

## The Pleasures and Perils of Prophetic Advocacy: Henry E. Sigerist and the Politics of Medical Reform

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### ABSTRACT

Henry E. Sigerist, an internationally renowned medical historian, played a surprisingly important and visible role in American medical politics in the 1930s and 1940s. Born in Paris of Swiss parents, he was professor in Leipzig, Germany, before coming to the United States in 1932 as professor of the history of medicine at Johns Hopkins University. Once in America, Sigerist became deeply involved in medical politics and the campaign for national health insurance. He argued that individualized medical practice was outdated and should gradually be superseded by state-run and state-financed health services. National health insurance was but one step in this historical progression. Sigerist thus lent the weight of history itself to the cause of medical care reform. The charming and erudite Sigerist was welcomed by the leaders of academic medicine in America. Soon, he emerged as a spokesman of the left wing of the medical profession, an effective and popular speaker, and an impassioned advocate of socialized medicine. This paper traces Sigerist's political ideas and activities, and his contributions toward medical care reform in the United States. (*Am J Public Health*. 1996;86:1637-1647)

### Introduction

As a historian, Henry E. Sigerist played a surprisingly visible role in American medical politics in the 1930s and early 1940s, becoming a leading proponent of national health insurance and the country's chief advocate for socialized medicine. As a historian, he was persuaded—and was persuasive in arguing—that the history of medicine was a story of social and scientific progress.<sup>1</sup> He maintained that individualized medical practice was a holdover from a period of relatively primitive science and technology; as medicine developed an increasingly sophisticated scientific and technological base, this old-fashioned form of organization must gradually be superseded by state-run and state-financed health services. National health insurance was but one step in this inevitable historical progression. Sigerist thus lent the weight of history itself to the cause of medical care reform.

In America in the 1930s, Henry Sigerist's message about the need for increasing state intervention in health care was compatible with the views and interests of medical liberals, including representatives of some of the most powerful private foundations and influential professors at the nation's leading medical schools. These individuals believed that medical care should be more efficiently and rationally organized but should not challenge the political and economic foundations of American society. Between 1932 and 1935, Sigerist belonged to this charmed circle of liberal leaders. At the same time, however, he began to emerge as a spokesman of the left wing of the medical profession, an impassioned advocate of socialism and defender of the Soviet Union, and a key figure in an overlapping network of leftist, antifascist, and progressive groups that

were continuously organizing, debating, and preparing statements and manifestos on the political issues of the day.<sup>2</sup>

Sigerist had been born in Paris of Swiss parents; his father had founded and managed a highly successful shoe business. When Sigerist was 10, his father died and his mother moved the family to Switzerland. Their inheritance was large enough to free Sigerist from any necessity to earn a living; he could indulge his intellectual interests and become a gentleman-scholar. He learned Latin, Greek, Hebrew, Arabic, Italian, and English and studied some of the more exotic languages such as Syrian and Persian. His oriental studies took him to London before he decided to focus on medicine and returned to the Medical School at the University of Zurich. After graduation in 1917, he began to study the history of medicine, following the advice of Karl Sudhoff, the world-renowned historian of medicine in Leipzig, Germany. Sudhoff persuaded the young man to specialize in the study of medieval medicine, a field where his philological talents would be especially valuable. Sigerist studied avidly and began to publish prolifically; in 1925, he succeeded Sudhoff as professor of the history of medicine in Leipzig.

In his autobiographical writings, Sigerist traced his interest in the social and

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See related editorial by Stevens (p 1522) in this issue.

political organization of medicine to his time at the Leipzig Institute of the History of Medicine.<sup>3</sup> In Leipzig, he was already exploring a wide range of social, cultural, and philosophical problems in medical history, and calling for scholars to derive their fundamental questions from issues of contemporary medicine. The economic crisis of Germany in the late 1920s directed his attention to the organization of medical care.<sup>4</sup> As social welfare expenditures were cut and physicians' incomes fell, many doctors attacked the national health insurance system as the source of their problems.<sup>5</sup>

In this context, Sigerist defended the German insurance program and the principle of state responsibility for medical care.<sup>6</sup> As Germany's political and economic crisis deepened, he cautioned physicians against nostalgia for a long-dead era of individual private practice, warning that the physician who "obstructs progress and clings to yesterday's ideals" would be pushed aside.<sup>7</sup> Sigerist's early political views were defined partly by his defense of German health and welfare measures and partly by his antagonism to the rising power of German fascism; in the Leipzig period, he had definite socialist leanings but was not yet strongly influenced by Marxism.

Sigerist had been invited by William Henry Welch of Johns Hopkins University to visit America for an extended lecture tour. When he arrived in the United States in 1931, the bewildered country was deep in the midst of depression. The economic boom and unbridled financial speculation of the 1920s had ended in the stock market crash of 1929; Franklin D. Roosevelt was running for president; and the Committee on the Costs of Medical Care was preparing its final report.<sup>8</sup> Funded by eight major foundations, the committee had published 26 research volumes and 15 smaller reports over a period of 5 years. The total represented, as one of its supporters declared, "the most complete body of information on medical care and medical economics ever available in this country."<sup>9</sup> The Committee detailed the difficulties most people faced in meeting the costs of illness and of medical and hospital care. Its final recommendations were split into a majority and several minority reports. The majority report advocated hierarchically and regionally organized group practice, the extension of public health services, and experiments in the group payment for medical services through insurance, taxation, or a combination of

both.<sup>10</sup> Despite its rather mild proposals, this report was attacked by Morris Fishbein—the acerbic, talented, urbane, and conservative editor of the *Journal of the American Medical Association*—as an "in-citement to revolution."<sup>11</sup>

On his arrival in America, Sigerist was first introduced to these issues by an article in *Harper's* magazine on "The Crisis of Medical Service"; he promptly endorsed the work of the Committee on the Costs of Medical Care but balanced his relatively cautious criticisms of medical financing with a lively enthusiasm for all things American.<sup>12</sup> *Amerika und die Medizin (American Medicine)*, the book he began immediately after his trip, is full of admiration for American dynamism, experimentation, and fluidity, as well as for its sophisticated science and technology.<sup>13</sup> But, cautioned Sigerist, although American medicine was technically brilliant, it was delivered through an outdated, irrational, and disorganized system of individualistic fee-for-service practice.<sup>14</sup>

Sigerist's contempt for fee-for-service medicine resonated with the attitudes of other writers critical of American medicine. It may also have been expressive of an aristocratic European distaste for moneymaking: "It is unworthy of his professional standing for the physician to be forced to express the value of each individual service in terms of money, as if he were a storekeeper," said Sigerist. "It is an insult to their profession. . . . Are physicians really supposed to be inferior to professors, judges, or clergymen? Those whose minds are on riches had better join the stock exchange."<sup>15</sup> In an amusing and caustic series of remarks, he expressed amazement at the widespread resistance to health insurance "since America is the promised land of insurance companies. People insure themselves against every possible risk, and insurance agents swarm like mosquitoes in August."<sup>16</sup> He ended, rather more diplomatically, by suggesting that the states should experiment with a variety of approaches to medical care organization and financing, and by expressing the hope that the American Medical Association would adopt what he called a "responsible" position with regard to reform.<sup>17</sup>

The leaders of American academic medicine were delighted with Sigerist's engaging and erudite lectures on medical history, his personal charm, his tremendous intellectual energy and enthusiasm, his friendly and courteous manner, his European accent (more French than German), and his ability to converse with

equal ease about science, art, music, architecture, or politics. As a man of high culture, he seemed an antidote to the narrow technical specialization that many feared was coming to characterize scientific medicine. Such men as Harvey Cushing at Harvard, John Fulton at Yale, and William Henry Welch at Johns Hopkins were equally enthusiastic about Sigerist; in late 1931, Welch offered him the chair of the history of medicine at Johns Hopkins. Sigerist, in turn, was delighted with America while becoming increasingly worried about the political crisis in Germany; he gratefully accepted the invitation and, in 1932, moved with his wife and family to Baltimore.

