

**Examining a Failed Moment:
National Health Care, the AMA, and the U.S. Congress, 1948-50**

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January 7, 2009

Abstract:

This paper examines a particular historical moment, the years between 1948 and 1950, when passage of national health insurance in the United States might have succeeded. A constellation of pro-national health insurance forces – a supportive president (Harry Truman), a Democratic Congress, and worldwide welfare-state momentum – seemed to align, and many observers believed that it would become a reality. But it did not happen. Like earlier measures in 1939, 1943, 1945, and 1947, the national health insurance bill in 1948-49 died in committee, never receiving a vote on the floor of Congress. In documenting this failed policy moment, we combine qualitative (discussion of interest-group mobilization) and quantitative (roll-call voting analysis in Congress) evidence within a narrative-based format.

Paper prepared for presentation at the 2009 Annual Meeting of the Southern Political Science Association, New Orleans, LA.

I. Introduction

National health insurance was a defining feature of the presidential election of 2008. Sen. Barack Obama (D-IL) and Sen. Hillary Clinton (D-NY) made national health insurance a major plank of their campaigns; even Sen. John McCain (AZ), the Republican presidential nominee, was forced by the public salience of the issue to develop his own health-care plan. And if President-elect Obama is true to his word, national health insurance will be a key element of his new policy agenda, wherein universal coverage will be achieved through a mixture of public and private means.

Yet, history has proven that bold expansions in healthcare coverage are elusive, even for committed reformers. Members of Congress face the mobilization of interests heavily invested in the current healthcare system, and, for many of them, the electoral risk of altering the status quo may prove too daunting. Presidential leadership can also be fleeting, and external events (and the framing of issues) can influence the direction and likelihood of policy change. President Bill Clinton's foray into national health care in 1992 is an excellent example of this. What began with a bang ended in a whimper.

This paper examines a particular historical moment, the years between 1948 and 1950, when passage of national health insurance in the United States might have succeeded. A constellation of pro-national health insurance forces – a supportive president (Harry Truman), a Democratic Congress, and worldwide welfare-state momentum – seemed to align, and many observers believed that it would become a reality. But it did not happen. Like earlier measures in 1939, 1943, 1945, and 1947, the national health insurance bill in 1948-49 died in committee, never receiving a vote on the floor of Congress. In documenting this failed policy moment, we combine qualitative

(discussion of interest-group mobilization) and quantitative (roll-call voting analysis in Congress) evidence within a narrative-based format.

The paper proceeds as follows. In Section II, we provide some background on the political origins of national health insurance, detailing policy failures prior to 1949. In Section III, we discuss in detail the politics of national health insurance in the 81st Congress, outlining the proposals, the impediments to success, and the ultimate policy failure. Finally, In Section IV, we wrap up by discussing the aftermath of the failed policy moment.

II. Origins of National Health Insurance

National health insurance, as a viable policy option in the United States, first gained attention during the early New Deal years. President Franklin D. Roosevelt's Committee on Economic Security (CES), led by Labor Secretary Frances Perkins, originally included a version of national health insurance in the Social Security Act of 1935, drafted by Edgar Sydenstricker and I.S. Falk.¹ While sympathetic to the idea of national health insurance, Roosevelt feared that its inclusion would lead to the defeat of the Social Security Act, so the health-insurance portion was dropped before the bill was submitted to Congress. Electoral losses in 1938 and the forging of a "conservative coalition" between southern Democrats and Republicans further delayed any concerted attempt to enact national health insurance. For the remainder of his presidency, Roosevelt never put his full weight behind a national health insurance proposal –

¹ See Edwin E. Witte, *The Development of the Social Security Act* (Madison: University of Wisconsin Press, 1962). See also Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), 267; and Jacob Hacker, *The Divided Welfare State* (New York: Cambridge University Press, 2002), 207-10.

although in his 1944 Second Bill of Rights speech, he asserted that every citizen had the “right to adequate medical care and the opportunity to achieve and enjoy good health.”²

