizations, only a few of which are listed above, the roll includes hundreds of Regional, State, District, County and Local groups, such as:
- Women’s Clubs
- Lions, Rotary, Kiwanis and Exchange Clubs
- Chambers of Commerce
- Taxpayers Associations
- Real Estate Boards
- State Legislatures
- Veterans Posts, and

Most State Governors, the great majority of newspaper editors and thousands of individual Americans, who already have expressed their opposition to political medicine by writing letters of protest, from the four corners of the land, to the White House and to their U. S. Senators and Representatives.

Why?

5. Q. Why is it proposed at this time?
A. The advocates of Compulsory Health Insurance—using distorted evidence, jumbled statistics and false logic—base their case on the unsupported claims that:

1. There is a vast amount of preventable disease and death in the United States.
2. Most Americans cannot afford adequate medical care.
3. There is a grave National shortage of doctors, hospitals and other medical facilities.

6. Q. Are these charges true?
A. No. The first two are completely false. The third one concerns a problem which exists in some sparsely populated areas, but not in the Nation as a whole. This problem—involve better distribution of doctors and hospitals—already is being solved by sound, sensible, American methods.

7. Q. What is the true picture of the Nation’s health?
A. America’s standards of health and medical care are higher than those of any other major Nation. They are equalled by only two or three very small, agricultural countries. Some of our individual States, however, have better health records than any Nation, large or small.

The Brookings Institution—an impartial, Nationally-known, independent research organization—reported in 1948:

“it is apparent that the United States under its voluntary system of medical care has made greater progress in the application of medical and sanitary science than any other country. This progress is now reflected in low mortality and morbidity rates of infectious diseases, and in increased life expectancy. There is every reason to believe that these trends will continue unabated under our present system of medical care.”
8. Q. Can the American people afford proper medical care?
A. Yes. In direct, complete contradiction of those who advocate Compulsory Health Insurance, the Brookings Institution report shows that “the large majority of American families have the resources to pay for adequate medical care” if they choose to give it the priority it deserves in the family budget. And official Government figures show that while the American public annually spends about 4 per cent of its income for medical care, it spends 6 per cent for alcohol, 6 per cent for recreation and 3 per cent for tobacco. In other words, what is needed is not compulsion and Government control, but wiser budgeting for health needs.

9. Q. What is "compulsory" about Compulsory Health Insurance?
A. The payroll tax is compulsory. But there is no compulsion on Government to maintain medical standards. Foremost health authorities predict present high standards would drop like a plummet.

10. Q. Will people who don't wish to use the Government service have to pay the tax?
A. Yes. Everybody with a paycheck or a business income will pay the tax, whether he uses the service or not. The tax would apply to all wage earners and self-employed persons. Also to all employers.

11. Q. Will veterans who have already paid for medical care by their war service, be taxed?
A. Yes. Veterans will pay the tax, even though they don't need the service and don't want it.

12. Q. Will members of faith healing religions be taxed?
A. Yes. Millions of members of all faiths whose principles would prevent use of the service, nevertheless will be taxed for it.

13. Q. Will people who already are protected under satisfactory Voluntary Health Plans be taxed?
A. Yes. Whether protected under medical care Plans, commercial, industrial, fraternal, or labor Plans, they will be compelled to pay the tax for the Government Plan.

14. Q. How much will the tax be?
A. Sponsors have used various figures. Estimates range from a starting 3% to an eventual 10% on every paycheck up to $4800, half paid by the employe and half by the employer. The self-employed would pay the whole amount.

15. Q. What does that make the total bill?
A. The medical bill of the average family would be doubled, if not trebled. The staggering cost to the Nation has been estimated at from 6 to 18 billion dollars. Senator Byrd of Virginia predicts that in ten years the annual cost would be 23 billion dollars.

16. Q. Why don't the sponsors advise the people honestly and clearly on this all-important matter of cost?
A. They know they are apt to be wrong however well they figure. No Nation which has tried Government-controlled medicine ever has been able to anticipate the cost correctly. In New Zealand, the cost multiplied 2½ times in five years. In England, the very first year of the National Health Service cost double the Government's original estimate. The "estimate" for the second year was 2½ times higher than the "estimate" for the first year.

And Americans would not tolerate the type of assembly-line service being given there!

17. Q. Why should the cost, even for second-rate service, run so high?
A. Because Government-controlled medicine is political medicine!

In prewar Germany, it took one Government employe for every 100 persons included in the over-all medical and social insurance program. At that ratio, America would require a million and a half non-medical employes for a broadened Social Security system including Compulsory Health Insurance.