Throughout his early years in America, Sigerist was welcomed and applauded by the elite of American medicine and by representatives of the liberal philanthropies. He built the Institute of the History of Medicine into a lively center for historical scholarship; initiated a new historical journal; reorganized and professionalized the American Association for the History of Medicine; taught wildly successful medical school classes; toured the country giving speeches and lectures; and published a steady stream of articles, reports, translations, and monographs. It was but one sign of his academic standing and reputation when, on Cushing's illness, Sigerist was asked to speak in his place at the 150th anniversary of the New Haven County Medical Association in 1933.<sup>18</sup> Cushing urged him to talk about the history of medical societies and to consult Fishbein for suggestions.<sup>19</sup> Sigerist ignored this advice but, after some anguished soul-searching, did manage to produce a fairly innocuous and flattering paper on the history of medical societies, one with which Cushing himself could have felt comfortable.<sup>20</sup>

While busy with this and similar lectures to medical audiences, Sigerist, like many intellectuals of the 1930s, was becoming increasingly interested in the Soviet Union. As the threat of fascism intensified and as the depression in America seemed to suggest the failure of capitalism, the promise of a new world of justice and equality appeared bright. In October 1934, 2 years after his move to America, Sigerist finished his epilogue to the English translation of *American Medicine* with reference to a proposed volume on medicine in the Soviet Union:

The United States of America and the Union of Soviet Socialist Republics

today are the two countries that are experimenting in the medical field and are seeking new forms of medical service. . . . A book on Russian medicine will integrate this study on American medicine, and both together will make evident what the actual course of medicine is.<sup>21</sup>


By this time, Sigerist had begun to develop a friendship with John A. Kingsbury, director of the Milbank Memorial Fund. Initially alarmed to discover that Kingsbury and Sir Arthur Newsholme were planning to publish a book on Soviet medicine—one seemingly competitive with his own projected volume—Sigerist was soon reassured by Kingsbury's friendly encouragement, and the two became friends.<sup>22</sup> In Kingsbury, Sigerist found an ally who shared his growing interest in the Soviet Union and his enthusiasm for the more radical versions of medical care reform; he also found an excellent guide to progressive medical politics.<sup>23</sup> Kingsbury invited Sigerist to participate in Milbank Memorial Fund conferences and to join the forces working for national health insurance. As Sigerist warmed to Kingsbury, his relationship with the more conservative kingmaker, Harvey Cushing, cooled.

In 1933 and 1934, Sigerist's private political views were becoming more distinctly socialist. He was horrified by the growth of fascism and fascinated by reports of the Soviet Union. Leaving aside his medieval studies, he began reading left-wing writers and absorbing their optimistic accounts of the future of socialism. "Socialism is rational," he decided, and "therefore scientific. It would appeal to America much more than any mystic [fascistic] conception of the state."<sup>24</sup> He began to learn Russian and to read Soviet newspapers. Returning from a summer in Europe, he told a *New York Times* reporter that socialized medicine was "the answer to over-specialization."<sup>25</sup>

Nationally, the burning health policy question in 1934 to 1935 was whether President Roosevelt would include health insurance in the social security bill he recommended to Congress.<sup>26</sup> In 1934, Roosevelt established the cabinet-level Committee on Economic Security under the chairmanship of the secretary of labor, Frances Perkins, with authority to recommend social welfare policy. The preparatory work was done by a series of technical committees; Edgar Sydenstricker, a leading proponent of national health insurance, was director of the technical study committee on medical care. Concerned about the potential medical opposition to

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## "A NATIONAL HEALTH PROGRAM"

DR. HENRY E. SIGERIST

Will be discussed by

# Dr. Henry E. Sigerist

Director, Institute of the History of Medicine at the Johns Hopkins University; world renowned authority on the history of medicine. Author of "Man and Medicine", "The Great Doctors", "American Medicine", "Socialized Medicine in the Soviet Union". Dr. Sigerist's works are translated into many languages, including Chinese.

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## Sunday, February 19th, 1939, 8.15 P.M.

### PEOPLES FORUM

120 N. 18th Street      6      Subscription 25c

Questions and Discussion.

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COMING—Feb. 26, Leo Huberman. Mar. 5, Ruth McKenney. Mar. 12, Dr. Ch'ao-ting Chi. Mar. 19, Sam Adams Darcy. April 2, Harry Gannes.

**Flyer advertising one of Sigerist's talks on "A National Health Program" at the People's Forum, Philadelphia, Pa, February 19, 1939. Courtesy of Nora Sigerist Beeson and the Alan Mason Chesney Archives of the Johns Hopkins Medical Institutions.**

health insurance, Sydenstricker and his assistant, Isidore S. Falk, tried to exploit the differences within the medical profession by enlisting the aid of progressive physicians, such as Sigerist, to support national health insurance.

By the time Sigerist became involved with the struggle over national health insurance in 1934, the more conservative physicians were already well organized. In January of that year, Sigerist had his first public confrontation with Morris Fishbein

at a conference in Philadelphia.<sup>27</sup> Sigerist spoke in favor of the "socialistic trends" of European medical care systems and health insurance, while Fishbein firmly rejected such schemes for America.<sup>28</sup> A couple of months later, in March 1934, Sigerist spoke at the Annual Conference of the Milbank Memorial Fund before a crowd of distinguished participants and guests gathered at the New York Academy of Medicine; the audience included virtually everybody who was anybody in the medical care liberal reform circuit at that time.<sup>29</sup> Sigerist was impressed by Falk and delighted with Fiorello La Guardia, the mayor of New York, whom he described as "a little man but an energetic devil."<sup>30</sup> After an opulent dinner, Sigerist, Harry L. Hopkins, and Charles E.-A. Winslow spoke on the need to reorganize medical care. Sigerist was in good company: Hopkins was head of the federal relief programs (first the Civil Works Administration and later the Works Progress Administration), and Winslow was professor of public health at Yale and chairman of the executive committee of the Committee on the Costs of Medical Care.<sup>31</sup>

In his talk on "Trends toward Socialized Medicine," Sigerist argued—much as he had earlier done in Leipzig—that as society becomes more complex, states will no longer be able to leave medicine to the individual physician-patient relationship; they will need to intervene in the social sphere, to encourage cooperation, and to distribute risk in the organization of medical care.<sup>32</sup> Visionary and by no means inflammatory, Sigerist's speech delivered exactly the message those at the meeting wanted to hear: that historical trends supported moves in the direction of more structured and equitable forms of medical care delivery.

