# The President's Committee on Health Education: A 20-Year Retrospective on Its Politics and Policy Impact

*Marguerite A. Guinta, PhD, and John P. Allegrante, PhD*


## ABSTRACT

The President's Committee on Health Education was created by Richard M. Nixon in September 1971 and submitted its final report in September 1973. The committee resulted from the convergence of (1) a perceived national domestic policy need in response to escalating medical costs, (2) Nixon's personal and political ambitions, and (3) the dynamic political context of the late 1960s and early 1970s. Its work led to both private and public initiatives designed to influence the public's health through education; its findings and recommendations also laid the foundation for the National Consumer Health Information and Health Promotion Act of 1976 and thus contributed significantly to the development of subsequent national policy in health promotion and disease prevention. This paper places the work and contributions of the committee into historical perspective by analyzing the committee's origins and methods and the underlying politics that shaped its work and final report. The impact of the President's Committee is traced from the emergence of health education in the early 1970s as a potentially cost-effective alternative to medical care to the pivotal role health education now plays in health promotion and disease prevention efforts. (*Am J Public Health.* 1992;82:1033–1041)


In 1971, Richard M. Nixon signed an executive order approving appointment of the first presidential committee ever charged with addressing the state of health education in the United States. Twenty years later, there has been remarkably little independent analysis of Nixon's motivations for establishing the President's Committee on Health Education, of the politics of the committee, or of the committee's impact on the subsequent development of health education and national health policy. This paper attempts to examine these varied elements and to place the work and contributions of the committee into historical perspective.

We have organized the paper into several major sections. In the first section, we review the origins and methods of the President's Committee on Health Education. Next, we examine the events that led to the committee's formation, and we analyze the underlying historical and political context that motivated Nixon and shaped the committee. Third, we examine the convening and control of the committee. In the fourth section, we look at how the politics of individual committee members influenced the writing of the final report. Finally, we examine the legacy and impact of the committee's work on the development and evolution of current national policy in health promotion and disease prevention.

## *The Origins and Methods of the President's Committee on Health Education*

Nixon planted the seed for the President's Committee on Health Education in a health message to Congress on February 15, 1971. It was the first presidential message to Congress in which health education was mentioned, much less highlighted as a national priority. Using the context of a new six-point national health strategy, Nixon expressed his support for a health education policy by invoking the following rhetoric:

> In the final analysis, each individual bears the major responsibility for his own health. Unfortunately, too many of us fail to meet that responsibility. . . . For the whole society has a stake in the health of the individual. . . . Ultimately, everyone shares in the cost of his illness or accidents.[1]

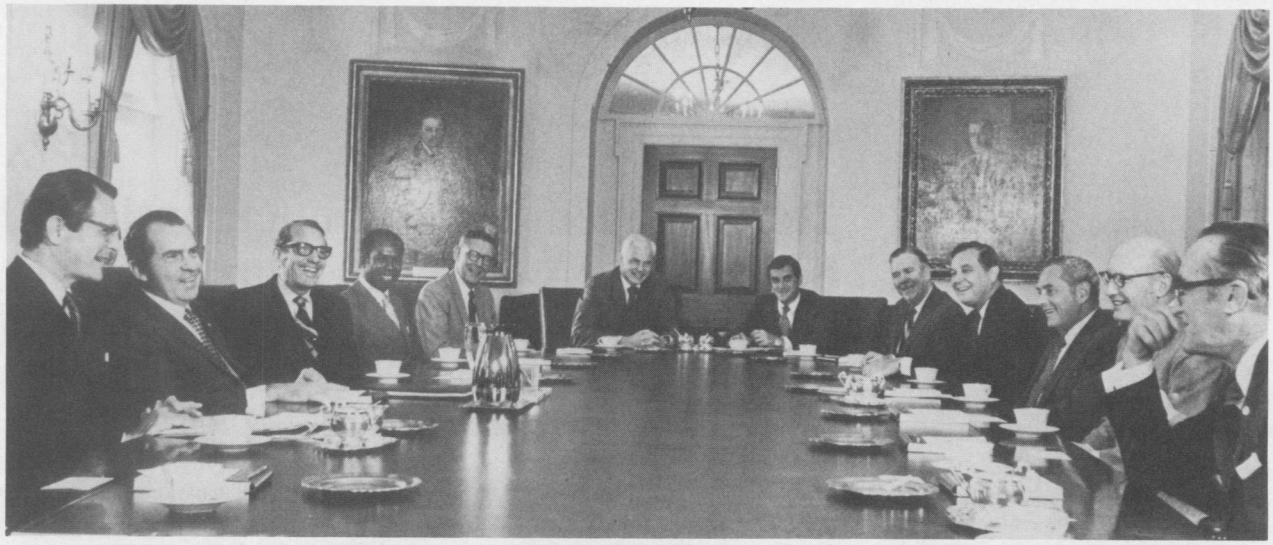
Nixon tried to engender popular political support for this policy direction by adding:

> It is in the interest of our entire country, therefore, to educate and encourage each of our citizens to develop sensible health practices. Yet we have given remarkably little attention to the health education of our people.[2]

Nixon's message to Congress thus provided the necessary context to justify establishing what would later become the President's Committee on Health Education. The formal appointment of the committee and most of its members did not occur, however, until September of 1971, when the committee was officially charged. The committee was composed of 19 members, a mix of accomplished professionals from many fields (see Appendix A). Among the most prominent and influential of these were R. Heath Larry, then vice-chairman of the Board of Directors of U.S. Steel, who later replaced Joseph C. Wilson of the Xerox Corporation as chairman of the committee upon Wilson's un-

The authors are with the Center for Health Promotion, Teachers College, Columbia University, in New York City. John Allegrante is also with the Division of Sociomedical Sciences at Columbia University's School of Public Health.

Requests for reprints should be sent to John P. Allegrante, PhD, Center for Health Promotion, Teachers College, Columbia University, New York, NY 10027.