While presidential leadership may have been lacking, a core group of liberal Democrats in Congress, led by Sen. Robert Wagner (D-NY), Sen. James Murray (D-MT), and Rep. John Dingell (D-MI), picked up the cause of providing health care.³ In 1939, Wagner submitted an omnibus five-point program, which would have amended the Social Security Act and provided federal funds for a litany of services – from basic hospital care and disability benefits to aid for child care – with states acting as the administrators. While Wagner’s proposal received considerable public attention, thanks in part to his stature on the national stage, it went nowhere; after being introduced in Congress, it was referred to committee and never heard from again. In 1943, Wagner joined forces with Murray and Dingell behind a bill for compulsory national health insurance, funded by a payroll tax, which would be drafted by the Social Security Board. This bill differed from Wagner’s 1939 initiative in that Wagner-Murray-Dingell called for *centralization*, as welfare services would be operated and supervised by the federal government, not state governments. But like its 1939 predecessor, Wagner-Murray-Dingell never emerged from committee.

² For analysis on how the conservative coalition and Southern Democrats thwarted elements of the New Deal program, see Ira Katznelson, Kim Geiger, Daniel Kryder, “Limiting Liberalism: The Southern Veto in Congress, 1933-1950,” *Political Science Quarterly* 108 (1993) : 283-306. On Roosevelt’s Second Bill of Rights, see Cass R. Sunstein, *The Second Bill of Rights: FDR’s Unfinished Revolution and Why We Need It Now More Than Ever* (Cambridge: Basic Books, 2004).

³ Much of the remainder of this section is based on the accounts by Peter A. Corning, *The Evolution of Medicare: From Idea to Law* (Washington: U.S. Social Security Administration, 1969) and Monte M. Poen, *Harry S. Truman Versus the Medical Lobby* (Columbia, MO: University of Missouri Press, 1979).

In 1945, Wagner, Murray, and Dingell introduced another version of their national health bill, one that would provide comprehensive health services to all age groups. Opposition to the bill was mounted by a diverse array of interests including the American Medical Association (AMA), the American Hospital Association (AHA), Protestant and Catholic Hospitals, the American Dental Association (ADA), the American Bar Association, the Chamber of Commerce, the National Grange, and the American Farm Bureau Federation. Senate hearings on the bill (S. 1606) began in April 1946, but bureaucratic squabbling emerged within the executive branch and liberal support quickly eroded. Within two months, it was clear Wagner-Murray-Dingell would again be stymied. Moreover, the Republicans in Congress had gained some traction framing the centralization elements of Wagner-Murray-Dingell as “socialism.” It would be a rhetorical strategy they and other groups would use successfully in subsequent years.

In November 1946, the Republicans won majority control of Congress (the 80th), leaving supporters of national health insurance (i.e., liberal Democrats) on the defensive. Nonetheless, Wagner, Murray, and Dingell again introduced a national health insurance bill (S. 1320), which would offer broader coverage than even social security at that time. Not to be outdone, the Republicans, led by Sen. Robert Taft (OH), Sen. Howard Smith (NJ), and Sen. Joseph Ball (MN), introduced a rival health care bill that was much narrower in scope, limited to providing medical services to the indigent (S. 545).⁴ Liberals such as Murray and Wagner vigorously opposed this limited approach to health care, especially the bill’s explicit means-test requirement. After several months of

⁴ Sen. Forrest Donnell (R-MO) would later be added as a sponsor.

public addresses, editorials in newspapers and medical association journals, and statements/speeches in congressional hearings. The level of support for federal intervention was sufficiently weak through the 1940s that ad hoc efforts were more than adequate. By late-1948, however, the tide had shifted, and AMA leaders agreed that more extreme measures – and clear-cut strategies – were necessary.

AMA leaders had an advantage in formulating a response plan, as the Truman Administration and Congressional Democrats had showcased their playbook in 1948, during the 80th Congress. Oscar Ewing, head of the Federal Security Agency, released a report – widely publicized and reported – that exposed the nation’s poor health and high levels of preventable deaths and concluded that the only remedy was a national (compulsory) health insurance system.⁹ President Truman strongly supported the Ewing Report, and actively communicated its findings and recommendation in the final months of the 1948 presidential campaign. And, as noted, a cross-chamber bill (Wagner-Murray-Dingell) in the 80th Congress – which never gained traction thanks to Republican-majority control – incorporated many of the Ewing Report recommendations. Thus, AMA leaders knew the course that would be set by health-insurance advocates in the Democratically-controlled 81st Congress, and began devising a counter plan accordingly.