Sigerist was more impressed, stimulated, and energized by this meeting than by any other event in his American experience to date. The combined weight of medical care experts such as Michael M. Davis, foundation officials such as Kingsbury, university presidents such as Livingston Farrand of Cornell, and government officials such as Thomas Parran, in addition to the enthusiasm of Mayor La Guardia, convinced him that America must really be ready for national health insurance. "After this very inspiring meeting I have the firm conviction that sickness insurance is not far," he concluded. "The responsible politicians are in favor of it and the opposition of the profession is not of a valid kind."<sup>33</sup>

At this point, Sigerist's public positions were generally in line with those of the dominant forces of health reform. Many liberal academics, foundation representatives, and federal officials within the New Deal agencies shared his distaste for the entrenched positions of organized medicine and were warmly receptive to his presentations of the historical inevitability and current necessity for change. When, for example, Davis, as director for medical services of the Julius Rosenwald Fund, outlined a program of needed research in 1935, he called for sociological and historical studies of medical care in terms that clearly reflected Sigerist's interests.<sup>34</sup>

In 1934 and 1935, however, Sigerist's new friend, John Kingsbury, provoked the wrath of organized medicine with his outspoken support for national health insurance. The physicians responded with a threatened boycott against the Borden Company, the milk and baby food company whose profits provided the fund's endowment.<sup>35</sup> Through these tactics, the physicians succeeded in having Kingsbury fired from his prominent position. Such a demonstration of power tended to make other foundation officials cautious, although they still supported limited experiments in medical care delivery.<sup>36</sup>

But while these local liberal experiments continued, the prospects for national health insurance were fading at the federal level. The Roosevelt administration had postponed hearings on the proposed national health program, giving anti-insurance forces within the medical profession, hospitals, and insurance industry additional time to mobilize.<sup>37</sup> As the American Medical Association mounted a propaganda and letter-writing campaign, Harvey Cushing, who was running for president of that organization, wrote to President Roosevelt that national health insurance would "lead to the deterioration of the doctor, the demoralization of his professional code and the placing of the profession under a bureaucracy."<sup>38</sup> Responding to the cresting wave of medical opposition, of which Cushing's letter was but one sign, Roosevelt quietly dropped any reference to national health insurance from the social security legislation presented to Congress in 1935.

In the absence of a national health program at the federal level, progressive physicians developed a variety of local medical care plans in the 1930s. Medical cooperatives multiplied, many sponsored by the Farm Security Administration.<sup>39</sup> Some were created at the initiative of

individual doctors with the support of farmers and/or union groups; in Elk City, Okla, for example, Dr Michael M. Shadid and the Oklahoma Farmers Union built the Farmers' Union Cooperative Hospital and ran it successfully despite bitter opposition from the local medical society.<sup>40</sup> Kingsley Roberts, the director of the Bureau of Cooperative Medicine, provided advice and assistance to the entire medical cooperative movement. At one point, Sigerist himself helped Roberts establish a small local experiment in cooperative medicine in Greenbelt, Prince Georges County, Maryland, in a new town built as a relief project of the Resettlement Administration.<sup>41</sup> When Sigerist started teaching classes in the sociology of medicine, field trips to Greenbelt became an integral part of the course.

But Sigerist was already invested in more radical ideas. In the summer of 1935, he sailed, full of high hopes, for his first visit to the Soviet Union. He would return with a new, clearer conception of how an ideal medical and public health system should be organized.

After their defeat of 1935, supporters of national health insurance at the federal level focused their attention on the Interdepartmental Committee for the Coordination of Health and Welfare activities, chaired by Josephine Roche, assistant secretary of the treasury. Sigerist expressed "tremendous admiration" for Roche: "She is the most energetic and intelligent woman I have ever met and charming in addition."<sup>42</sup> Under her leadership, the Interdepartmental Committee conducted a National Health Survey, intended to measure the need for medical care.<sup>43</sup> Roche next established the Technical Committee on Medical Care, staffed by respected representatives of federal health agencies and experienced veterans of earlier reform efforts, to design a national health program, which was to include public health, maternal and child health, hospital construction, tax-supported medical care, temporary disability insurance, and compulsory health insurance.<sup>44</sup> Breaking with the American Medical Association, 430 liberal and progressive doctors formed the Committee of Physicians for the Improvement of Medical Care, led by such prominent figures as John P. Peters, the Ely Professor of Medicine at Yale, and James Howard Means, the Jackson Professor of Clinical Medicine at Harvard. A small but prestigious group, it included a Nobel laureate, deans of medical schools, and the surgeon general of the United States.<sup>45</sup> It sup-

ported the principles of the National Health Program, and it advocated cooperation between the government and the medical profession in designing a national system of medical care.<sup>46</sup> In July 1938, representatives of labor, farmers, business, and government gathered in Washington, DC, to express their overwhelming enthusiasm for the program.

Sen. Robert Wagner of New York now offered to introduce national health insurance legislation to Congress. Alarmed, the American Medical Association promised to support the other provisions of the National Health Program if all reference to national health insurance were dropped. The Interdepartmental Committee, perhaps too optimistic about the prospects of success, rejected the association's offer. The American Medical Association and local medical societies then organized a massive and well-financed publicity campaign against the National Health Program, compulsory health insurance, and "socialized medicine."

Although many physicians considered national health insurance a radical, even socialistic idea, when Henry Sigerist returned from the Soviet Union, he declared that it was really a conservative measure. In 1937, in his controversial book, *Socialized Medicine in the Soviet Union*, he expressed his admiration for the Soviet system of state-run health services.<sup>47</sup> He also explained his position in an article on "Socialized Medicine" for the *Yale Review* in 1938<sup>48</sup>; this article summarized the position he would elaborate many times before different audiences. He asserted that an ideal medical care system would be organized around health centers, each with a hospital and a public health department, and each connected to smaller local health stations staffed by general practitioners, nurses, and technicians. Doctors in the local health stations would in turn organize committees of citizens to conduct health surveys, carry out health education, and arrange a variety of social and health activities. Every citizen would be entitled to free medical care; physicians, like other health workers, would be salaried.

Sigerist contended that such a system was already operating successfully in the Soviet Union. He chided American doctors for being "afraid of government competition" as government services were "obviously more efficient."<sup>49</sup> But he also admitted that his ideal system was not politically feasible: "There is no chance in the world of having such a system adopted

in America at the present time," he said, "but it is good to have a definite goal in mind."<sup>50</sup>

Now regularly paired with Morris Fishbein on the medical lecture circuit, Sigerist expressed grudging admiration for his opponent's style of oratory but denounced his political positions as "stupid" and "reactionary."<sup>51</sup> In his kinder (if still condescending) moments, Sigerist attributed the American Medical Association's stance to doctors' social and economic ignorance—to be cured by an appropriate application of historical and sociological knowledge.<sup>52</sup> But as the struggle over national policy intensified, Sigerist found that his advocacy of the Soviet system made him vulnerable to attack: "I am the target of conservative physicians," he said. "A former president of the A.M.A. describes me as a foreign communist who tries to impose the Russian system on America."<sup>53</sup>

Until August 1939 and the Nazi-Soviet pact, these attacks did Sigerist's reputation very little damage. Many Americans regarded the Soviet Union with more curiosity than antagonism, and dozens of local and national groups invited Sigerist to talk about Soviet medicine.<sup>54</sup> He became the darling of left-wing intellectuals, the dinner companion of Owen Lattimore and Lillian Hellman, and the idol of medical student radicals.<sup>55</sup> He was clearly identified as a spokesman for the Soviet Union, socialized medicine, and, indeed, for communism itself.

