

SENATORS HILL AND SPARKMAN AND NINE ALABAMA CONGRESSMEN
DEBATE NATIONAL HEALTH INSURANCE, 1935–1965

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THESIS ABSTRACT

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From the 1930s to the 1960s, Senator Lister Hill of Alabama was admired for his experience with issues like national health insurance (NHI). Senator John Sparkman, also from Alabama, was fiscally conservative yet sensitive to people's struggles with medical bills. This thesis's topic is how Hill's and Sparkman's initial opposition to NHI turned to approval of Medicare. They voted for the program despite deep constituent opposition.

In the House, five Alabama Republicans and two Democrats voted against Medicare. Democrat Bob Jones missed the first House vote because he was hospitalized, but he did vote for the conference report in July. The second focus is what motivated these congressmen to vote as they did. Elements included fear of "socialism," the high price tag of Medicare, and concern that forced integration would ensue with Medicare.

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CHAPTER 1: THE LONG POLITICAL HISTORY OF MEDICARE

At the signing of the Medicare bill at the Harry S. Truman Library in Independence, Missouri on July 30, 1965, President Lyndon B. Johnson expressed great optimism for Medicare: “No longer will older Americans be denied the healing miracle of modern medicine,” Johnson said as a pleased former President Truman sat close by. “No longer will illness crush and destroy the savings that they have so carefully put away over a lifetime so that they might enjoy dignity in their later years. No longer will young families see their own incomes, and their own hopes, eaten away simply because they are carrying out their deep moral obligations to their parents, and to their uncles, and their aunts.”¹ Johnson handed the first two Medicare cards to Truman, 81, and his wife Bess, 80, in honor of Harry Truman’s fight for health care as president.

In the summer of 1915, fifty years before LBJ signed the Medicare bill at the Truman Library, the concept of a national health insurance (NHI) program for the United States was developed by a small group of Progressive social workers and economists. They started a campaign under the slogan “Health Insurance: The Next Step,” which did not bear immediate fruit. But twenty years later, this campaign inspired aides to Franklin D. Roosevelt to seek major changes in America’s health care system. These American reformers were well aware that beginning with Germany in 1883, and followed soon after in other industrialized European nations, government programs had been established to

¹ U. S. President, *Public Papers of the Presidents of the United States* (Washington, DC: Government Printing Office, 1966) Vol. II, entry 394, pp. 811–815, Lyndon B. Johnson, 1965.

protect workers against the severe economic hardships caused by major illnesses and industrial accidents. Indeed, by 1911 almost every major European nation, including England, had enacted one version or other of a tax-supported health insurance program.²

Health care plans existed as part of welfare capitalism into the late 1920s, but they were neither popular with workers nor desired by employers. The business downturn of the Great Depression led to cutbacks in welfare capitalism and even labor unions and civic groups saw their health care plans crash. Colin Gordon argues that the extent of health care provided by unions has been exaggerated. He cites statistics showing just thirty substantial union-based plans in 1900, thirteen in 1923, and nineteen in 1943. Then, as later, the American Medical Association (AMA) and state and local medical societies led opposition to the advance of health care programs spearheaded by unions. Propelled as it was by so many citizens' economic plight and by the limits of private provision of health care, the Social Security debate of the mid-1930s brought the need for a federal government role in health care distribution to the fore. Gordon writes that: "Some saw health care as intrinsic to any system of work-based social insurance; others (on both sides of the debate) questioned the wisdom of including a benefit that confounded the logic of contributory, family-wage, occupational coverage."³

James L. Sundquist points out that the troubles of the elderly as a group first surfaced in response to Dr. Francis E. Townsend's advocacy in the 1930s. The Long Beach, California based Townsend was a medical doctor who had learned with some illnesses of his own that old people often needed assistance in paying medical bills. The

² Monte M. Poen, *Harry S. Truman Versus the Medical Lobby: The Genesis of Medicare* (Columbia, MO: University of Missouri Press, 1979), 1–3.

³ Colin Gordon, *Dead on Arrival: The Politics of Health Care in Twentieth-Century America* (Princeton, NJ: Princeton University Press, 2003), 53–55.

initial Social Security plans featured federal grants for old age assistance for the needy, with a means test, and a system of compulsory, pre-paid old-age insurance that would provide monthly cash payments by right not as charity.⁴

Indications are that President Franklin D. Roosevelt studied how post-World War II Social Security might look. Yet occupied with war and myriad other challenges of high office, FDR deferred to staff members and academics who were freer to research the issues of expansion in health insurance for the elderly. Monte E. Poen writes that FDR made it known to Sen. Robert F. Wagner (D.-N.Y.), a leading legislative voice on medical assistance for the aged, that the president would propose solid plans to amend Social Security shortly after the Allied victory.⁵ But after Roosevelt died in April 1945, President Truman was too engaged with ending the war and organizing the post-war world to exert his time and political capital promoting national health insurance. That would wait until Truman won election in his own right in 1948.