President Nixon meeting with the Committee on Health Education in the Cabinet Room of the White House on September 14, 1971. Shown seated around the table (clockwise from left) are Elliot Richardson (secretary of HEW), President Nixon, Joseph Wilson (committee chair), Dr. Alfred Haynes, Dr. Irving Shapiro, Dr. Merlin DuVal (assistant secretary of HEW), Kenneth Cole (assistant to the president), Richard McGrail (deputy executive vice president of the American Cancer Society), Wrede Petersmeyer, Dan Seymour, A.C. Nielsen, Jr, and Joseph Beirne. Not shown, but present for the meeting, were Dr. Scott Simonds, J. Henry Smith, Charles Siegfried, Dr. Joseph Painter, Alexander McMahon, Walter McNerney, Victor Weingarten (committee director), Clarence Pearson (associate director), and John Cavanaugh (White House liaison). Photograph courtesy of the National Archives and Records Administration.

timely death; Walter J. McNerney, then president of the Blue Cross Association and vice-chairman of the committee; the late Joseph A. Beirne, then president of the Communications Workers of America and a member of the Executive Council of the AFL-CIO; M. Alfred Haynes, MD, until recently the chairman of the Department of Community Medicine and dean of the Charles R. Drew Postgraduate Medical School in Los Angeles; A.C. Nielsen, Jr, president of A.C. Nielsen, a public relations and ratings company; Irving S. Shapiro, PhD, then director of the Health Education Division of the Health Insurance Plan of Greater New York; Scott K. Simonds, DrPH, professor of health education and director of the Health Education Program at the University of Michigan School of Public Health; and J. Henry Smith, then president of the Equitable Life Assurance Society of New York. It is notable that several key members of the committee were from or had close ties to the insurance industry.

On September 14, 1971, during a 20-minute meeting held in the Cabinet Room at the White House, Nixon formally charged the committee

1. To describe the "state of the art" in health education in the United States. . . .
2. To define the nation's need for health education programs. . . .
3. To establish goals, priorities, and immediate and long-term objectives . . . to raise the level of "health consumer citizenship."
4. To propose the most appropriate scope, function, structure, organization, and financing of such an effort. . . .
5. To develop a plan for the implementation of [the committee's] recommendations.[3]

Before issuing its report, the committee held public hearings in eight cities, during which 300 people gave 71 hours of testimony. The testimony ran the gamut from brief descriptions of health education programs to more comprehensive discussions of recommendations that witnesses wanted included in the final report.[4] In addition to hearing testimony, the committee met with 27 federal agencies to determine the role and scope of current government activities in health education.[5] And using an elaborate questionnaire, the committee polled about 600 vendors of health education materials and programs.[6] Finally, in March 1972, the committee distributed its preliminary report to representatives of some 70 national voluntary agencies and professional associations at a three-day forum hosted by the National Health Council.[7] The final report, which was presented to the president in September 1973, contained two major recommendations:

> That a focal point be established within the Department of HEW [Health, Education, and Welfare, now Health and Human Services] to work with all federal agencies to help make the federal government's involvement in health education more effective and more efficient. [And] . . . that the nation needs a [private] National Center for Health Education to stimulate, coordinate and evaluate health education programs.[8]

Because Nixon was by then enmeshed in the Watergate scandal, he could not devote time or political energy to implementing the report. Thus, Caspar Weinberger, then HEW secretary, commissioned a one-year, federally funded study by the National Health Council to review the committee's report and its implications for policy implementation. The study just reiterated the need for both public and private focal points (i.e., organizational entities) if a coherent national approach to health education was to be accomplished.

In response, the Bureau of Health Education was established in May 1974, at the Centers for Disease Control in Atlanta, Georgia. Later, in October 1975, the Health Education Research Council, originally the nonprofit research arm of the Society for Public Health Education (one of several major professional associations representing the interests of health education practitioners), ceased operation under its old charter and be-

came the National Center for Health Education. The center, a private sector organization incorporated as a not-for-profit organization, began operations in New York City. Both the Bureau of Health Education and the National Center for Health Education were thus identified to take the lead in the nation's health education efforts—efforts, as we shall argue later, that provided the foundation for and have continued to find expression in the present-day national program of health promotion and disease prevention.

## *Why a President's Committee?*

According to Thomas Wolanin, who has studied dozens of presidential commissions, a sitting president can establish a presidential advisory commission by executive order under authority of the Federal Advisory Committee Act. The president will do so with one or more purposes in mind.[9]

### *Policy Analysis*

A president's most frequent purpose in establishing a commission is to conduct policy analysis.[10] Commissioners are asked to study a specific problem, assess current policy and efforts to resolve the problem, and recommend a course of action. When forced to choose from among several policy alternatives, the president expects the commission to identify a course of action that promises to be congruent with the political goals of his administration. Thus, the solutions recommended should appear to reform the status quo but not entail a radical transformation of the administration's social, economic, or political agenda.[11]

In the case of the President's Committee on Health Education, Nixon wished the committee to function primarily in the policy-analysis role. But this came about fortuitously. On February 23, 1971, Elliot Richardson, then HEW secretary, called together a group of representatives from the major insurance trade organizations ostensibly to ask their opinions and assistance in moving forward to establish what Nixon envisioned as a national health education foundation. The reason for doing this was that Nixon's health message to Congress included a statement indicating that leadership from the private sector had already agreed on the need for such an organization and had set an initial goal of $1 million in pledged donations to support its budget. There was talk that as much as $35 million in annual core operating support for such a foundation could be generated by levying a new tax on every health insurance policy sold in the United States. Nixon was thus prepared to establish a private foundation, rather than an advisory commission, to undertake specific projects in health education. Such a foundation would be financed solely by taxes raised on the back of the insurance industry.

Upon hearing this plan, the insurance industry representatives were predictably, unanimously, and vehemently opposed. Clarence Pearson, who was then assistant vice president in charge of the Health and Safety Education Division at the Metropolitan Life Insurance Company in New York and was later loaned for service to the President's Committee as its associate director, remembers the meeting this way:

> It was [mostly] insurance people invited to this meeting . . . and the plan was to start to move ahead on the president's message. Well, the insurance industry was up in arms because they didn't want any taxation added to their insurance policies. [Richardson did not know that] nothing [before this meeting] had been done [by Nixon's staff] to discuss this with the insurance industry. So what happened was that the whole cycle changed. [They decided] that they would set up a president's [Advisory Committee] to take a look at everything that's going on in the field.[12]

Those at the meeting told Richardson that a foundation would be premature, that not enough was known about health education or its impact to justify the investment of so much money. They suggested an alternative plan: that an advisory committee be formed to examine the state of the art of health education and report back to the president. They also recommended that the advisory committee be funded solely by private funds. Contributions would come from private insurers, Blue Cross/Blue Shield, and The Commonwealth Fund. No federal money was to be allocated, making the President's Committee on Health Education one of the few presidential commissions ever appointed and supported without a substantial investment of public tax dollars.[13]