From 1935 through 1939, during the period of its Popular Front strategy, the Communist party helped build up a string of organizations in which communists, liberals, and "progressives" could work together.<sup>56</sup> Although Sigerist became close to the Communist party in this period, he never became a formal member.<sup>57</sup> Instead, he took on many speaking engagements as part of a sense of political responsibility. He served as catalyst to organizations of medical students and interns, and he enjoyed his role as a public speaker. As he once described his impact on an enthusiastic audience, he "put dynamite into the crowd."<sup>58</sup>

January 1939 probably represented the peak of Sigerist's influence in American medical politics. That month, he was interviewed by *Time* magazine and by the New York *Daily News* and was photographed "from all sides."<sup>59</sup> On January 23, President Roosevelt read a message to Congress, giving general support to the National Health Program and suggesting that a national medical system be funded

by federal grants and administered by states and localities.<sup>60</sup> The following day, the *Daily News* printed an article by Sigerist advocating compulsory health insurance.<sup>61</sup> On January 30, a week after the president's speech, *Time* magazine published a flattering article about Sigerist and his influential role in the debate over "socialized medicine," and it placed his photograph on the cover.<sup>62</sup> Sigerist mused in his diary that he had received almost as much attention as President Roosevelt himself. "So I am in good company," he concluded.<sup>63</sup>

He was now deluged with speaking requests from such diverse organizations as the Junior Chamber of Commerce, the Colonial Dames of America in Omaha, and the Progressive Arts League of Indiana.<sup>64</sup> His research program was put on hold as he worked to promote the National Health Program and the cause of compulsory health insurance. "The issue," he told himself somewhat grandly, "is so vitally important for the people that I feel obliged to sacrifice much of my research and to throw in my entire personality."<sup>65</sup> He summarized his public position in a paper on "The Realities of Socialized Medicine" for the *Atlantic Monthly*, which was promptly reprinted as a five-cent pamphlet and distributed by organizations supporting national health insurance.<sup>66</sup>

In January 1940, Sigerist participated in a radio program, billed as a "Town Hall Meeting of the Air," on the topic "Does America Need Compulsory Health Insurance?" In a debate format, Charles E.-A. Winslow of Yale supported voluntary health insurance, Terry Townsend of the New York State Medical Society argued for the status quo, and Sigerist advocated "socialized medicine."<sup>67</sup> Broadcast by 78 stations, the program had an estimated listening audience of several million people, providing Sigerist with the single largest audience he had ever had for his ideas. He presented familiar themes: compulsory health insurance was a moderate reform, he said, merely a method of ensuring the availability of health services to all. It was important to go further and to reorganize medical care around health centers with physicians, both general practitioners and specialists, on salary. The entire system should be centrally financed through taxation, provide free services to patients, and emphasize health promotion.<sup>68</sup>

But that year, communists and their more liberal and progressive allies were split apart by their different responses to





**Sigerist giving a radio talk on "Science and History," broadcast on November 10, 1946, in the series "Serving Through Science." Courtesy of Nora Sigerist Beeson and the Alan Mason Chesney Archives of the Johns Hopkins Medical Institutions.**

the Nazi-Soviet pact and the Soviet invasion of Finland. Seeming to defend the invasion in an incautious statement to reporters, Sigerist suddenly found his popularity fading. Conservative physicians, angered by his activism in medical politics and his advocacy of national health insurance, were able to use his book on *Socialized Medicine in the Soviet Union* as a weapon against him.<sup>69</sup> One "Hopkins man" argued in Sigerist's summary that "since Russia has invaded Finland, health insurance cannot be any good in America."<sup>70</sup>

Hurt and upset by the violence of some of the attacks, Sigerist continued to organize and speak out forcefully on public platforms across the country, but,

at the same time, he began to disengage emotionally from his political activities and, ultimately, from America. Yet he had now become a national symbol of socialized medicine. One day, while watching a play in New York, *Medicine Show*, he was startled although pleased to hear one of the actors declare: "What we need now are men like Dr Sigerist of Hopkins and Peters of Yale. That's what we need!"<sup>71</sup>

In 1940, when the war prevented Sigerist from undertaking his usual summer research in Europe, he spent several months traveling across the United States and visiting cooperatives, prepaid medical care programs, and other innovative medical plans. He reported his observations during what he called this "unforgettable"

and "beautiful" trip in a long series of articles for the progressive New York newspaper, *PM*. Across the midwest, he found thriving prepaid medical care plans, variously supported by labor unions, consumer cooperatives, church societies, and farmers' unions. At each stop, he emphasized the importance of pooling resources, providing comprehensive services, and involving local communities in the organization of health care and health education.<sup>72</sup> He was delighted with what he called the "socialized medicine" experiment of northern California and the health care plans offering medical care that was affordable, comprehensive, and oriented to prevention.<sup>73</sup> Such successes, said Sigerist, could readily be extended to the whole country if compulsory health insurance obtained through employment were to be supplemented by public insurance funds to cover the costs of care for the poor.

Retreating from the intensity of his political involvements, Sigerist now spent more time writing, publishing *Medicine and Human Welfare* in 1941 and *Civilization and Disease* in 1943.<sup>74</sup> Also in 1943, one of his most insightful essays, "From Bismarck to Beveridge," provided a model for understanding the success—and especially the failure—of campaigns for national health insurance.<sup>75</sup> This class analysis of the politics of health insurance was written while the Wagner–Murray–Dingell bill for national health insurance was before the US Congress; the essay was intended to be but the first chapter of a new book on the history of social welfare legislation. Although the promised book was never written, the essay continues to be a stimulating introduction to the politics of medical care.

The Wagner–Murray–Dingell bill, introduced into Congress in 1943 with support from organized labor, proposed a national system of health insurance on the model of social security.<sup>76</sup> The system was to cover physicians' fees—subject to a rate limitation set by the federal government—and hospital services for up to 60 days a year, with the costs being paid by a federal fund based on payroll taxes. To coordinate support for the bill, Senator Wagner held a meeting in his office with representatives of farmers, organized labor, and liberal physicians. Among those present were Senators James Murray and John Dingell; Ernst Boas, the head of the Physicians Forum; Michael M. Davis; Kingsley Roberts; and Henry E. Sigerist. To guide the health reform process, the group created an organization called the

Social Security Charter Committee, with Davis as chairman.<sup>77</sup> "I am sure a strong organization will result," said Sigerist. "We shall probably lose but at least not without a fight."<sup>78</sup> In this prediction, he would prove correct.<sup>79</sup> Milton Terris, then a Hopkins student, notes that Sigerist's own analysis of the political balance of forces in the United States, given the lack of a strong Socialist party or a sufficiently powerful labor movement, suggested that the Wagner-Murray-Dingell bill would fail.<sup>80</sup>

Sigerist had become a US citizen in September 1943 and had been working 1 day a week for the US government on war-related work. However, a few months after his meeting with Senators Wagner, Murray, and Dingell, he received a form letter from the Civil Service Commission telling him that his eligibility for government service had been canceled as of April 19, 1944, because he did "not measure up to the general standards of suitability and fitness maintained for government employees."<sup>81</sup> He stood accused of belonging to "Communist front" organizations and of displaying too much interest in the political and economic theories of communism.<sup>82</sup> Although Sigerist defended himself from the charges with some vigor, the decision marked a turning point in his American career; he now understood that his welcome had turned sour. Rejected by his own government, he spent virtually the entire fall of 1944 in Canada and India as an international consultant. There, he was responsible for writing reports on the organization of health services and played a significant role in the establishment of a socialized health care system in Saskatchewan, Canada.<sup>83</sup> During this period, he often commented that he was more honored and respected abroad than in the United States, where "I am considered a crackpot."<sup>84</sup>

In 1945, any immediate prospect of medical reform in the United States seemed to collapse with the death of President Roosevelt. Although Harry S Truman picked up Roosevelt's medical reform program and announced it to the nation in November 1945, he failed to follow through with effective presidential leadership.<sup>85</sup> In Senate hearings, national health insurance was opposed by the American Medical Association, the American Hospital Association, the American Dental Association, the American Bar Association, and the US Chamber of Commerce, among other organizations, and the reform project fizzled.<sup>86</sup> By now, Sigerist was fully engaged in writing his

long-delayed *History of Medicine*.<sup>87</sup> In the summer of 1947, he left the United States for good, never to return. His farewell dinner was attended by 300 friends, eminent physicians, historians, public health professionals, and federal and foundation officials.<sup>88</sup> Alan Gregg, director of medical sciences at the Rockefeller Foundation, summed up his contribution:

Beyond and above anyone else Henry Sigerist made us aware of the fact that medicine is the study and application of biology in a matrix that is at once historical, social, political, economic, and cultural. . . . Sir Oliver Lodge once remarked that the last thing in the world that a deep sea fish could discover would be salt water. Henry Sigerist removed us, with a historian's landing net, from a circumambient present into the atmosphere of the past and thus discovered to us the nature of the milieu in which we were swimming, floating, and betimes stagnating.<sup>89</sup>