The strategy adopted by the AMA would be professional to the core. The center of gravity for decision making was altered significantly, and the “mom and pop” feel of past Association decisions was eliminated. This was done in two ways. First, a San Francisco public relations firm, Whitaker and Baxter, was hired to coordinate the anti-

⁹ Oscar Ewing, “The Nation’s Health, A Ten Year Program: A Report to the President,” Federal Security Agency, 1948.

health insurance initiative.¹⁰ As a result, a proactive “National Education Campaign” was designed to make the AMA’s case against the Ewing Report and subsequent national health insurance legislation in Congress. At its core, the National Education Campaign would focus on connecting “national health insurance” with “socialized medicine” in the public’s mind. Second, Morris Fishbein, the editor of the *Journal of the American Medical Association (JAMA)*, was removed. Fishbein had been an important voice within the AMA for three decades; he was, however, a reactionary thinker, and his public methods lacked the precision and flair of the new Whitaker/Baxter proposal.

To promote their National Education Campaign, Whitaker and Baxter first went about assembling a war chest. The internal legislative body of the AMA, the House of Delegates, voted in December 1948 to assess each member \$25, for the purpose of raising \$3.5 million – money that would support the Campaign’s goals.¹¹ Within two months, Baxter and Whitaker had sufficient resources (around \$1.5 million) to begin implementing their strategic plans, which included “distributing millions of pamphlets, making wide use of the press and radio, mobilizing additional pressure groups against government health insurance, writing letters to congressmen, and organizing speakers’ bureaus throughout the country.”¹² In addition, the AMA would use physicians themselves as assets; while waiting for their family doctors, patients would be exposed to pamphlets – one of which was titled “The Voluntary Way is the American Way” – that detailed the dangers of compulsory health insurance. Finally, Baxter and Whitaker

¹⁰ Whitaker and Baxter came with qualifications, and they had worked successfully on behalf of the California Medical Association in 1945 to thwart Governor Earl Warren’s efforts to create state-sponsored health insurance program.

¹¹ Within a year, eighty percent of AMA members had paid the \$25 assessment. See *NYT*, Dec. 7, 1949, p. 33.

¹² Poen, *Harry S. Truman Versus the Medical Lobby*, 144.

initiated an aggressive marketing effort for private health insurance, like the physician-controlled Blue Shield plans, believing that expanding private (voluntary) coverage would dampen interest for public health insurance.¹³

In the face of this anti-health public-relations onslaught, the pro-national health insurance forces stumbled. Advocacy groups, like the Committee for the Nation's Health, possessed few resources by comparison to mount an aggressive counter-attack. Perhaps more importantly, key political actors failed to press their advantage. Ewing did all he could, pursuing important publicity and thus maintaining his reputation as the Administration's strongest proponent of national health insurance. Truman, on the other hand, was circumspect. His support continued, but his method of voicing support was cautious. His formal speeches and communications with Congress were full of pro-national health insurance remarks,¹⁴ but his interactions with the press left much to be desired. When engaged on the issue by reporters, he failed to take advantage of opportunities to promote the cause and obtain "free" publicity.¹⁵ In addition, Truman was fiscally conservative, and was leery about supporting legislation that still required budgetary consideration and clearance.¹⁶

Congressional supporters of national health insurance saw their interests encapsulated in the Murray-Dingell omnibus health legislation (S. 1679 and H.R. 4312), and they hoped the legislation would be considered on the floor (in their respective

¹³ More than a third of the population was covered by voluntary plans by 1949. This presented a 241 percent increase since 1941 and a 56 percent increase since 1945. See *Chicago Tribune*, Jan. 7, 1949, p. B4.

¹⁴ See, e.g., *Washington Post*, Jan. 6, 1949, p. 3; Jan. 20, 1949, p. C6.

¹⁵ Elmer E. Cornwell, Jr., *Presidential Leadership of Public Opinion* (Bloomington, IN: Indiana University Press, 1965), 168-70.