In England today, by recent Government admission, the National Health Service has 400,000 employes. The population there is only 48,000,000—less than one-third of that in the United States. At that ratio, America would require at least 1,200,000 Government employes just for Compulsory Health Insurance alone—clerks, administrators,
bookkeepers and tax-collectors, siphoning off medical funds before they ever bought the people any kind of medical care.

**Is It Socialization?**

18. **Q. Why is Compulsory Health Insurance called "socialized medicine"?**

A. Because the Government proposes to:
   - Collect the tax
   - Control the money
   - Determine the services
   - Set the rates
   - Maintain the records
   - Control not only the medical profession, but hospitals—both public and private—dentistry, nursing and allied professions.
   - Direct both the citizen’s and the doctor’s participation in the program—through administrative lines from the Government in Washington—down through State agencies and Local committees.

**You May Be Next!**

19. **Q. Would socialized medicine lead to socialization of other phases of American life?**

A. Lenin thought so. According to Lawrence Sullivan in his book “The Case Against Socialized Medicine”, the founder of international revolutionary Communism once proclaimed socialized medicine “the keystone of the arch of the Socialist State”.

Today, much of the world has launched out on that road. If the medical profession should be socialized because people need doctors, why not the milk industry? Certainly, more people need milk every day than need doctors.

On the same erroneous premise, why not the corner grocery? Adequate diet is the very basis of good health!

Why not nationalize lawyers, miners, businessmen, farmers? Germany did, Russia did. England is in the process.

20. **Q. What can Americans learn from this?**

A. That the greatest error in all history would be for America to start borrowing the unsuccessful systems of foreign countries which today are still functioning largely because the American system is strong enough to support them!

**History of Movement**

21. **Q. Where did Compulsory Health Insurance start?**

A. In Germany in 1883 under the “Iron Chancellor”, Bismarck, whose main idea was to gain political control of the workers. That Nation’s philosophy of Government control led ultimately to the complete degeneration of German medicine, and finally to the rubble heaps of a bombed-out totalitarianism.

England started out in 1911 with a limited system of Compulsory Health Insurance. England today has fully socialized medicine under a Socialist Government which gradually is whittling away the traditional rights and freedoms of Englishmen.

*Government-controlled medicine is a common characteristic of Nations which sacrifice freedom to authority—whether Fascist, Nazi, Communist or Socialist. By any name—it is a danger signal for all Americans!*

22. **Q. What does the record prove?**

A. That in every great country to try politically-controlled medicine, compulsory regimentation of patients and doctors has led to:
   - Deterioration of medical education, training and research.
   - Degeneration of medical standards, and of medical care.
   - Steady decline of the people’s health.

23. **Q. What happens to medical care under political direction?**

A. The mass-production methods of factory assembly lines are applied to sick human beings. As the experience of Germany, Austria and England shows, speed, uniformity and mediocrity become the order of the day. There is no time for careful diagnosis and treatment, individual attention and medical excellence.

**Doctors**

Doctors are responsible to politicians first—and their patients second.

They are forced to waste valuable hours on the’ paperwork and red tape which are part and parcel of such a Government system.
Patients

The honestly ill, in need of careful attention, have to take their chances along with throngs of people with minor complaints, imaginary ailments—or a desire for a "free" check-up and a day off.

All patients lose freedom of action in managing their medical affairs. They have no guarantee of being free to choose the doctors, hospitals or services they want—when they want them. Things are done in the manner prescribed by Government regulations.

Privacy

Medical privacy gets trampled in the rush. Personal health problems become a matter of Government record—and frequently a matter of public gossip, spread by local employees.

Medical care under political direction becomes a "soup line" operation. It is a slowed-down version of Army "sick call" with a huge civilian cast and setting.

The British Fiasco

24. Q. What is happening in England today?

A. Responsible sources report that British doctors, true to their professional code, are making a valiant effort to give their patients proper medical care, but find it virtually impossible. Some doctors have as many as 4,000 patients on their lists. Many see an average of 20 patients per hour—three minutes of "quickie" medical attention for each person. Patients have to wait weeks and months for dental appointments, hospital beds and needed surgery. The British Housewives League has been up in arms over the public gossip resulting from "local control" by committees of laymen.

As Harold E. Stassen, President of the University of Pennsylvania, wrote in the January, 1950, Reader's Digest, after an intensive, on-the-spot study of the system:

"... the British program has resulted in more medical care of a lower quality for more people at higher cost."