### *Window Dressing*

A second purpose presidents have in establishing commissions is "window dressing," which essentially entails the commission marketing a plan the president already favors.[14] The commission's role is to advise the president while giving his preconceived plan dignity, credibility, and political clout. This is not to suggest, however, that window-dressing commissions are merely rubber stamps. A president always runs the risk that a commission—which, by nature, must be independent if it is to serve him best—may, at worst, undermine him, or, at best, modify his proposal. The latter, for example, was the case when Pres. Harry Truman created the President's Commission on the Health Needs of the Nation (1951 to 1952), which Truman had hoped would recommend a form of national health insurance—but did not.[15]

In the case of the President's Committee on Health Education, it is entirely plausible that John Cavanaugh, Nixon's White House liaison to the committee, may have attempted to persuade the committee's director, Victor Weingarten, to formulate (or at least begin thinking about) what would become the two major committee recommendations prior to the writing of the final report. Some committee members believed that Weingarten, although perceived from the outset as being largely resistant to presidential manipulation, was already formulating the report's conclusions even as the data were being gathered. This would not be surprising, as commissions often are appointed to reach foregone conclusions.[16]

### *Long-Range Education and Policy Impact*

A third purpose in establishing commissions is that of long-range education and the expectation of having an impact on society long after the president who has initiated the effort has left office.[17] Creating a commission becomes a sign—if only a fleetingly symbolic one—that a president recognizes a problem and is willing to do something about it. Nixon believed the health of the population rested primarily in its own hands. Indeed, he once went so far as to propose a "health bible" outlining healthful behaviors to follow, which would have been distributed to the entire population.[18] Thus, Nixon envisioned the creation of a national health education foundation to finance and promote efforts to influence the nation's health through education.

Nixon believed health education held the key to both preserving the health of the American people and stemming the already high and growing costs of medical care being wrought by the combination of burgeoning medical technology, population growth, and the health-related entitlement programs of Lyndon Johnson's Great Society. Nixon believed that estab-

lishing and institutionalizing a foundation could accomplish something worthwhile and at significantly less cost than any national health insurance program being embraced by the Democrats. For all his personal and political shortcomings in domestic policy that would become evident by the end of his failed administration, Nixon wanted to be remembered beyond his presidency for his interest in and contributions to health policy.[19]

### *Responding to Crisis*

A fourth purpose in creating a commission is to respond to a crisis.[20] Because the president is the national symbol of leadership and moral authority, the country expects him to act quickly and decisively when a serious national emergency arises. Although the President's Committee on Health Education cannot be said to have been created in response to an obvious national emergency, it can be argued that Nixon perceived a crisis of a different sort and, in his own way, attempted to respond to it.

The historical and political circumstances that exist at the time a presidential commission is assembled can play an important part in determining what it is able to do and even what conclusions it can reach. In his hope to establish a national health education foundation, Nixon was taking advantage of a general mood in the country that increasingly expressed opposition to the high costs of medical care and the perceived limits of the medical establishment's emphasis on curative medicine.[21] But it went considerably deeper than that. By 1971, the nation was in the throes of a nascent cultural upheaval, which had emerged in the late 1960s with the militant dissent and social activism that was engendered by America's role in the Vietnam war, and which had reached a crescendo by 1973 with the Watergate crisis. These two developments were to mark the beginning of Nixon's political undoing and sow the seeds of further public distrust of government.[22] By the end of the 1970s, the casualties of this growing distrust of American institutions of cultural and moral authority would include medicine. Whether he realized it or not, Nixon was riding a wave of growing public disaffection and disenchantment with medicine, its escalating costs, and the federal government's seemingly ineffective role in controlling either. This made Nixon's vision for health education seem not only economically sensible, but also both culturally and politically popular.

While Nixon was concerned about the escalating cost of health care, he was even more alarmed at the political threat posed by Sen. Edward Kennedy's success in getting the issue of national health insurance squarely on the national political agenda. Thus, although Nixon and his advisors may have been motivated to establish the President's Committee on Health Education to help thwart what they no doubt saw as a growing and costly economic disaster for the country, they were equally motivated by the specter of the political disaster Nixon would face at the polls if Kennedy's rhetoric and proposals were allowed to go unchallenged. A presidential advisory committee that was studying the potential of health education to stem health care costs might, after all, serve to deflect public opinion and congressional interest away from Kennedy's plan, which, in Nixon's opinion, was likely to be costly, not only in terms of dollars for the nation but also politically for himself.

### *Issue Avoidance and Issue Management*

Presidents often establish commissions in an attempt to either avoid or manage issues.[23] Issue avoidance is not usually the major reason because establishing a commission could highlight or prolong unwanted public debate in ways that might be politically risky or unacceptable. However, there can be considerable political payoff in using a commission to defer action. Unlike issue avoidance, issue management is in most cases the dominant rationale for creating a commission, often with purely political ends. In 1948, for example, Truman proposed a civil rights program based on the recommendations of the President's Commission on Civil Rights. Although Truman knew that such a program could not pass Congress, he created the commission to win northern Black votes, a strategy that proved critical to his electoral victory.

Nixon believed an advisory committee studying health education could be useful and politically expedient. He clearly wanted to manage an important issue bearing on the nation's health. But the concept of a president's committee on health education would have remained but a gleam in Nixon's eye had he not become alarmed at the increasing success that Kennedy was having in making national health insurance a populist political issue. Thus, Nixon was also interested in derailing Kennedy's plans for national health insurance and thereby avoiding political defeat on a major domestic policy issue that might hurt him in his bid for reelection in 1972. Committee member J. Henry Smith remembers:

> [Nixon was worried about] the question of national health insurance. . . . Kennedy and some other important politicians [were] for it. [Nixon] . . . looked about for alternatives . . . and found [the idea of a foundation] pretty promising, one that could [also] help make some political capital [for himself].[24]

Nixon was deeply concerned about the cost a national health insurance system would pose for the nation's business community. As a result, his health message to Congress in February 1971 contained ideas—and skillful rhetoric—that were intended to circumvent the growing political support for Kennedy's plan by being just as bold and just as comprehensive. Thus, not surprisingly, Nixon had mixed motives—not the least of which were personal and political—in establishing what eventually became the President's Committee on Health Education.