¹⁶ Poen, *Harry S. Truman Versus the Medical Lobby*, 154-55.

chambers) in late April 1949.¹⁷ Unfortunately, the AMA's public relations machine had been doing its job. Early April witnessed a number of important groups fall in line behind the AMA's voluntary health insurance plan, including major welfare organizations of the Catholic Church, the General Federation of Women's Clubs, the American Legion, and the National Medical Association (which represented the nation's African American physicians). Moreover, national public opinion was split, with a plurality of respondents to Gallup surveys supporting voluntary health insurance over compulsory health insurance.¹⁸ The pro-national health insurance forces were further damaged by external events; anti-Communist feeling was on the increase in the U.S., and internal threats and fears of Communist spies (like Alger Hiss) passing along secrets to the Soviets were ever present in 1949. The Whitaker/Baxter campaign to associate national health insurance with "socialized medicine" took hold, dampening public support and scaring away potential supporters in Congress.

For advocates of national health insurance, the tide had turned suddenly. In a few short months, pessimism replaced optimism, as the AMA's campaign had raised sufficient doubts in the country. In Congress, the Murray-Dingell omnibus health bill stalled in committee, even as rival legislation – a Republican bill that would have provided health care only for the poor and required a means test; another Republican bill that would have established a private system, locally administered, with federal funds provided to make up income/cost differences; and a bipartisan bill that would subsidize

¹⁷ Wagner would retire from the Senate in June 1949, due to poor health; as a result, he was unable to continue as a bill sponsor.

¹⁸ See *Los Angeles Times*, April 3, 1949, p. 15; April 6, 1949, p. 7; and *Washington Post*, April 7, 1949, p. 14;

states for insuring citizens in private health plans like Blue Cross – were introduced.¹⁹ These alternative bills muddied the waters and further eroded the support of national health insurance. Perhaps the last nail in the pro-national health insurance coffin came when southern Democratic senators refused to lend their support. Southern Democrats were prime movers in bottling up the Murray-Dingell bill in committee, and they were a strong element in producing the bipartisan alternative bill. Their growing opposition stemmed from their break with Truman on civil rights and labor issues. Specifically, Truman’s decisions to desegregate the armed forces and to seek permanent status for a fair employment practices committee served to drive a permanent wedge between him and the southern Democrats.²⁰

Of the bills being considered, the bipartisan (Hill-Aiken) bill had the best chance for success. Its focus on the propagation of private health insurance earned it AMA and American Hospital Association (AHA) support, and when considered against the Murray-Dingell bill in opinion surveys, it garnered more public support. Truman, however, was not interested in changing course; while he lacked the skill (or will) to campaign for the Murray-Dingell bill in the public arena – especially among reporters and other press correspondents – he betrayed a stubborn streak and was unwilling to compromise and support the Hill-Aiken bill. Ewing did all he could to negotiate with hospital and church groups (being powerful lobbies) behind the scenes, but could not persuade them to back

¹⁹ The first Republican bill was sponsored by Sen. Robert Taft (OH), Sen. H. Alexander Smith (NJ), and Sen. Forrest Donnell (MO), and was a revised version of a bill introduced in the 80th Congress. The second Republican bill was sponsored by Sen. Ralph Flanders (VT) and Irving Ives (NY). The bipartisan bill was sponsored by Sen. Lister Hill (D-AL) and George Aiken (R-VT).

²⁰ Indeed, a number of southern Democrats had walked out of the Democratic National Convention in 1948 – the “Dixiecrat Revolt” – and threw their support to Strom Thurmond (SC), rather than back Truman.

the national health insurance plan. Months went by, and it soon became clear that nothing would get done legislatively in the first session of the 81st Congress; as a result, Truman, Ewing, and their congressional supporters stepped back, licked their wounds, and hoped to get a new opportunity in the second session.²¹

While no national health bills came to a vote in the first session of the 81st Congress, a different vote – with strong national health care overtones – did take place. In August 1949, Oscar Ewing’s Federal Security Agency (FSA) was considered for reorganization, with a proposal on the table to elevate it to cabinet-level status. If passed, the FSA would become the Department of Welfare, and Ewing would become Secretary of Welfare. As Ewing was considered to be the strongest advocate for national health insurance in the Truman Administration, the reorganization proposal was much more than a simple administrative reshuffling. As historian Monte Poen states: “The vote was as much a referendum against national health insurance as it was against the president’s reorganization plan.”²² If Ewing became a cabinet member, opponents of national health insurance believed, he would be in a stronger position to push for the Murray-Dingell omnibus health bill. In effect, he would become the voice of the Administration, as he would be in a much more credible position to fill the public-relations void (resulting from Truman’s reticence on the subject) than was possible as head of the FSA. The anti-Ewing forces – led by the AMA – thus sharpened their knives and prepared for battle, stating succinctly that a vote for a Ewing was a vote for “socialized medicine.”²³

²¹ See *New York Times*, Oct. 27, 1949, p. 1; *Chicago Tribune*, Nov. 25, 1949, p. A1.