25. Q. What do British doctors say about this situation?

A. Many are deeply disturbed, mainly over the ultimate effect on the people's health. One harassed doctor said to Morley Cassidy of the Philadelphia Evening Bulletin, after attending to 53 patients in two hours:

"I lie awake nights sometimes, wondering what I may have missed in the rush."

The same physician described the program as "a sharing of medical poverty."

Dr. Ralph J. Campell, who came to the United States "to find freedom in medicine as well as freedom as an individual," says the British system has become "a race to empty overflowing waiting rooms by prescribing bottles of medicine and making top shirt button examinations."

A United Press dispatch from London reported that Dr. Goeffrey Blake, London dentist, considers the plan a "mechanical service like serving out a pound of tea." He said there is no longer the incentive for a dentist to do better work. "I do a filling, fill in a form and eventually get my fee," he said. "It's like putting a penny in a slot."

26. Q. What do the British people think?

A. Many are seeing doctors now, who have had little medical care under the British system in the past. And many are expressing bitter disillusionment. They are finding that so-called "free" medical service, which looked good on paper, really means tragically inferior service in return for higher and higher taxes.

A Worker's Opinion

Mr. Harold Stassen reports a workingman's viewpoint:

"I was for the National Health Program. Now from experience I am very much against it. It sounded good and seemed right that there should be no money barrier between a person who is ill and the medical care he needed. But when the money barrier was taken away, we found in its place a human barrier—a road-block of people jamming the doctors' offices and hospitals. Part of them are abusing the system. Unless you wait until you are desperately ill and an emergency exists, the barrier cannot be pushed aside. And when you finally do get through you find something that isn't as good as it used to be! Furthermore, there is the very heavy tax to pay the bills. I don't pay the doctor, but I pay!"

And, according to Mr. Stassen, many others in England have the same story to tell.
27. Q. Is Government medicine benefiting the health of the British people?

A. According to authoritative reports direct from England, it is not. The mass-production system necessary under Government control cannot provide high quality medical service.

Those who seriously require care suffer because those who don’t make such heavy demands on the medical funds, facilities and personnel.

The Practitioner, eminent British medical journal, in the latter part of 1949 published a review of the first year of the National Health Service. The contributors were outstanding medical men with an intimate knowledge of the new system. Here are some significant quotations from that report:

**Mothers and Babies**

"Until some of the major defects in the Act are remedied, grave and unnecessary dangers will exist for both the mother and infant... certain very definite risks to childbirth have been added by the present medical service." (p. 24)

"The young doctor cannot help but look ahead and view the future with some concern. The ideal of general practice is now under a cloud; he cannot be physician, adviser and a friend to his patients." (p. 44-45)

**School Children**

"... (the) Service has indirectly caused irreparable damage to the teeth of hundreds of thousands of school children." (p. 60)

Mr. Harold Stassen, in the January and February, 1950, issues of Reader’s Digest, reported these findings:

**Higher Death Rate**

"It is a further fact that during the first year of the operation of the British National Health Service, from July, 1948, to July, 1949, the death rate in Britain went up rather sharply!"

"Industrial absenteeism because of illness was higher in the first year of the health program than it was in the preceding years."

"The abrupt deterioration in the treatment of the sick is serious enough, but the effect of the National Health Program on preventive medicine is tragic. Public-health work, measures for the prevention of disease, either in existence or planned, have been retarded and even abandoned."

**Elderly People**

"In the first year of the program, in the London area alone, more than 5,000 emergency patients, most of whom were elderly folk... could not find beds."

"This breakdown of the hospital and medical care for the aged is probably the principal cause for the startling jump in Britain’s death rate in the first quarter of 1949..."

**The American Way**

28. Q. Should the United States risk such an experiment in health?

A. Responsible public health authorities warn it would be foolhardy and dangerous—as well as completely unnecessary in this country.

We already have the highest standards of medical care in the world, and we are moving constantly ahead in the solution of existing health problems. The 1948 death rate, for example, was the lowest in our history.

We have more doctors in proportion to population than any other Nation except Israel—far more than any of the countries with Government-controlled medical systems.

We are improving the distribution of doctors in rural areas through voluntary programs, mobilizing the cooperative efforts of medical societies, medical schools, public health officials and local citizens.

*We already have health insurance—the American, voluntary kind!* Existing Voluntary Health Insurance Plans already protect millions of Americans against the financial shock of illness and accident.
29. Q. How many people now have Voluntary Health Insurance?
A. The most recent comprehensive figures, issued by the Health Insurance Council, composed of the leading insurance associations in the United States, show that Voluntary Plans protect more than 61 million people for hospitalization, 34 million for surgical bills and 13 million for medical costs. Thousands of new members are joining the Voluntary Plans every day—not by force but by choice—because the product is the best medical care in the world, and the price is moderate.