## *Convening and Controlling the President's Committee on Health Education*

With a core group already established following Richardson's February meeting with the insurance industry representatives, the White House invited nominations for a "foundation board" from the original group as well as from other professionals in various fields. Neither Richardson nor Nixon, however, anticipated the reaction of those they invited to sit on this board. On the morning of September 14, 1971, those whose nominations had already been approved were convened for a breakfast meeting at the Statler Hotel in Washington, DC. Scott Simonds relates his experience at the meeting:

> Several of us . . . were asked in a letter from the White House to be [on the] board of the . . . foundation. . . . And the confrontation! I can remember almost choking over my scrambled eggs [when] Joe Wilson, a kind of powerful man, [was] telling Richardson . . . that he was not about to rubber-stamp this thing for the White House. [Between] the time we had breakfast with the secretary and . . . the time we met with Nixon, [Richardson] got to Nixon to say there had been a small shift. What we discussed one hour later was essentially the formation of the President's Committee on Health Education—renamed within one hour.[25]

It is apparent then that, despite the reservations expressed by the representatives of the insurance industry at the initial

meeting with Richardson in February, the White House still wanted a foundation. The necessary political groundwork, however, had not been laid beforehand by Richardson or Cavanaugh, Nixon's White House liaison to the group. The would-be board members had no idea what the White House or HEW had in mind for them, and it quickly became apparent that they were not going to be manipulated. With the help of Richardson, who went over to the White House before the breakfast meeting had adjourned to talk with the president about a possible change in the plan, Nixon realized he would have to settle for a preliminary study of health education before he could leap headlong into the foundation he desired. The President's Committee on Health Education appears to be the only presidential commission created under such unusual circumstances.[26]

Nixon's original idea for a national health education foundation, which would campaign for and sponsor health education efforts, thus swiftly became that for a commission whose function would be primarily investigative and advisory. But if Nixon thought his group of commissioners would be malleable, he was in for more surprises. It was no secret, for example, that Joe Wilson, who earned a reputation as "the gentle giant" in his role as committee chairman, detested the president; although a registered Republican, he had not even voted for Nixon. This created enormous problems in communication between the committee and the White House while Wilson was committee chairman. So strong were the animosities that later, when the White House got word that committee director Victor Weingarten was planning to dedicate the pending report to Wilson, who by then had died, Cavanaugh demanded that this not be done. When Weingarten, a close friend of Wilson who had worked with him on similar projects, insisted on the dedication, Cavanaugh replied, "In that case, we'll hold you accountable," and he hung up the phone and would not respond to any letters or phone calls for almost six months. This exchange later resulted in 10 000 copies of the committee's final report—containing the dedication to Wilson that Weingarten had wanted—being impounded by the White House before they were eventually released.[27]

Nixon no doubt hoped the committee would be constrained and feel obligated to obey his wishes. His influence, however, was limited. The committee had considerable autonomy and freedom from White House interference. This could have been because Nixon felt confident in the panel; because he felt his responsibility to the committee ended with its first meeting; or, as is more likely the case, because he was simply preoccupied with other, more pressing matters of state. It is also likely, however, that the personal animosities between Cavanaugh and Wilson played a significant role in providing the committee with independence from White House control.

It is, moreover, doubtful that Nixon could have controlled the committee through Cavanaugh even if he had wanted to. Commissioners see themselves as professional and independent, and they are likely to speak out when they see undue White House meddling.[28] In the case of the President's Committee on Health Education, it is abundantly clear that Wilson and several other commissioners did not want to be pawns of Nixon or anybody else in the Nixon White House.

One need only examine the number of "runaway" presidential commissions to realize that, in general, most commissions are not subject to the kind of White House control that presidents hope to exercise. Numerous presidential commissions have proved to be an embarrassing and unanticipated political liability to the president who established them.[29] Among the most notable are Eisenhower's Committee to Study the United States Military Assistance Program (1958 to 1959), which recommended that family planning activities overseas should be supported, causing a political storm for Eisenhower.[30] Similarly, the National Commission on Urban Problems (1967 to 1968) and the National Advisory Commission on Civil Disorders (1967 to 1968) attempted to address highly complex social problems and only proved to be embarrassments to Lyndon Johnson. Nixon's Commission on Obscenity and Pornography (1967 to 1970) and his Commission on Population Growth and Family Planning (1968 to 1969) both issued reports that displeased him. The first issued findings that were not to Nixon's liking, and the president chose to do nothing more than issue a terse statement against the report.[31] And in the second, which Nixon inherited from his predecessor, the commissioners made recommendations that abortion be legalized and contraceptive services be made available to minors, recommendations that would be flatly rejected by Nixon.[32] Finally, Ronald Reagan's Presidential Commission on the Human Immunodeficiency Virus Epidemic (1987 to 1988) is a more recent example of a runaway presidential commission. In this case, Adm. (Ret.) James Watkins, the commission chairman, proved to be more outspoken and independent than Reagan had anticipated. The only member who upheld Reagan's more conservative stance was Dr. William Walsh, the founder and president of Project HOPE, who made no secret of his displeasure with the recommendations of the commission.

As it turned out, Nixon exerted little control over his Committee on Health Education. Chairman Wilson appointed Weingarten, his close friend and former coworker on many other commissions, to be the committee director. Weingarten was fresh from an assignment with Nelson Rockefeller's Steering Committee on Social Problems and had a good grasp of domestic policy issues facing the nation.[33] Neither he nor Wilson, both strong and independent personalities, were unduly influenced by the White House. Thus, Nixon's staff, even if it did have a form of cronyism in mind, appears to have been incompetent in selecting sycophants.

## *Politics of Writing the Committee Report*

Although they came from different backgrounds and had varied hopes for what the committee might accomplish, one thing members had in common was a desire to do a serious study. They worked hard over two years, progressively writing 14 drafts of what eventually became a massive report that appeared in 1973. The many revisions attest to the committee's efforts to turn out the best report possible.

