After his narrow reelection in 1948, President Truman made an effort to extend New Deal liberalism with his “Fair Deal” program. But 1930s-style liberalism was in retreat, weakened by a combination of a resurgent Republican Party, reactionary southern Democrats in Congress, and powerful interest group lobbies. The politics of anticommunism provided a convenient cover for antiliberalism. When Truman introduced an ambitious plan for national health insurance, the American Medical Association denounced it as “socialized medicine,” and launched a vigorous public relations campaign against it.


The general strategy, major issues and fundamental procedures of the campaign were fully outlined during the meeting of State Medical Society leaders with A.M.A. representatives and the campaign management in Chicago, February 12.

This skeletonized Plan of Campaign is simply a working blueprint, designed to define the separate responsibilities of the National, State and County organizations—and to outline the basic steps in getting the job in operation.

There is no need to review the general program, except to underline two major objectives:

First, this is an affirmative campaign. Defeating compulsory health insurance is the immediate job, but stopping the agitation for compulsory health insurance, by enrolling the people in sound voluntary health insurance systems, is our most important objective. That’s the only way to resolve this problem.

Second, this must be a broad, public campaign—with leaders in every walk of life participating—not just a doctors’ campaign. But the work of getting the people alerted and recruited for the battle, that’s the responsibility of doctors and their lay representatives.

In setting up State and County campaigns, this basic precept of sound campaigning should be kept in mind:

A simple campaign program, vigorously and carefully carried out, is much more effective than an ambitious, complicated program, with some of the bases left uncovered.

Start with a program you know you can handle with the money and manpower available. Then amplify it later. Tireless personal work and unbounded enthusiasm for your cause are the most important factors in successful campaigning.

THE NATIONAL CAMPAIGN STRUCTURE

The Coordinating Committee of the American Medical Association, headed by Dr. Elmer L. Henderson, Chairman of the Board of Trustees, is charged with overall responsibility for the conduct of the campaign and is the policy-making board of the campaign.

The Campaign Directors are responsible to The Coordinating Committee.

The Coordinating Committee, in turn, is responsible to The House of Delegates.

THE JOB AT NATIONAL HEADQUARTERS

The job at National Campaign Headquarters, eliminating activities which cannot be covered in a thumb-nail sketch of operations, breaks down as follows:

1. Development and direction of national planning and campaign strategy.

2. Direction of the National publicity campaign, utilizing, largely, the existing, normal channels—the press associations, major newspapers, radio networks and television, the great national magazines, trade publications, newsletters, et cetera. The first objective in this phase of the National campaign will be to get medicine off the defensive, and to conduct an affirmative program of education. An intensive campaign for voluntary health insurance will be conducted concurrently with the drive against compulsory health insurance.

3. Direction of the National-organization-endorsement drive, designed to mobilize hundreds of the great National organizations in support of medicine’s cause. This is a vital step in broadening the campaign into a public crusade. The National Headquarters will need constant aid from the State Societies in carrying out this part of the program. (Kansas spearheaded the work which brought an endorsement from the American Farm Bureau Federation; California first initiated the drive which brought favorable action from the American Legion National Convention.)

4. National coordination of the work in the 48 States, the District of Columbia and the several Territories. There will be a constant flow of information between National and State headquarters, with reports of changing conditions and vital developments in the campaign. Programs and ideas which have worked successfully in some of the States will be made available, through a National exchange service, to the others.

5. Production of all basic campaign literature and materials, including posters, pamphlets, leaflets, reprints, form resolutions and form speeches, cartoons and mats, publicity which can be adapted for State use, lists of organizations, conventions, etc. This is one of the biggest and most urgent jobs in National Headquarters—and the materials will start to flow to the States just as fast as copy-writers, artists, engravers and printers can turn out finished products. As an indication of the tremendous production problems involved, in carrying our story direct to the American people, press runs of pamphlets and other materials are expected to total 100 million copies during the first twelve months of the campaign. About one-third of that stockpile of “ammunition” will be released directly through National facilities, with the remaining two-thirds destined for distribution through the States.

6. Organization and direction of a National Speakers Bureau to cover top-assignment speaking engagements. State Medical Societies are urgently requested to send in the
names of dynamic speakers (either doctors or laymen) who are *qualified* and *willing* to take out-of-State assignments. Our immediate goal: *Two top men from each State!*

7. Direction of a *National Women’s Campaign*, geared to bring the support of the major women’s organizations, and to arouse women throughout the Nation to the threat of socialized medicine.

8. Active cooperation with the *pre-paid medical and hospital plans* and the *accident and health insurance companies* in an all-out drive to provide the *American people with voluntary health insurance coverage*. Special literature will be produced for use of the voluntary systems—and the A.M.A. campaign will be closely meshed with the promotional work of the *Blue Shield, Blue Cross and private indemnity companies*.

**THE STATE MEDICAL SOCIETIES’ JOB**

One of the first jobs of every State Medical Society (where it hasn’t already been done) will be to organize every County Society into a hard-driving campaign organization.

Due to varying local conditions, each State, of course, will work out its own campaign structure—and the relationship between the State and County Societies in the conduct of the campaign. Many of the States already have scheduled meetings of County representatives, patterned somewhat after the National meeting of State leaders in Chicago on February 12. In other States, battle orders are going out by letter, telegraph and telephone.

**AUXILIARIES**

Above all, don’t overlook or discount the Auxiliaries in setting up your State-County campaign organization. The women may be one of the answers to your problem of literature distribution; they certainly should be of positive assistance in getting endorsements from women’s clubs, in talking to club editors on the newspapers, in helping to build an effective Speakers’ Bureau. A doctor’s wife usually has more time than a busy doctor—and she has a personal stake in this campaign!