In the postwar years of his retirement in Switzerland, Sigerist became disillusioned with the Soviet Union and Stalinism, but he was also disgusted with the cold war and American anti-Communism. He found pleasure in reading Hindu philosophy, Japanese poetry, and warm letters from American friends; he made wine, gardened, and enjoyed his cats; he entertained frequently and struggled to write the first two volumes of his *History of Medicine*. He also followed the details of American politics and encouraged his many friends and former students who were still centrally involved in struggles over medical care reform. Their hopes for a national medical system were, however, further battered by the McCarthy era.<sup>90</sup> Within a year of President Truman's Loyalty Order of October 1947, left-leaning members of the federal government were being attacked by the Federal Bureau of Investigation as "disloyal."<sup>91</sup> Many of Sigerist's friends and former students suffered from these anti-Communist witch-hunts.<sup>92</sup>

Despite this fact, these students and friends kept alive the hope for a national system of medical care—rationally organized, publicly financed, and freely available—even during the darkest days of McCarthyism. Within the American Public Health Association, for example, they organized the Medical Care Section, which served as a national meeting ground for those committed to health reform.<sup>93</sup> After the association's annual meeting of 1954, Milton Roemer wrote to Sigerist:

You know all the social medicine enthusiasts and former students of yours who were there—Leslie Falk,

George Rosen, Cy Axelrod, Milton Terris, Len Rosenfeld, Cecil Sheps and Mindel [Sheps], Fred Mott, Henry Makover, Franz Goldmann, Charlotte Silverman, Lorin Kerr, Paul Lembcke, and many others. Jerry Morris was over from London. The Medical Care Section . . . has been an enormous success, and it is a real pleasure to see so many of our colleagues—who for years have been fighting an insurgent, minority battle—now in positions of respect and some influence.<sup>94</sup>

When Sigerist died in March 1957, these men and women would carry on his ideas in medical politics, public health, and medical care reform, inaugurating departments in schools of medicine and public health and challenging academia to develop the social and economic analysis of health and medicine. For many, Sigerist's words and ideas provided the inspiration for a loosely organized and often fractured movement that would nonetheless provide energetic leadership for many decades in the still uncompleted effort to implement his vision.

In 1943, Sigerist had reflected in his diary on the differences between his own drive to use history to help "solve the problems of modern medicine" in contrast to those medical historians who wrote history as a genteel hobby, a mode of gentle nostalgia, a form of self-congratulation, or a way to inspire the young with the past glories of the medical profession:

They [Cushing, Welch, Klebs, Fulton et al.] all belong to the Osler school of *historia amabilis*. They "had a good time" studying history. Their subjects were limited and never offensive. . . . My history is anything but *amabilis*, but is meant to be stirring, to drive people to action.<sup>95</sup>

Sigerist clearly wanted his historical studies to provide a "useable past," a way to contribute to the social and historical progress in which he so firmly believed. In his own historical context, he had been convinced that the Soviet Union offered a model for the rational organization and equitable distribution of health care and public health services. For the United States, he believed that a national health insurance system was a worthy, although somewhat conservative goal, and he devoted much passion and energy to promoting this cause. From his own historical analysis, as presented in "From Bismarck to Beveridge" and other historical writings, one can easily surmise that the health reform effort could not succeed in America without the formation of a powerful labor movement, popular mobi-

lization in support of health, and a political party devoted to the needs of the majority rather than to the interests of industrialists, insurance companies, pharmaceutical manufacturers, or small businesses. But in the heady atmosphere of the 1930s, Sigerist perhaps overestimated the strength of the progressive forces and underestimated the strength of the opposition. In any case, he threw his own energy, commitment, and enthusiasm on the side of what he perceived to be social equity and justice.

Some have felt that he would have done better to spend more time on medical history and less time on politics. But it is the difficult fusion between his historical knowledge and his activism for which he is best remembered today. Many of his students, as previously noted, took his injunctions literally and went out, not to become professional historians but to try and change the world through public health and medical reform. Sigerist himself certainly felt pulled in many directions, aware that his political commitments had costs for his scholarly productivity and his academic career. But he never capitulated to academic specialism, careerism, and the gathering of prizes that no doubt could have been his; he chose a life of engagement with the politics, pressures, and the national and international issues of his day. If he was sometimes naive or mistaken in his interpretation of events and in his "prophetic advocacy," he nonetheless remains a towering figure in both medical history and medical politics, a man whose virtues and faults were both a consequence of his passionate commitment to the improvement of society and to the health of the people.

Young historians, medical students, and public health professionals can learn much about the "pleasures and perils" of prophetic advocacy from the life of Henry Sigerist. It may be a risky enterprise. It can be profoundly satisfying as well as exciting to be engaged in making—or in trying to make—history, to seek to solve the problems of the present through a better understanding of the past, and to use the past to inform and inspire action in the present. Sigerist's desire to make public health and medical care accessible to all the people, to create a society in which everyone had an opportunity to enjoy health, security, creative work, and recreation, was sometimes stronger than his willingness to listen to more critical and more pessimistic analyses. His life and some of his writings suggest that the

task, if worthwhile, is a difficult one, that progress is not guaranteed. Had Sigerist been alive today, there is no doubt that he would have thrown himself into the medical care debate, insisting as he always did on the primacy of prevention, the need for universal access to health services, and the importance of reintegration and rehabilitation of those who are sick or disabled. He would also no doubt have described the Clinton health care plan as a worthy, if fundamentally conservative, effort, and he would have urged a more radical program. He would also probably have said, as he did in organizing an earlier effort to provide national health insurance: "We shall probably lose but at least not without a fight." And he would have been convinced that popular mobilization, guided but not dominated by experts in health, would eventually succeed in promoting better health, economic justice, and social equality. □

### Acknowledgments

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I am grateful to Theodore M. Brown for our close intellectual companionship and many discussions of Sigerist's work over the past several years.