One reason national health insurance was a non-starter in the 1940s was the rapid expansion of private medical insurance that gave a majority of the public no present or evident need for this type of government program. During 1940–1950, the percentage of citizens covered for hospital care climbed by more than five times, from nine percent to 51 percent; for surgical care, from three to 36 percent; and for physician services performed in-hospital, from one to 14 percent. Rashi Fein, professor emeritus of medical economics, Harvard Medical School has stated: “There was little middle-class pressure for a compulsory health insurance system. Middle-class voters were reaping the benefits

⁴ James L. Sundquist, *Politics and Policy; The Eisenhower, Kennedy, and Johnson Years* (Washington, DC: The Brookings Institution, 1968), 293–296.

⁵ Poen, *Harry S. Truman Versus the Medical Lobby*, 38–39.

of the postwar economic expansion, of the increase in jobs and employer-provided health insurance.”⁶

The idea of adding a health care benefit for senior citizens was briefly considered when the Social Security Act was being debated in the early 1930s on FDR’s watch. But little progress followed under Truman (Democrat, 1945–1953), Dwight D. Eisenhower (Republican, 1953–1961), and John F. Kennedy (Democrat, 1961–1963). Aside from the 1930s and then in the 1960s, social legislation did not advance much in the U.S. Congress primarily because of the nation’s prevailing political sentiments. This worldview, according to Joyce Pulcini and Diane Mahoney, valued “individualism, (an) emphasis on freedom to choose among alternative options, and an aversion as a nation to large-scale government intervention into the private realm.”⁷

These authors add that when hospitals in 1933 and physicians in 1938 endorsed private health insurance these actions amounted to a preemptive strike against NHI. Expansion of Blue Cross (covering hospital care) and Blue Shield (covering physician care) effectively diffused momentum for compulsory health insurance. Commercial insurance companies entered the health care field in the 1950s and grew dramatically after they began to use “experience rating,” meaning that high-risk individuals could be excluded from plans, thus making them cheaper for everyone else. For decades this policy hampered Blue Cross/Blue Shield, which had been forced to use “community

⁶ Quoted in Gordon, *Dead on Arrival*, 3.

⁷ Joyce Pulcini and Diane Mahoney, “Health Care Financing,” in Diana J. Mason and Judith K. Leavitt, eds. *Policy and Politics in Nursing and Health Care* (Philadelphia: W.B. Saunders Company, 1998), 80–82.

rating,” or rates based on the total utilization of health care services across an entire populace or community.⁸

By the early 1950s, as Truman’s tenure was followed by the presidency of Dwight D. Eisenhower, backers of national health insurance saw the situation of the aged as leverage by which they could achieve some limited version of NHI. According to Odin W. Anderson, “Although voluntary health insurance was doing a reasonably adequate job for the mainstream employed segment of the population—at least enough to dampen agitation for universal health insurance—the aged became a burden on the voluntary health insurance and the broad middle-income segment of the population.”⁹ Yet resistance to amending the Social Security Act to aid even the elderly continued throughout the late 1950s and early 1960s.

Legislative machinations that would lead to amending the Social Security Act of 1935 to create Medicaid began in the waning weeks and days of Congressional debate on Medicare. In seeking a formula that would pass Congress, LBJ and his allies on Capitol Hill knew that using Social Security as the vehicle would be popular. A key reason was that inserting a “means test” into the bill would make those whose modest means qualified them for Medicare feel stigmatized. So, as will be elaborated on later, Medicaid was developed as a program jointly financed by state and federal governments for low income individuals. Like its sister Medicare, Medicaid is a major social welfare program and is administered by the federal Centers for Medicare and Medicaid Services. Patients are restricted to selecting from pre-approved physicians and other providers of medical

⁸ Ibid.