Most of the report's draft revisions comprised changes in format or phrasing; others were a consequence of more significant, but interrelated problems.[34] For one thing, almost everyone on the committee had his or her own personal agenda, making it very difficult to reach consensus. For another, the problem of varied individual expectations was further complicated by the fact that, despite Nixon's charge, many members remained unclear about what the committee's mandate really was. Exacerbating this was a suspicion on the part of many on the committee that, while they were hard at work, the final report was being written with recommendations already in mind. Simonds notes:

> One of the things that became clear to many of us along the way was that, while . . . the various members of the task force subcommittees were going out for hearings around the country, gathering the data and doing tons and tons of work, . . . the report was actu-

> ally being written. . . . I mean a whole two-day workshop and five working papers could end up being an adjective in the report, or [something like] "early childhood education." [All our recommendations] were totally lost.[35]

Almost everyone came to the committee with professional goals and political allegiances. Simonds notes that "everybody was after something. I mean, you don't get a President's Committee on Health Education more than once in a hundred years. [Everyone was thinking] 'It's time to do something.' "[36]

Another member of the committee, who admits that, as far as his expectations went, he had "none whatsoever," comments:

> [This was] never intended to be an "expert" committee. Rather, [it was to be] a cross-section of the populations that would conceivably be affected or concerned [with the results of the committee's work]. So from the very word "go," it [was] a political thing and not a scientific or professional kind of committee. . . . I had no clear-cut expectation. . . . One does the best one can.[37]

J. Henry Smith was looking out for the insurance industry, whose interests were apparent to most on the committee. This was not the first time Smith had been politically involved in health matters on the behalf of the industry. He describes his frustration at trying to get the report out:

> The [report] changed from time to time. . . . I do recall feeling that a lot was being said, but an awful lot was not being said. . . . I think a lot of people had some net belief that the report was inadequate or that it was biased.[38]

M. Alfred Haynes remembers and understood what many of his fellow commissioners were going through, but he does not agree with their conclusions. He acknowledges that there was some fear the report would be put on the shelf and forgotten. But he points out that "that always happens on any presidential committee. Members . . . ask, 'Well, will something really come out of it or are we wasting a week?' " Haynes, who came to the committee with a special concern for health education for the poor, did not feel data were being purposefully omitted.[39]

R. Heath Larry, who succeeded Wilson as committee chairman, agreed. "I know [the report] wasn't half-written by the time [the committee] started to do its work because it was awful tough trying to get a report written at all [owing to the difficulty in reconciling different interests]."[40] Larry's main agenda was to get out a report that would have the greatest impact on the greatest number. Thus, its tone would have to be middle-of-the-road and its style general. Other committee members agreed. Haynes, for example, wanted the report to be essentially a summary document that would "contain the highlights of the committee's work and a summary of significant recommendations. The report would be for general use and would not have the same degree of the detail which other reports might have."[41] Similarly, C. Wrede Petersmeyer, then chairman and president of Corinthian Broadcasting Company, urged that "our report be simply written to improve the odds that action will be taken on it."[42] In a letter to Weingarten, Haynes wrote, "[I]t had to do with making sure that the matter caught the attention of the President and that something happened afterwards."[43]

Weingarten, a public relations expert, shared these views. His main goal was to create a document that, while doing justice to the concerns of professional health educators, was nonetheless packaged in such a way as to make both the president and Congress take notice. As he explains, "This particular committee was good. . . . [It had] a huge commitment to social issues. It was just a matter of getting a federal commitment."[44]

But Weingarten's strategy only compounded the concerns of those on the committee who felt that the recommendations in the report, particularly that of establishing a national center for health education in the private sector, were foregone conclusions that the committee's work was made to support. Some questioned Weingarten's apparent decision early on in the process to use his very influential position to turn out not a scientifically sound document but one that they considered to be "political."[45] This was accomplished, it was believed, at the expense of a report that might have reflected the state of the art, ways of thinking, and real needs in health education.

These committee members, however, may not have fully understood the nature of presidential commissions, which in general do not undertake research in the sense of scientifically testing hypotheses concerning the origins of a problem. When such research is attempted, it very often fails. A good example of this is the report of the President's Commission on the Assassination of President John F. Kennedy, the findings and conclusions of which have been the subject of intense scrutiny and debate.[46] Presidential commissions operate under severe time constraints, with the average commission lasting only 11.6 months. About half this time is usually spent gathering data, and the rest is spent making decisions on findings and report writing.[47] Even though most commissions have adequate funding, they rarely have enough money to undertake broad or purely scientific research. It is, therefore, not surprising that commission reports often recommend further study, very often by means of new organizations. Moreover, commission staff, often comprising lawyers or midlevel bureaucrats, are frequently not oriented to purely scientific research, and their approach to a study very often consists of secondary data analysis intended for use in making pragmatic suggestions. Even if a commission were capable of conducting the ideal study, the fact remains that not all policy-relevant questions can be answered definitively through scientific methods.

The final report was written largely by key people such as Weingarten and McNerney; any committee member who had comments or objections could then add his or her own opinions to the official published document. Thus, when the final report to the president was printed, it contained supplementary statements and even those of dissent from some committee members. Many of these statements addressed themselves only to technical issues, such as the amount of money being proposed for a private sector national center for health education or the need to strengthen the definition of health education.[48] Others were more philosophical in nature. For example, in a prescient recognition of the potential for victim blaming in health education that would be debated later by health educators during the 1980s,[49] Irving Shapiro wrote, "[An] unacceptable attitude is expressed in the [report's] statement . . . that people must meet the health care system 'at least halfway.' The presumption here is that they are equally, if not more, to blame for the failures in our 'system.' "[50] But most of the statements spoke to the perceived consequences of the report's "political" superficiality. As Charles Siegfried, then vice-chairman of the board of the Metropolitan Life Insurance Company, remarked, "[T]he Report appears to minimize both the volume and quality of what has been done and is being done in the way of health education. On the other hand, it tends to minimize the enormous complexities in the way of making significant changes."[51]

Simonds, in what he preferred to call a "statement of conscience" rather than of dissent, likewise noted, "[S]ome of the most interesting and significant ideas have

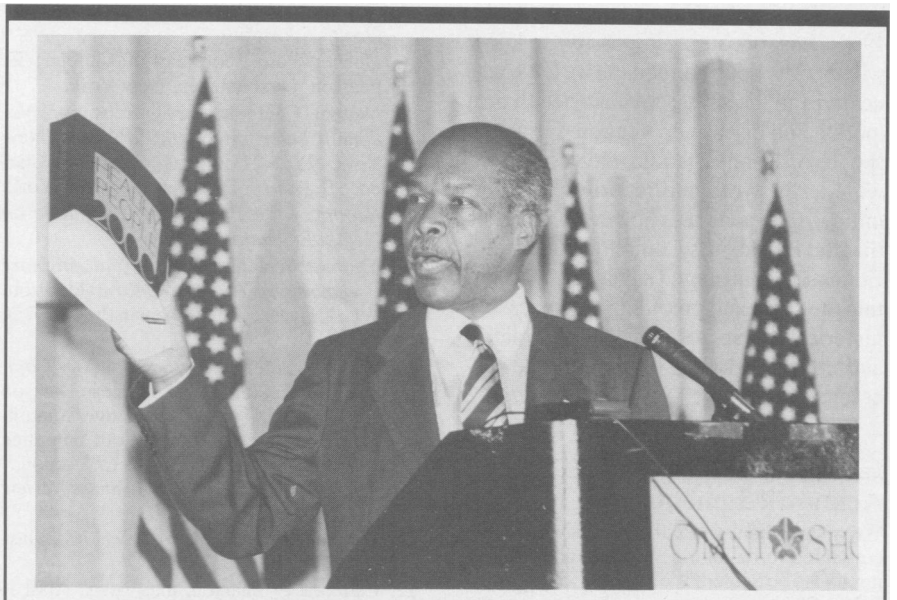
been lost that described ways in which health education could be advanced in this country. I think this is to be regretted."[52] Similarly, as Joseph Beirne said, "The report . . . does an injustice to the nearly 300 citizens and health professionals who testified at the eight public hearings."[53]