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1. Elizabeth Fee, "Henry E. Sigerist: From the Social Production of Disease to Medical Management and Scientific Socialism," *Milbank Quarterly* 67, suppl. 1 (1989): 127–150; for a somewhat different view, see Jane Pacht Brickman, "Science and the Education of Physicians: Sigerist's Contribution to American Medical Reform," *Journal of Public Health Policy* 15 (1994): 133–164.
2. Sigerist was active in and/or lent his name and prestige to such organizations as the North American Committee to Aid Spanish Democracy, American Friends of Spanish Democracy, Medical Bureau to Aid Spanish Democracy, Russian War Relief, Inc., the National Council of American-Soviet Friendship, the American Committee for Democracy and Intellectual Freedom, and the American Association of Scientific Workers. As their names suggest, the first three organizations promoted the cause of the Spanish Republic and provided aid to those fighting in Spain; the second two promoted understanding of and aid to the Soviet Union; and the last two were, respectively, a national antifascist organization of scientists and educators and a group of radical and progressive scientists and academics. See Peter J. Kuznick, "Scientists, 1920–1950," in *Encyclopedia of the American Left*, ed. Mari Jo Buhle, Paul Buhle, and Dan Georgakas (Urbana, Ill.: University of Illinois Press, 1990), 680–684; Peter J. Kuznick, *Beyond the Laboratory: Scientists as Political Activists in 1930s America* (Chicago, Ill.: University of Chicago Press, 1987).
3. Nora Sigerist Beeson, ed., *Henry E. Sigerist: Autobiographical Writings* (Montreal, Canada: McGill University Press, 1966), 60.
4. As he later recalled this period: "I felt, although rather vaguely at the time, that medical history studied in a broader sense could be developed into a method that could contribute to the solution of urgent social problems in medicine" (Beeson, 60).
5. See Michael H. Kater, *Doctors under Hitler* (Chapel Hill, N.C.: University of North Carolina Press, 1989) for a discussion of the German physicians' bitterness toward the health insurance system.
6. His 1929 defense appeared in his paper, "Die Sonderstellung des Kranken," *Kyklos, Jahrbuch des Instituts für Geschichte der Medizin in der Universität Leipzig* 2 (1929): 11–20. Another important paper of this period was his "Der Arzt und die Umwelt," *Deutsche Medizinische Wochenschrift* (Leipzig) 25 (1931): 1049–1051.
7. Henry E. Sigerist, *Man and Medicine: An Introduction to Medical Knowledge* (New York, N.Y.: W.W. Norton, 1932), 327–328; originally published as *Einführung in die Medizin* (Leipzig, Germany: Georg Thieme, 1931).
8. For this final report, see *Medical Care for the American People* (Chicago, Ill.: University of Chicago Press, 1932).
9. John A. Kingsbury, *Health in Handcuffs: The National Health Crisis and What Can Be Done* (New York, N.Y.: Modern Age Books, 1939), 34.
10. A minority report, representing the position of the American Medical Association, rejected any fundamental changes in the organization of medical care and all voluntary or compulsory health insurance systems.
11. Forrest A. Walker, "Americanism versus Sovietism: A Study of the Reactions to the Committee on the Costs of Medical Care," *Bulletin of the History of Medicine* 53 (1979): 489–504; James Rorty, *American Medicine Mobilizes* (New York, N.Y.: W.W. Norton, 1939); James G. Burrow, *AMA: Voice of American Medicine* (Baltimore, Md.: Johns Hopkins Press, 1963). Daniel M. Fox's reading of the controversy is considerably less sympathetic to the reformers; in *Health Policies, Health Politics: The British and American Experience, 1911–1965* (Princeton, N.J.: Princeton University Press, 1986), 47–51, he notes that medical practitioners were offended by the reformers' oft-stated conviction that most practitioners lagged



- behind the best standards of scientific medicine. Sigerist certainly shared the reformers' low opinion of the average standard of medical practice.
12. R. L. Duffus, "The Crisis in Medical Service," *Harper's Monthly Magazine* 163 (September 1931): 468-477; Henry E. Sigerist, unpublished diary, September 17, 1931, Henry E. Sigerist Papers, Addition (June 1987), Biographical Data and Memorabilia, Group 788, Box 1, Yale University Library (hereafter cited as Sigerist Diary); Beeson, 70.
  13. Henry E. Sigerist, *American Medicine* (New York, N.Y.: W.W. Norton, 1934).
  14. Leslie A. Falk, "Medical Sociology: The Contributions of Dr. Henry E. Sigerist," *Journal of the History of Medicine and Allied Sciences* 13 (1958): 214-228.
  15. Sigerist, *American Medicine*, 184.
  16. *Ibid.*, 184.
  17. *Ibid.*, 192-195.
  18. John Fulton to Henry E. Sigerist, November 30, 1933, Sigerist Papers, General Correspondence, 1931-46, Group 788, Series I, Box 1, Yale University Library (hereafter cited as Sigerist Papers/Yale).
  19. Harvey Cushing to Henry E. Sigerist, December 2, 1933, and Henry E. Sigerist to Harvey Cushing, December 6, 1933, Sigerist Papers/Yale, General Correspondence, 1931-46, Group 788, Series I, Box 1.
  20. Henry E. Sigerist, "Medical Societies, Past and Present," *Yale Journal of Biology and Medicine* 6 (1934): 351-362.
  21. Sigerist, *American Medicine*, 288.
  22. Sir Arthur Newsholme and John A. Kingsbury, *Red Medicine: Socialized Health in Soviet Russia* (New York, N.Y.: Doubleday, Doran, 1933); Henry E. Sigerist to Mabel Kingsbury, August 14, 1956, Sigerist Papers/Yale, General Correspondence, 1947-57, Group 788, Series I, Box 15.
  23. Kingsbury was a strong advocate of national health insurance. With his support, the Milbank Memorial Fund had been one of the eight foundations funding the Committee on the Costs of Medical Care; Kingsbury himself had urged the "mutualization" (or socialization) of medical costs. For Kingsbury's views, see "Health Insurance Menaced by Medical Politics," *American Labor Legislation Review* 26 (1936): 30-34; John A. Kingsbury, *Health Security for the Nation* (New York, N.Y.: League for Industrial Democracy, 1938); and Kingsbury, *Health in Handcuffs*.
  24. Sigerist Diary, August 7, 1933.
  25. "Sigerist Predicts Socialized Medicine: Calls It Answer to Overspecialization," *New York Times*, October 19, 1933, 22.
  26. For details of this effort, see Daniel S. Hirshfield, *The Lost Reform: The Campaign for Compulsory Health Insurance in the United States from 1932 to 1943* (Cambridge, Mass.: Harvard University Press, 1970), 42-70.
  27. Sigerist Diary, January 25, 1934.
  28. Sigerist Diary, February 7, 1934.
  29. "Twelfth Annual Conference of the Advisory Council of the Milbank Memorial Fund, held March 14th and 15th, 1934, at the New York Academy of Medicine," Sigerist Papers/Yale, Professional Activities, Group 788, Series II, Box 32.
  30. Fiorello La Guardia, the reform-minded mayor of New York City, would later introduce the Health Insurance Plan of Greater New York, a comprehensive pre-paid health and medical care program that its more optimistic supporters considered a demonstration project for a national health system.
  31. Sigerist Diary, March 15, 1934. For Winslow, see Arthur Viseltear, "C.E.-A. Winslow: His Era and Contributions to Medical Care," in Charles E. Rosenberg, ed., *Healing and History* (New York, N.Y.: Science History Publications, 1979). For a good general account of the New Deal, see Roger Biles, *A New Deal for the American People* (DeKalb, Ill.: Northern Illinois University Press, 1991).
  32. Henry E. Sigerist, "Trends toward Socialized Medicine," *Problems of Health Conservation* (New York, N.Y.: Milbank Memorial Fund, 1934), 78-83.
  33. Sigerist Diary, March 16, 1934.
  34. Michael M. Davis, "Wanted: Research in the Economic and Social Aspects of Medicine," *Milbank Memorial Fund Quarterly* 13 (1935): 339-346.
  35. Rorty, 112-130.
  36. The Milbank Memorial Fund, for example, since 1935, under the direction of Edgar Sydenstricker, sponsored local and regional plans for the reorganization and prepayment of medical care. See Franz Goldmann, *Prepayment Plans for Medical Care* (New York, N.Y.: Joint Committee of the Twentieth Century Fund and the Good Will Fund and Medical Administration Service, Inc., 1941). For Sydenstricker, see Richard V. Kasius, ed., *The Challenge of Facts: Selected Public Health Papers of Edgar Sydenstricker* (New York, N.Y.: Prodist, 1974); Edgar Sydenstricker, *Health and Environment* (New York, N.Y.: McGraw-Hill, 1933). The Julius Rosenwald Fund, under Michael M. Davis, who, like Sydenstricker, had earlier worked with the Committee on the Costs of Medical Care, supported group hospitalization insurance and various cooperative medical experiments. See Michael M. Davis, *Eight Years' Work in Medical Economics* (New York, N.Y.: Julius Rosenwald Fund, 1937); Michael M. Davis, "Change Comes to the Doctor," in the American Academy of Political and Social Science, *The Medical Profession and the Public: Currents and Counter-Currents* (Philadelphia, Pa.: American Academy of Political and Social Science, 1934), 63-74; Michael M. Davis, *America Organizes Medicine* (New York, N.Y.: Harper and Brothers, 1941); and Michael M. Davis, *Medical Care for Tomorrow* (New York, N.Y.: Harper and Brothers, 1955). The work of the medical economists is discussed in Daniel M. Fox, *Economists and Health Care: From Reform to Relativism* (New York, N.Y.: Prodist, 1979).
  37. For various accounts of these struggles, see Burrow; Oliver Garceau, *The Political Life of the American Medical Association* (Cambridge, Mass.: Harvard University Press, 1941); and, for a lively popular version, Richard Harris, *A Sacred Trust* (New York, N.Y.: New American Library, 1966).
  38. Harvey Cushing, as quoted by Hirshfield, 55.
  39. Michael R. Grey, "Poverty, Politics, and Health: The Farm Security Administration Medical Care Programs, 1935-1945," *Journal of the History of Medicine and Allied Sciences* 44 (1989): 320-350; Michael R. Grey, "Dustbowls, Disease, and the New Deal: The Farm Security Administration Migrant Health Programs, 1935-1947," *Journal of the History of Medicine and Allied Sciences* 48 (1993): 3-39; Michael R. Grey, "The Medical Care Programs of the Farm Security Administration, 1932 through 1947: A Rehearsal for National Health Insurance?" *American Journal of Public Health* 84 (1994): 1678-1687.
  40. Michael M. Shadid, *A Doctor for the People: The Autobiography of the Founder of America's First Cooperative Hospital* (New York, N.Y.: Vanguard Press, 1939); Sigerist's two reports on the Elk City Cooperative Hospital are reprinted under the title "Group Health Plans in the United States," in Milton I. Roemer, ed., *Henry E. Sigerist on the Sociology of Medicine* (New York, N.Y.: MD Publications, 1960), 197-202.
  41. "Dr. Sigerist Finds Greenbelt Health Plan Excellent but Project Group Too Small for Complete Treatment," *PM*, July 22, 1940, 27.
  42. Sigerist Diary, October 12, 1938.
  43. The work of the committee is described in Hirshfield, 100-134.
  44. Josephine Roche, "The Worker's Stake in a National Health Program," *American Labor Legislation Review* 28 (1938): 125-130; Hirshfield, 105-108.
  45. For the members of the committee of 430 and their affiliations, see "The Committee of Physicians for the Presentation of Certain Principles and Proposals on the Provision of Medical Care," *New England Journal of Medicine* 217 (November 11, 1937): 798-800.
  46. See Rorty, 81-83; Kingsbury, *Health in Handcuffs*, 72-73; Fox, *Health Policies, Health Politics*, 87-89.
  47. Henry E. Sigerist, *Socialized Medicine in the Soviet Union* (New York, N.Y.: W.W. Norton, 1937).
  48. Henry E. Sigerist, "Socialized Medicine," *Yale Review* (Spring 1938): 463-481, reprinted in Roemer, *Henry E. Sigerist on the Sociology of Medicine*, 39-53.
  49. *Ibid.*, 475.
  50. Sigerist Diary, February 4, 1938.
  51. After one dinner in Philadelphia, he wrote: "Many speeches, Fishbein's by far the best. That's the trouble with this fellow that he speaks so well." Sigerist Diary, March 4, 1938.
  52. Sigerist Diary, October 19, 1938; Beeson, 137-138.
  53. Sigerist Diary, November 11, 1938.
  54. Dorothy Healey and Maurice Isserman, *Dorothy Healey Remembers: A Life in the American Communist Party* (New York, N.Y.: Oxford University Press, 1990), 82; see also Harvey Klehr, *The Heyday of American Communism: The Depression Decade* (New York, N.Y.: Basic Books, 1984), 386-409.
  55. George Silver speaks of Sigerist's impact on medical students in the 1930s in "Social Medicine and Social Policy," *Yale Journal of Biology and Medicine* 57 (1984): 851-864.
  56. See Mark Naison, "Remaking America: Communists and Liberals in the Popular Front," and other essays in Michael E. Brown, Randy Martin, Frank Rosengar-