²² Poen, *Harry S. Truman Versus the Medical Lobby*, 164.

²³ See, e.g., *Washington Post*, July 29, 1949, p. 22; Aug. 11, 1949, p. 9.

preferences on civil rights and desegregation in the 81st Congress,²⁸ this results squares with contemporary accounts of the fallout between Truman and southern Democrats. That is, for many southern Democrats, national health insurance mapped squarely onto a labor/civil-rights dimension, and they were diametrically opposed to Truman's perspective (placement) on that dimension.²⁹

When the second session of the 81st Congress convened in January 1950, Administration hopes for a breakthrough on national health insurance proved to be misplaced. The public-relations damage done in 1949 could not be easily overcome. And the AMA kept up the pressure throughout the year, insuring that national health insurance could not easily be revived. In practical terms, the Murray-Dingell omnibus health bill was still buried in committee, in both the House and Senate. And while Ewing hoped to jumpstart the issue by making modifications to the parameters of the Murray-Dingell bill, in an effort to clarify positions and make the overall package more attractive to potential supporters, Truman resisted such overtures. Truman believed that the public would turn against the opponents of health care insurance, once voters saw them as the obstructionists that they were. He would focus his formal addresses (especially his messages to Congress) on promoting national health insurance and wait until the 1950 midterm elections, when (he believed) his opponents would be swept out of office and replaced by more fair-minded representatives.

²⁸ See Poole and Rosenthal, *Congress*, 51.

²⁹ The four voting errors from the one-dimensional model (predicted "nay," voting "yea") that are correctly predicted by the two-dimensional model (predicted "yea," voting "yea") are all southern Democrats: Burnet Maybank (SC), James Fulbright (AK), Thomas Connally (TX), and Russell Long (LA).

While Congress made no formal attempt to legislate on national health insurance in the second session of the 81st Congress, a key roll-call vote did occur, paralleling the action taken in the first session. That is, the House considered whether the Federal Security Agency should be granted Departmental status, with Oscar Ewing promoted to a cabinet seat. On July 10, 1950, a resolution (H. Res. 647) disapproving Reorganization Plan No. 27 of 1950 (elevation of the FSA to cabinet-level status) was passed, 249-71. As on the Senate vote from the previous year, supporters of national health insurance suffered a jarring defeat – and the lopsided nature was especially damaging. Summary information and a roll-call analysis of the vote appear in Table 2. This was a clear “conservative coalition” vote, even more so than the prior Senate vote, with *all* southern Democrats and all but one of 144 Republicans opposing a majority of northern Democrats. A roll-call analysis based on senators’ ideology does an excellent job of predicting (explaining) the vote. A basic one-dimension D-NOMINATE model correctly predicts 91.3 percent of the individual votes cast – a significant improvement on results from a simple minority-vote baseline. Adding a second D-NOMINATE dimension to the basic one-dimensional model yields a significant coefficient and improves classification slightly, inching prediction success up to 91.9 percent.^{30, 31} The House vote, more so than

³⁰ Adding a second dimension reduces the number of votes incorrectly predicted from 28 to 26. The PRE for the two-dimensional model, with the one-dimensional model as the baseline, is 0.07, a modest improvement.

³¹ Two points deserve mention regarding the two-dimensional House model relative to the two-dimensional Senate model. First, the substantive interpretation of the second D-NOMINATE dimension in the 81st House is that of a labor or “union regulation” dimension. See Poole and Rosenthal, *Congress*, 49. Second, the two-dimensional House model’s improvement in fit is a bit more complicated than its Senate counterpart. Specifically, the two-vote prediction improvement is a “net” improvement, incorporating both correct and incorrect predictions. That is, the two-dimensional House model correctly predicts *four* votes that the one-dimensional House model incorrectly predicts:

the Senate vote, appears to have been structured on basic left-right (liberal-conservative) terms.