Most dissenters had in common the belief that, in some way, the report failed to do justice to the spirit of Nixon's charge or to the cause of health education. Significantly, most quarreled with the wording of the report more than with its basic philosophy and intent, which were that people can develop the capacities to help themselves to better health, and that both public and private national health education organizational entities were needed to work toward that end.

Most presidential commissions that have been studied have, for one reason or another, reflected unanimity in their reports.[54] Yet politics of the sort described by members of the President's Committee on Health Education is not unusual, and so unanimity can be difficult to achieve. In fact, unanimity may not necessarily be desirable because it may obscure legitimate differences and thus be deceiving. Moreover, although the major aim of commissions is to achieve a consensus—even if at the expense of accuracy—often that consensus is the result of a simple lack of motivation on the part of dissenters to write statements. But when commissioners cannot agree, statements of qualification and outright dissent are inevitable, and the only prudent thing for a chairman or executive director to do is to phrase a final report with measured language and some rhetoric.[55] If unanimity must be sacrificed, then an equivocal report like that of the President's Committee on Health Education is issued.[56]

## The Impact of the Committee

Despite the alleged nonscientific nature of its report and the possibility that at least some of its recommendations were prefabricated, it can be argued that the committee's efforts were catalytic and ultimately had a far-reaching impact on the nation's health policy. Most notable was the establishment of the federal Bureau of Health Education and the private sector National Center for Health Education. These were important institutional outcomes of the committee's work because, prior to the committee, health education efforts in the government sector were diffuse and scattered around the US Public Health Service and across a number of other federal agencies, with little interagency cooperation or effective planning. Similarly, in the private sector, health education activities had been pursued by a number of private voluntary health organizations, whose interests in competing for philanthropic and charitable contributions precluded a coherent national effort or single voice. In recommending central focal points for health education in both the federal government and the private sector, the President's Committee on Health Education arguably provided the necessary impetus for efforts that would lead to better coordination and funding of health education.[57]



Louis W. Sullivan, MD, Secretary of Health and Human Services, announcing the *Healthy People 2000* initiative in Washington, DC, September 6, 1990. Photograph courtesy of the US Department of Health and Human Services.

The need to coordinate health education as identified by the committee found further expression in the 1976 Fogarty Task Force on Consumer Health Education. Picking up where the committee left off, the task force made recommendations that eventually laid the political groundwork for passage of Public Law 94–317, the National Consumer Health Information and Health Promotion Act of 1976.[58] This legislation set in motion a series of activities in the Office of the Assistant Secretary for Health during the late 1970s that led to the publication in 1979 of *Healthy People*, the first Surgeon General's Report on Health Promotion and Disease Prevention, and to a series of policy documents and reports culminating more recently in the publication of *Healthy People 2000*.[59] These policy documents established an ambitious national agenda of measurable goals and objectives for health promotion and disease prevention to be achieved by the years 1990 and 2000, respectively, in which health education is a critical strategy.

Although the Bureau of Health Education no longer exists in name, most of its original functions are now shared by what is called the US Office of Disease Prevention and Health Promotion in Washington, DC. This office is responsible for policy development and interagency coordination of efforts designed to achieve the national health promotion and disease prevention objectives. Meanwhile, the Center for Chronic Disease Prevention and Health Promotion at the Centers for Disease Control in Atlanta is responsible for policy implementation, provision of technical assistance to the states, and maintenance of surveillance and data systems to monitor progress of the national health promotion and disease prevention program.[60] Thus, in tandem, these two federal offices are pursuing many of the goals and objectives that were envisioned by the President's Committee.

## Coda

The historical record suggests that the President's Committee on Health Education came about because of a fortuitous convergence of a national domestic policy need in response to escalating medical costs, presidential interest motivated by personal ambition and political considerations, and the reformist and participatory politics that emerged in the wake of

the cultural and political turbulence of the 1960s. It is, of course, impossible to know whether the policy directions we have witnessed and the strides taken in health promotion and disease prevention during the last two decades would have occurred without the work and report of the committee. Our analysis, however, suggests that the President's Committee on Health Education contributed significantly to setting the stage and providing the necessary historical segue to present-day policies and efforts in health promotion and disease prevention. □

## Acknowledgments

We wish to thank those individuals who kindly consented to be interviewed and granted permission to be quoted. We are especially grateful to Mr. Clarence E. Pearson, who served as the associate director of the President's Committee on Health Education and is a former president of the National Center for Health Education (1982 to 1989), for making available to us his personal files; and to Dr. Lawrence W. Green, University of British Columbia, who was the founding director of the US Office of Health Information, Health Promotion, and Physical Fitness and Sports Medicine (1979 to 1981), for reading and providing comments on earlier drafts of the manuscript. We are also indebted to Mr. Victor Weingarten, former director of the President's Committee on Health Education, whose insights regarding the historical record, personalities, and politics of the Committee were extraordinarily valuable; to Dr. Byron A. Parham, supervisory archivist of the Nixon Presidential Materials at the National Archives and Records Administration, for facilitating our research; to Dr. Mary Jo Deering, director of the health communication staff, US Office of Disease Prevention and Health Promotion, for assistance in researching data on expenditures for health education and prevention efforts; and to both Marilyn Schulenberg at the US Office of Disease Prevention and Health Promotion and Mary Young at the National Archives and Records Administration for their assistance in procuring the photographs. We, however, are solely responsible for all interpretations and conclusions. Finally, we thank the editors, Elizabeth Fee and Robert Korstad, and the anonymous reviewers, for their helpful suggestions.