- ten, and George Snedeker, eds., *New Studies in the Politics and Culture of U.S. Communism* (New York, N.Y.: Monthly Review Press, 1993).
57. Some years later in Switzerland, Sigerist refused many invitations to lecture in the United States, and wrote to Hope Trebing: "How I would wish to see America again, but I don't wish to expose myself to the humiliation of being refused a visa to visit the States. Although I have never been a member of the Communist Party, I certainly would be branded as a fellow traveller as I was a member of many organizations which are listed as Communist front organizations." Henry E. Sigerist to Hope Trebing, June 1, 1955, Sigerist Papers/Yale, Professional Activities, Group 788, Series I, Box 9. As Oshinsky says in *A Conspiracy So Immense: The World of Joe McCarthy* (New York, N.Y.: The Free Press, 1983), 91, the "Communist front" organizations "appealed to people who admired the Soviet achievement or feared the rise of fascism, but who were left cold by the rigidity of Party life."
  58. Sigerist's description of his lecture at the Third Eastern Medical Students Conference in New Haven, Conn. Sigerist Diary, March 15, 1936. This lecture was published as Henry E. Sigerist, "The Medical Student and the Social Problems Confronting Medicine Today," *Bulletin of the Institute of the History of Medicine* 4 (1936): 411-422; it was also published in the *Medical Bulletin* (Student Association, New York University College of Medicine) 1 (April 1936): 3-10.
  59. Sigerist Diary, January 13, 1939.
  60. Sigerist Diary, January 23 [Monday], 1939.
  61. Sigerist Diary, January 16, 1938; Beeson, 143.
  62. "History in a Tea Wagon," *Time*, January 30, 1939, 51-53. (The "tea wagon" of the title was Sigerist's wheeled filing cabinet containing the notes for his projected *History of Medicine* and his *Sociology of Medicine*.) The *Time* cover photo caption reads: "Johns Hopkins Sigerist. His Philosophy: History Spirals Toward Socialization." *Time* published another admiring story about Sigerist, "the world's greatest living medical historian" and "the nation's ablest, and most respected, champion of socialized medicine," when he was getting ready to leave the country in 1947: see "Doctor's Project," *Time*, March 10, 1947, 50-52.
  63. Sigerist, Diary, January 23, 1939; Beeson, 144.
  64. Henry E. Sigerist to Hope Trebing, June 19, 1939, Sigerist Papers/Yale, General Correspondence, 1931-46, Group 788, Series I, Box 4.
  65. Sigerist Diary, May 24, 1939.
  66. Henry E. Sigerist, "The Realities of Socialized Medicine," *Atlantic Monthly* (June 1939): 794-804. This was also issued as a pamphlet by the People's National Health Committee, *A Health Program for the American People: The Wagner Health Bill and the National Health Program*, 1940, and reprinted in Roemer, *Henry E. Sigerist on the Sociology of Medicine*, 180-196.
  67. TELEGRAM to HES in Cape Town, August 2, 1939, from Marion Carter, director, Town Hall Radio Forum, New York City, in cooperation with the National Broadcasting Company (NBC). Letter from Marion Carter to HES, August 9, 1939, gives more details about the planned program, "Does America Need Compulsory Health Insurance?" Sigerist Papers/Yale, Series II, Box 31, Folder 19.
  68. Henry E. Sigerist, "Remarks," *Town Meeting* 5 (1940): 4-8.
  69. Sigerist, *Socialized Medicine in the Soviet Union*.
  70. Sigerist Diary, January 15, 1940; Beeson, 161; Guy L. Hunter, "Russia, Socialized Medicine and the Views of Dr. Sigerist," *Baltimore Sun*, January 15, 1940, 8.
  71. Sigerist Diary, May 2, 1940; Beeson, 167.
  72. "Dr. Sigerist Studies Health Plan Based on Car Insurance Principle," *PM*, August 23, 1940, p. 11; "Dr. Sigerist Finds Much That's Good at the Chicago Civic Medical Center," *PM*, August 26, 1940, p. 11; "Dr. Sigerist Surveys Budget Plan Aiding Health of Union Groups," *PM*, August 30, 1940, p. 11; "Dr. Sigerist Calls Local Units Good in Minnesota Health Plan," *PM*, September 16, 1940; "Farm Health Plan in Oklahoma is Commended by Dr. Sigerist," *PM*, September 20, 1940; "Oklahoma Farmers' Health Plan Worth Copying, Dr. Sigerist Says," *PM*, September 23, 1940; "Dr. Sigerist, in Los Angeles, Studies Ross-Loos Health Plan," *PM*, September 30, 1940; "Ross-Loos Branch Clinic Plan is Explained by Dr. Sigerist," *PM*, October 4, 1940; "Dr. Sigerist Finds Ross-Loos Health Plan 'Basically Sound,'" *PM*, October 8, 1940. Sigerist's three reports on the Ross-Loos Health Plan are reprinted under the title "Group Health Plans in the United States," in Roemer, *Henry E. Sigerist on the Sociology of Medicine*, 202-208.
  73. Henry E. Sigerist, "California Socialized Medicine Experiment Has 16,000 Beneficiaries, \$2.50 a Month Top," *PM*, November 8, 1940; "The California Physicians' Service," *PM*, November 11, 1940; "Dr. Sigerist Discusses San Francisco's Health Service System," *PM*, November 12, 1940; "Dr. Sigerist on Coast Health Plan..." *PM*, November 13, 1940. See also Ricky Hendricks, *A Model for National Health Care: The History of Kaiser Permanente* (New Brunswick, N.J.: Rutgers University Press, 1993).
  74. Henry E. Sigerist, *Medicine and Human Welfare* (New Haven, Conn.: Yale University Press, 1941); Henry E. Sigerist, *Civilization and Disease* (Chicago, Ill.: University of Chicago Press, 1943). Other wartime essays were published in *The University at the Crossroads: Addresses and Essays* (New York, N.Y.: Henry Schuman, 1946).
  75. Henry E. Sigerist, "From Bismarck to Beveridge: Developments and Trends in Social Security Legislation. I. The Period of Bismarck," *Bulletin of the History of Medicine* 13 (1943): 365-388.
  76. For details, see Monte M. Poen, *Harry S Truman Versus the Medical Lobby: The Genesis of Medicare* (Columbia, Mo.: University of Missouri Press, 1979), 33-41.
  77. *Ibid.*, 42.
  78. Sigerist Diary, February 5, 1944; Beeson, 186.
  79. As the Committee for the Nation's Health, the group would later become the chief lobby for President Truman's national health program.
  80. See Milton I. Tervis, "The Contributions of Henry E. Sigerist to Health Service Organization," *Milbank Memorial Fund Quarterly* 53 (1975): 503.
  81. U.S. Civil Service Commission to Henry E. Sigerist, June 3, 1944, Sigerist Papers/Yale, Professional Activities, Group 788, Series II, Box 31.
  82. Fourth U.S. Civil Service Region Investigations Division, "Report of Partial Hearing and Special Hearing," November 15, 1943, Sigerist Papers/Yale, Professional Activities, Group 788, Series II, Box 31.
  83. Henry E. Sigerist, "Saskatchewan Health Services Survey Commission," "The Need for an Institute of the History of Medicine in India," and "Report on India," in Roemer, *Henry E. Sigerist on the Sociology of Medicine*, 209-228, 273-287, and 288-296. For Sigerist's international role, which is beyond the scope of this essay, see Milton I. Roemer, "Henry Ernest Sigerist: Internationalist of Social Medicine," *Journal of the History of Medicine and Allied Sciences* 13 (1958): 229-243; Milton I. Roemer, "Medical Care Programs in Other Countries: Henry Sigerist and International Medicine," *American Journal of Public Health* 48 (1958): 425-427.
  84. Sigerist Diary, August 5, 1943, August 16, 1944, July 26, 1945, September 28, 1946; Beeson, 184, 189, 196, 201.
  85. Poen, *Genesis of Medicare*, 55-75.
  86. *Ibid.*, 89-92.
  87. Ultimately published, unfinished, in two volumes: Henry E. Sigerist, *A History of Medicine. Vol. I. Primitive and Archaic Medicine* (New York, N.Y.: Oxford University Press, 1951), and Henry E. Sigerist, *A History of Medicine. Vol. II. Early Greek, Hindu, and Persian Medicine* (New York, N.Y.: Oxford University Press, 1961).
  88. "A Farewell Dinner for Dr. and Mrs. Sigerist. The Plaza Hotel, New York City, May 9, 1947," *Bulletin of the History of Medicine* 22 (1948): 5-8.
  89. Alan Gregg, "Henry E. Sigerist: His Impact on American Medicine," *Bulletin of the History of Medicine* 22 (1948): 32.
  90. See Alan Gregg to Henry E. Sigerist, November 5, 1948, Sigerist Papers/Yale, General Correspondence, 1947-57, Group 788, Series I, Box 13; Monte M. Poen, "The Truman Legacy: Retreat to Medicare," in *Compulsory Health Insurance: The Continuing American Debate*, ed. Ronald L. Numbers (Westport, Conn.: Greenwood Press, 1982), 97-113.
  91. Milton I. Roemer to Henry E. Sigerist, July 11, 1949, Sigerist Papers/Yale, General Correspondence, 1947-57, Group 788, Series I, Box 20. See Milton Roemer and Fred Mott, *Rural Health and Medical Care* (New York, N.Y.: McGraw-Hill, 1948), a book that catalogued some of the positive achievements of the New Deal at a time when, as Sigerist wrote, "the New Deal is being slandered and smeared from all sides." Henry E. Sigerist to Milton I. Roemer, September 18, 1948, Sigerist Papers/Yale, General Correspondence, 1947-57, Group 788, Series I, Box 20.
  92. See the correspondence with Robert L. Leslie, the business manager of the *American Review of Soviet Medicine* and a