IV. After the Failed Moment: The End of National Health Insurance

Stung from defeat, the pro-national health insurance forces looked ahead to November 1950, hoping that's Truman's confidence in the public (and his efforts to make the case for the Murray-Dingell bill) would lead to a more receptive set of members in the 82nd Congress.³² Unfortunately, opponents of national health insurance also saw the midterm elections as critical to future policy directions. Republican leaders made it a leading plank of their campaign, believing that it was a salient issue and one that nearly all of their caucus could comfortably line up behind. And AMA leaders recognized that their successful defeat of national health insurance in the 81st Congress was merely "round one" in a lengthy war, with "round two" (the 1950 elections) just as important, if not more so.

AMA strategy was simply to follow what worked well in the recent past. The first goal was to keep the AMA war chest flush, which was accomplished by making the \$25 assessment on members (from the pervious year) a permanent annual requirement.³³ Second, Whitaker and Baxter continued their National Education Campaign from 1949,

two "yea" votes, Thomas Underwood (D-KY) and Brett Spence (D-KY), that are predicted "nay" by the one-dimensional model, and two "nay" votes, Jacob Javits (R-NY) and Anthony Tauriello (D-NY), that are predicted "yea" by the one-dimensional model. However, the two-dimensional House also *incorrectly* predicts *two* votes that the one-dimensional model correctly predicts: two "nay" votes, John Murdock (D-AZ) and Magee (D-MO), that are predicted "nay" by the one-dimensional model.

³² This section relies upon the following accounts: "The American Medical Association: Power, Purpose, and Politics in Organized Medicine." *The Yale Law Journal* 63 (May, 1954): 937-1022; and Poen, *Harry S. Truman Versus the Medical Lobby*, 177-209.

³³ *NYT*, Dec. 9, 1949, p. 25. The AMA would later report that they had collected \$3.6 million in 1950 (to that point) from member donations. See *NYT*, Nov. 26, 1950, p. 56.

actively connecting national health insurance with “socialized medicine.” And while the AMA, as a non-profit, tax-exempt organization, could not formally support candidates for office, it could encourage physicians throughout the country to organize in response to the perceived danger associated with national health insurance. Such organization was essential to the cause, as Dr. Louis Bauer, Chairman of the Board of Trustees of the AMA, declared: “If twenty more radical Congressmen and five or six radical Senators are elected this fall, the fight will be over we will have socialized medicine.”³⁴

Answering the call, physicians began mobilizing, forming political action committees (like Healing Arts Committees and Medical Dental Committees) to work against the election (and reelection) of proponents of national health insurance. An energetic grass-roots movement began, which included thousands of phone calls and letters to constituents, extensive advertising in local trade magazines and newspapers, and the purchase of countless radio hours. Other organizations, with similar perspectives, were encouraged to join the effort, and many did – raising the monetary investment against national health insurance into the millions of dollars.

And the early returns on the AMA’s campaign blitz were positive, as two co-sponsors of the Murray-Dingell bill, Sen. Glen H. Taylor (D-ID) and Sen. Claude Pepper (D-FL), were defeated in their spring 1950 primary elections. In response, Truman went on the offensive, touring the northwest in a “whistlestop” campaign and delivering formal addresses to various business and community groups, in an effort to “set the record straight” on national health insurance and Fair Deal policies more generally. His efforts were cut short, however, when conflict broke out in Korea in June of 1950. The “war”

³⁴ *New York Times*, May 9, 1950, p. 32.

escalated over the next few months, as United States forces were increasingly swept up in the hostilities. As a result, all of Truman's attention was diverted to the Korean conflict, and he would only make one formal political appearance in the Fall of 1950.

Truman's absence proved to be the AMA's opportunity. Whitaker and Baxter identified a two-week period just before the November elections – October 8-22 – and invested heavily in media spots, with over \$1 million spent on radio time and newspaper/magazine ads. This AMA media blitz was staggering, and combined with Republican calls for a return to “conservative” government and growing fears about Communism and Socialism more generally, any momentum proponents of national health insurance seemed to possess only two years earlier was completely reversed.