## Notes

1. Richard M. Nixon, "National Health Insurance: Message from the President of the United States," *Congressional Record*. February 18, 1971;117:2741–4082.
2. Ibid.
3. *Report of the President's Committee on Health Education* (Washington, DC: US Dept of Health, Education, and Welfare (HEW), n.d., 13), courtesy of Clarence E. Pearson, personal files, New York.
4. See Melvin H. Rudov et al., *An Analysis of Testimony and Reports Given to the President's Committee on Health Education* (Washington, DC: American Institutes for Research, February 1972), A–1.
5. *Report of the President's Committee on Health Education.*
6. Questionnaire, courtesy of Clarence E. Pearson, personal files, New York.
7. National Center for Health Education, *National Center for Health Education* (New York, NY: NCHE, 1982), courtesy of Clarence E. Pearson, personal files, New York.
8. *Report of the President's Committee on Health Education*, 24, 28.
9. Thomas Wolanin, *Presidential Advisory Commissions: Truman to Nixon* (Madison, Wis: University of Wisconsin Press, 1975), 13–28.
10. See Wolanin, *Presidential Advisory Commissions*, 13–15, and W. Maclean Dickson and Bernard Alpert, "Appointive Committees: A Behavioral Analysis of Committee Effectiveness and Potential for Action," *University of Washington Business Review* 24 (October 1964): 11–20.
11. Wolanin, *Presidential Advisory Commissions*, 15.
12. Clarence E. Pearson, interviews, April 1, 1986, and December 9, 1987.
13. Clarence E. Pearson, personal communication, April 18, 1991.
14. Wolanin, *Presidential Advisory Commissions*, 15–20.
15. Harry S. Truman, *Memoirs*, Vol 2 (Garden City, NY: Doubleday, 1965).
16. Wolanin, *Presidential Advisory Commissions*, 16.
17. Ibid., 20–21.
18. Pearson interviews.
19. Beyond that which is contained in his health message to Congress on February 15, 1991, we can only speculate about what motivated Nixon and what he may have thought and believed. Nixon's presidential papers were impounded by Congress shortly after he resigned the presidency and are currently in the custody of the National Archives and Records Administration in Alexandria, Virginia. We have been able to verify with this source the existence of a White House Central File Primary Subject Category of Federal Government Organizations, which contains a file (FG 333) of papers related to the President's Committee On Health Education; however, these papers had not yet been processed and were not available to scholars or the public at the time this paper went to press.
20. Wolanin, *Presidential Advisory Commissions*, 21–22.
21. For a book reflective of that mood, see Barbara Ehrenreich and John Ehrenreich, *The American Health Empire* (New York, NY: Vintage Books, 1971).
22. For a discussion of how the events of the 1960s shaped the politics that were to emerge in the early 1970s, see Todd Gitlin, *The Sixties: Years of Hope, Days of Rage* (New York, NY: Bantam, 1987). For a discussion of how these events and scientific developments in epidemiology converged during the 1970s to provide contextual antecedents to both the lay and scientific interests in health education and promotion, and in disease prevention policy, see John P. Allegrante, "Potential Uses and Misuses of Education in Health Promotion and Disease Prevention, *Teachers College Record* 86 (1984):359–373.
23. Wolanin, *Presidential Advisory Commissions*, 22–24.
24. J. Henry Smith, interview, August 4, 1986.
25. Scott Simonds, interview, June 25, 1986.
26. Clarence Pearson, who served as associate director of the President's Committee on Health Education on loan from the Metropolitan Life Insurance Company, has explained that the committee was not a quick appointment. Several members were not appointed until after the first meeting of the full committee, when it was realized that there was not sufficient representation of women (see "Minutes of Meeting," President's Committee on Health Education, Washington, DC, September 14, 1971, courtesy of Clarence E. Pearson, personal files, New York). Six months later, the individuals on whom there was agreement—including three women, Dr. Joy Cauffman, Ella Louise Strother, and Peggy Wright Wood—were invited to serve as members.
27. Victor Weingarten, interviews, June 23, 1986, and October 29, 1991.
28. William Carey, "Presidential Advisory Committees," *Hearings Before a Subcommittee of the House Committee on Government Operations*, part I, 91st Cong, 2nd sess, 1970, 176.
29. Wolanin, *Presidential Advisory Commissions*, 73–95.
30. Phyllis T. Piotrow, *World Population Crisis: The United States Response* (New York, NY: Praeger, 1973).
31. See Jules Witcover, "Civil War over Smut," *The Nation* 210 (May 11, 1970): 550–553; and "Statement by the President on the Commission's Report," *Weekly Compilation* 6 (November 2, 1970):1454–1455.
32. Piotrow, *World Population Crisis.* See also "Problems of Population Growth: The President's Message to the Congress," *Weekly Compilation* 5 (July 21, 1969):1000–1008.
33. Weingarten believes it is possible that Nixon and John Cavanaugh may have gotten the idea to create a national health education foundation from the Rockefeller Steering Committee on Social Problems, where, as Weingarten claims, a similar concept was being discussed while he was there. John Price, an assistant to Daniel Patrick Moynihan who held several advisory posts in the Nixon administration and chaired the White House Domestic Council, had been familiar with the work and ideas of the Rockefeller Committee. Price staffed the White House Domestic Council where, Weingarten speculates, he may have ventured the idea of a foundation.
34. Drafts, courtesy of Clarence E. Pearson, personal files, New York.
35. Simonds, interview, June 25, 1986.
36. Ibid.
37. Anonymous, interview, June 30, 1986.
38. Smith, interview, August 4, 1986.
39. M. Alfred Haynes, interview, June 30, 1986.
40. R. Heath Larry, interview, August 1, 1986.
41. M. Alfred Haynes to Victor Weingarten, letter, June 13, 1972.
42. C. Wrede Petersmeyer to Victor Weingarten, letter, June 13, 1972.
43. Haynes to Weingarten, letter, June 13, 1972.