30. Q. Are there many Voluntary Plans to choose from?
A. Yes. There are hundreds, competing with one another in true American style to offer the public the best product at the lowest price. They are sponsored by physicians, hospitals, insurance companies, labor unions, industrial concerns, fraternal organizations and private group clinics. Operating on sound insurance principles, based on sound actuarial figures, they offer many different kinds of coverage.

31. Q. Can the average person afford it?
A. Yes, and far more easily than he could afford a zooming, unpredictable tax for Government medicine.

Can You Share a Dime?

32. Q. What is the cost of Voluntary Health Insurance?
A. Rates vary slightly according to the type of coverage selected. But generally speaking, if you can spare a dime a day for your own health, or two dimes for your family’s health, you can get sound, reliable protection against the major costs of sickness in any State in the Union.

One popular type of Plan—providing hospital, surgical and medical coverage—costs a National average of $2.50 a month for an individual and $5.50 a month for a family.

33. Q. Is there freedom of action with Voluntary Health Insurance?
A. There is double freedom. First, you can ‘shop around’ for whatever Plan fits your health needs and your pocketbook. Second, you can choose the doctor or hospital you want—just as you do now. And your insurance Plan takes care of the bills.

34. Q. Can a person change his Plan?
A. Yes. Unlike the Compulsory Government System, you can drop your Voluntary Plan entirely, or you can switch to a different kind. It’s all up to you.

35. Q. What is guaranteed under Voluntary Health Insurance?
A. Exactly what you choose to pay for. You have a policy which specifies, in black and white, that you will receive definite benefits at a stated cost.

36. Q. How about medical privacy?
A. With Voluntary Health Insurance, the personal, confidential relationship between you and your doctor remains the same as now—undamaged by outside, political interference.

37. Q. What is the future of Voluntary Health Insurance?
A. All sound agencies in the field are working constantly to extend benefits, to offer individual coverage more broadly and to provide protection against catastrophic illness on a sound insurance basis. This means maximum protection for the American people at minimum cost. Experienced health insurance administrators predict that the Voluntary Plans soon will protect 75 per cent of our National population—if the political hand of Government control is kept away from the American medical system.

The Doctors’ “Lobby”

38. Q. Why do the sponsors of Compulsory Health Insurance accuse doctors of “lobbying” against them?
A. Because the Nation’s doctors, exercising their inalienable rights as free Americans, are taking their case directly to the people. They are telling Americans the fact and exposing the fiction in the issue of Voluntary versus Compulsory Health Insurance. In so doing, they have won the active support of thousands of organizations and millions of individuals who resent the prospect of further regimentation in this country—and are telling their Congressmen so! If this is “lobbying” it is lobbying in the finest American tradition! This “grass roots crusade” is gaining strength and momentum every day, as unbiased organizations publicly record their opposition to Compulsory Health Insurance.
39. Q. What about the Federal "Antitrust" investigations of Medical Societies?

A. A carefully planned program to discredit the American medical profession has been in progress ever since the Federal Security Administrator's plan for Government Medicine was launched. This unprincipled program reached an un-American depth in the latter part of 1949, when the Antitrust Division of the Department of Justice launched a Nationwide series of "investigations" aimed at the American Medical Association and more than 20 other medical societies and groups.

The Real Reason

The nature and timing of these attacks, which were publicly disclosed by the American Medical Association, indicated to observers throughout the Nation a politically-motivated misuse of Federal police power—an attempt to discredit and intimidate American doctors and stifle their opposition to Government medicine.

Americans everywhere have joined the Nation's doctors in condemning these Police State methods—methods which could be used against any profession or group which might oppose legislation for Government control or monopoly.

What You Can Do

40. Q. What can the average citizen do in the crusade for freedom?

A. Here is a simple two-point program:

1. Investigate the wisdom, benefits and economy of Voluntary Health Insurance. Ask your doctor or your insurance man about available Plans in your community.

2. Write to your U. S. Senators and your Congressman now. Let them know that you are opposed to compulsion and regimentation in your medical affairs.

This issue of Voluntary versus Compulsory Health Insurance involves more than doctors, patients and medicine. It represents the basic struggle—between those who would preserve fundamental American freedoms and those who would take them away.

HELP STRIKE A BLOW FOR AMERICAN FREEDOM!

Tell Your Congressman How You Stand

NATIONAL EDUCATION CAMPAIGN
AMERICAN MEDICAL ASSOCIATION
One North La Salle Building, Chicago 2, Illinois