When the results of the November elections were in, the Democrats had suffered a major blow. While they still maintained majority control of both chambers of Congress, their margins had winnowed considerably. The Democrats lost five seats in the Senate and twenty-eight seats in the House, reducing their advantage over the Republicans to 49-47 and 235-199, respectively.³⁵ Dr. Elmer Henderson, president of the AMA, found the election results “very reassuring,” even as he promised to continue the fight against this “spearhead of socialism” into the future.³⁶

The Democratic losses included some of the most important advocates of national health insurance. Table 3 lists the ten sponsors of the Murray-Dingell bill during the 81st Congress and their resulting position after the November elections. Five of the ten would

³⁵ See Kenneth C. Martis, *The Historical Atlas of Political Parties in the United States Congress, 1789-1989* (New York: Macmillan Publishing Company, 1998), 200-05; Michael J. Dubin, *United States Congressional Elections: 1788-1997* (Jefferson, NC: McFarland & Company, Inc., 1998), 569-87.

³⁶ *New York Times*, Nov. 26, 1950, p. 56.

AMA and the conservatives in Congress), Truman did appoint a study group, the President's Commission on the Health Needs of the Nation, to explore policy options and offer recommendations.

In 1952, the commission released its report, recommending that a new program *was* needed, albeit not the universal health insurance program that Truman and his supporters sought. Rather, the commission's suggestion was for a program that would be jointly operated by federal and state units. States would take the lead, initiating and administering programs, with the federal government providing matching funds for those who could not afford to participate (like the elderly and indigent). While such a recommendation was premature for 1952, the commission's efforts were not in vain: the basic guidelines of the commission report would form the basis of the Medicare program signed into law by President Lyndon Johnson in 1965.

Table 1: Senate Vote to Elevate the Federal Security Agency to Departmental Status

Summary Information:

Party	Yea	Nay
Northern Democrat	6	19
Southern Democrat	17	9
Republican	37	4
Total	62	30

Vote Description: S. Res. 147. Resolution Disapproving Reorganization Plan No. 1, to create a Department of Welfare. (8/16/1949)

Source: *Congressional Record*, 81st Cong., 1st Sess., 1949, Vol. 95, Part 9, p. 11560.

Roll-Call Analysis

	Model 1	Model 2
Intercept	1.26*** (0.36)	1.37*** (0.35)
D-NOMINATE, 1st Dim.	5.37*** (0.91)	5.99*** (0.98)
D-NOMINATE, 2nd Dim.	---	2.72** (1.08)
<i>N</i>	92	92
Pseudo- R^2	0.38	0.42
Percent Correctly Predicted	78.3	82.6
Prop. Reduction in Error (PRE)	0.375	0.50

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 2: House Vote to Elevate the Federal Security Agency to Departmental Status

Summary Information:

Party	Yea	Nay
Northern Democrat	32	70
Southern Democrat	74	0
Republican	143	1
Total	249	71

Vote Description: H.Res. 647. Resolution Disapproving Reorganization Plan No. 27 of 1950. (7/10/1950)

Source: *Congressional Record*, 81st Cong., 2nd Sess., 1950, Vol. 96, Part 7, p. 9864.

Roll-Call Analysis

	Model 1	Model 2
Intercept	4.41*** (0.58)	3.94*** (0.44)
D-NOMINATE, 1st Dim.	13.08*** (1.70)	9.97*** (1.18)
D-NOMINATE, 2nd Dim.	---	5.39** (1.00)
<i>N</i>	320	320
Pseudo- R^2	0.62	0.67
Percent Correctly Predicted	91.3	91.9
Prop. Reduction in Error (PRE)	0.606	0.633

* $p < .05$; ** $p < .01$; *** $p < .001$.

Table 3: Compulsory Health Insurance Bill Sponsors and the 1950 Election

Co-Sponsor	Election Outcome
Sen. James Murray (D-MT)	n/a
Sen. Claude Pepper (D-FL)	Unsuccessful candidate for renomination
Sen. Hubert Humphrey (D-MN)	n/a
Sen. Matthew Neely (D-WV)	n/a
Sen. J. Howard McGrath (D-RI)	Did not run for reelection; resigned seat on 8/23/49
Sen. Elbert Thomas (D-UT)	Defeated in the general election
Sen. Dennis Chavez (D-NM)	n/a
Sen. Glen H. Taylor (D-ID)	Unsuccessful candidate for renomination
Rep. John Dingell (D-MI)	Reelected
Rep. Andrew Biemiller (D-WI)	Defeated in the general election

Note: Bill in question is S. 1679 (Senate) and H.R. 4312 (House). The symbol “n/a” denotes that the senator in question was not up for reelection in the 1950 election cycle.