44. Weingarten, interviews, June 23, 1986, and October 29, 1991.
45. Simonds, interview, June 25, 1986.
46. See the *Report of the President's Commission on the Assassination of President Kennedy* (Washington, DC: US Govt Printing Office, 1964); Edward Jay Epstein, *Inquest: The Warren Commission and the Establishment of Truth* (New York, NY: Viking, 1966); and Mark Lane, *Rush to Judgement* (New York, NY: Holt, Rinehart and Winston, 1966).
47. See Wolanin, *Presidential Advisory Commissions*, 96–128; and Charles E. Lindblom, *The Policy-Making Process* (Englewood Cliffs, NJ: Prentice-Hall, 1968).
48. For example, Weingarten remembers that the professional health educators, much to the bewilderment of Joe Wilson, had considerable difficulty coming to agreement on a definition of health education.
49. For an article illustrative of the issue, see John P. Allegrante and Lawrence W. Green, "When Health Policy Becomes Victim Blaming," *New England Journal of Medicine* 305 (1981):1528–1529. For an exchange of letters that typifies the continuing debate about victim blaming, see Lawrence W. Green, Letter to the Editor, *Health Education Quarterly* 14 (1987):3–5, 385; and Lawrence Wallack, Letter to the Editor, *Health Education Quarterly* 14 (1987):383–385.
50. *Report of the President's Committee on Health Education*, 35.
51. Ibid.
52. Ibid., 36.
53. Ibid., 39.
54. Wolanin, *Presidential Advisory Commissions*, 118–121.
55. David Flitner, Jr, *The Politics of Presidential Commissions: A Public Policy Perspective* (Dobbs Ferry, NY: Transnational, 1986).
56. For Weingarten's own article in which he describes the work of the committee and provides a summary of the report and its findings, see Victor Weingarten, "Report of Findings and Recommendations of the President's Committee on Health Education," *Health Education Monographs* 2, suppl 1 (1974):11–19. See also "President's Message to Congress: Health Programs," *Weekly Compilation* 10 (February 25, 1974), 235–236, for Nixon's comment.
57. There are no data available that permit direct comparison of national expenditures on health education during the last 20 years. While the President's Committee on Health Education estimated that less than 1 percent of national expenditures on health were spent on health education activities (four-tenths of 1 percent was the committee's precise estimate), the nation currently spends approximately 3.4 percent of its total health expenditures on prevention-related activities, which presumably include health education (see Ruth E. Brown et al., *National Expenditures for Health Promotion and Disease Prevention Activities in the United States* [Washington, DC: Medical Technology Assessment and Policy Research Center, Battelle; 1991], available from the Office of Program Planning and Evaluation, Centers for Disease Control, Atlanta, Georgia). Thus, it is plausible to assume that health-education expenditures have grown as a proportion of expenditures on federal health promotion and prevention-related activities. The reader is encouraged to consult the US Department of Health and Human Services, *Prevention '89/'90: Federal Programs and Progress* (Washington, DC: US Govt Printing Office, 1990), and previous issues in this series, which provide figures for fiscal year prevention spending of the Public Health Service.
58. Arthur J. Viseltear, "Health Education and Public Policy: A Short History of P.L. 94–317," in *Preventive Medicine USA* (New York, NY: Prodist Press, 1971), 825–837; Wendy L. Schubert, "Health Education and Policy-Making: The Development of the National Health Information and Health Promotion Act," Master's thesis, the Johns Hopkins University School of Hygiene and Public Health, 1980; and Marguerite A. Guinta, "The National Consumer Health Information and Health Promotion Act of 1976: A Case Study of Entrepreneurial Politics," Ph.D. diss., Columbia University, 1990.
59. See HEW, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*, Public Health Service publication 79–55071 (Washington, DC: US Govt Printing Office, 1979); HEW, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention Background Papers*, Public Health Service publication 79–55071A (Washington, DC: US Govt Printing Office, 1979); US Department of Health and Human Services (DHHS), *Promoting Health, Preventing Disease: Objectives for the Nation* (Washington, DC: Office of the Assistant Secretary for Health, Public Health Service, 1980); DHHS, "Promoting Health/Preventing Disease: Public Health Service Implementation Plans for Attaining the Objectives for the Nation," *Public Health Reports* suppl (September–October 1983), 178 pp; DHHS, *The 1990 Health Objectives for the Nation: A Midcourse Review* (Washington, DC: Office of the Assistant Secretary for Health, Public Health Service, 1986); DHHS, *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, Public Health Service publication 017–001–00474–0 (Washington, DC: US Govt Printing Office, 1990).
60. Lawrence W. Green (personal communication, September 3, 1991) has pointed out that the consolidation and transfer of responsibilities from the Bureau of Health Education to the Office of Disease Prevention and Health Promotion was not a simple political task, as both offices co-existed for a time. The latter was created by Pub L 94–317, largely because the former was not considered by many health educators to be an adequate response to the recommendation of the President's Committee for a focal point for health education activities in the federal government.

## APPENDIX A—The President's Committee on Health Education

*R. Heath Larry*,* vice-chairman of the Board of Directors, US Steel; chairman of the committee

*Walter J. McNerney*,+ president of the Blue Cross Association; vice-chairman of the committee

*Joseph A. Beirne*, president, Communications Workers of America and member of the Executive Council of the AFL-CIO

*Leroy E. Burney*, MD, president of the Milbank Memorial Fund

*Joy G. Cauffman*, PhD, associate professor, School of Medicine, University of Southern California

*M. Alfred Haynes*, MD, chairman of the Department of Community Medicine and associate dean of the Charles R. Drew Postgraduate Medical School

*John A. McMahon*, president of the American Hospital Association

*A.C. Nielsen, Jr*, president of the A.C. Nielsen Company

*Joseph C. Painter*, MD, physician at the Ledbetter Clinic Association

*C. Wrede Petersmeyer*, chairman and president of Corinthian Broadcasting Corporation

*Dan Seymour*, chairman and chief executive officer of the J. Walter Thompson Company

*Irving S. Shapiro*, PhD, director of the Health Education Division of the Health Insurance Plan of Greater New York

*Charles A. Siegfried*, vice-chairman of the Board of Directors and chairman of the Executive Committee of Metropolitan Life Insurance Company

*Scott K. Simonds*, DrPH, professor of Health Education and director of the Health Education Program, University of Michigan School of Public Health

*J. Henry Smith*, president of the Equitable Life Assurance Society

*Ella Louise Strother*, president of the Provident Comprehensive Neighborhood Health Council

*Peggy Wright Wood*, director of Public Health Social Work, Onondaga County, New York, Department of Health

*Ex Officio*

*Richard P. McGrail*, deputy executive vice-president of the American Cancer Society

*Elliot L. Richardson*, secretary of Health, Education, and Welfare

*Staff*

*Victor Weingarten*, director

*Clarence E. Pearson*, associate director

*Replaced Joseph C. Wilson, who died in 1971.

+A profile of McNerney and his contributions to health policy appears in Lewis E. Weeks and Howard J. Berman, *Shapers of American Health Policy: An Oral History* (Ann Arbor, Mich: Health Administration Press, 1985).