longtime member of the Communist party in the United States. Robert Leslie to HES, January 25, 1949, Sigerist Papers/Yale, General Correspondence, 1947-57, Group 788, Series I, Box 16. As chairman of the National Council of American-Soviet Friendship, Sigerist's old friend Kingsbury, battled the Subversive Activities Control Board (McCarran Committee), which was investigating the more than 260 organizations on the attorney general's "Subversive List." John A. Kingsbury to Henry E. Sigerist, January 18, 1952; October 21, 1953; "Statement by Dr. John A.

Kingsbury, National Chairman of the National Council of American-Soviet Friendship, prepared for submission at the hearing before the Subversive Activities Control Board, May 10, 1954," Sigerist Papers/Yale, General Correspondence, 1947-57, Group 788, Series I, Box 15.

93. For the history and politics of the debates over medical care within the American Public Health Association, see Arthur J. Visel tear, *Emergence of the Medical Care Section of the American Public Health Association, 1926-1948* (Washington, D.C.: American Public Health Association, 1972); Arthur J. Visel tear, "Compulsory Health Insurance and the Definition of Public Health," in *Compulsory Health Insurance: The Continuing American Debate*, 25-54; Milton I. Roemer, "The American Public Health Association as a Force for Change in Medical Care," *Medical Care* 11 (1973): 338-351.
94. Milton I. Roemer to Henry E. Sigerist, November 3, 1954, Sigerist Papers/Yale, General Correspondence, 1947-57, Group 788, Series I, Box 20.
95. Sigerist Diary, August 20, 1943; Beeson, 184.