⁹ Odin W. Anderson, “Health Services in the United States: A Growth Enterprise for a Hundred Years,” in *Health Politics and Policy*, eds. Theodor J. Litman and Leonard S. Robins (New York: John Wiley & Sons, 1984), 71–74.

care. Since physicians are not fully reimbursed for services provided to Medicaid patients, many of them limit the number of Medicaid patients they see. Since enacted in 1966 as Title XIX of the Social Security Act, Medicaid has resulted in widespread fraud and abuse from both health care providers and patients.¹⁰ No less a booster of private enterprise than *Business Week* supported contributory financing: “There can be no place in such a system for a means test or any similar device to make benefits available only as a matter of charity and not as a matter of right. Contributory financing is the only way of keeping old people from feeling that they are beggars living off society’s handouts.”¹¹

Under Presidents Franklin Roosevelt and Harry Truman, the first proposals for NHI specified that Social Security would collect taxes, set payment rates, and pay bills; in other words, would serve as a single-payer system but these initiatives went down to relatively easy defeat. Conservatives, led by the AMA, recoiled at the thought the federal government would be so closely involved in health care and possibly hurt doctors’ and nurses’ incomes. But after being elected to a full term in 1948, Truman persisted. In his State of the Union speech in 1949 he pledged to enact “a comprehensive insurance system which would remove the money barrier between illness and therapy.”¹² Yet the administration’s health insurance bill was not even reported out of committee, after a coalition of Republicans and anti-Truman conservative Southern Democrats derailed it. Truman continued his campaign for compulsory health all three of his full remaining

¹⁰ Cornell University Law School, Legal Information Institute, “Medicaid Law: An Overview,” available from <http://topics.law.cornell.edu/wex/medicaid>; Internet; accessed 26 September 2008.

¹¹ Gordon, *Dead on Arrival*, 97–100.

¹² Steve Hoenisch, “Health Care Policy of the Republican Party,” *The Encyclopedia of the American Democratic and Republican Parties* (Baldwin Place, NY: International Encyclopedia Society, 1997), 1-8.

years in office, 1950–1952, to no avail. Republicans gained 25 seats in the House and several in the Senate in 1950, dooming most of Truman’s Fair Deal bills.¹³

Truman’s health insurance reforms did become part of the Democrats’ legislative agenda and generated the momentum that led to Medicare’s passage a dozen years or so later. As reported by Carol S. Weissert and William G. Weissert, Dwight Eisenhower, too, met legislative failure after he succeeded Truman as president in January 1953 and offered a health care proposal. Both conservatives (opposing “creeping socialism”) and liberals (charging Ike’s plan was insufficient) rejected it. This president’s plan would have government sell “reinsurance” protection against catastrophic claims to private insurance companies. Thus it would attempt to solve the problem of insuring high-risk enrollees through governmental “risk-pooling” formulas.¹⁴ After his chief proposal was defeated in the U.S. House 238–134, Eisenhower signaled his belief the aged would someday receive the care they needed: “I do not believe there is any use in shutting our eyes to the fact that the American people are going to get that medical care in some form of another.”¹⁵

Sundquist says that increased congressional interest in issues of the elderly is indicated in the growing number of citations on the topic in the *Congressional Record*. For example, under the heading “Older Persons,” there were six entries for 1953, a full column for 1955, and a column and a half for 1957; in 1960 the total reached six and a half columns. Also, in 1952 “Needs of Our Senior Citizens” was a heading in the

¹³ Ibid.

¹⁴ Carol S. Weissert and William G. Weissert, *Governing Health: The Politics of Health Policy* (Baltimore, MD: The Johns Hopkins University Press, 1996), 296–303.

¹⁵ Ibid, 301.

Democratic Party platform, with the Republican Party having its first section on “Older Citizens” in its platform in 1960.¹⁶

Throughout the 1930s and 1940s and into the early 1950s, health services for the poor were handled through the states, and eventually a shared state and federal arrangement was effected. Voluntary health insurance under large group plans such as Blue Cross and Blue Shield grew. Yet bills on national health insurance did not advance in Congress because of public fears of “socialized medicine” and because the AMA was an effective opponent. However, by 1952 more than half of the U.S. population was covered by health insurance, in most cases covering hospital care and physician services in-hospital. Six years before, a strong effort was started to expand health care offerings, especially in rural areas, under the Hospital Construction Act (Hill-Burton). With strong support from political odd fellows the AMA, American Hospital Association, and organized labor, this bill was named after U.S. senators Lister Hill (D.-AL) and Harold Burton (R.-OH). Regarded by most observers as a big success, Hill-Burton provided seed money enabling even small, rural hospitals to flourish.¹⁷

Despite wide praise for Hill-Burton, legislative attention to further expansion of the role of government in health care dwindled until 1958. In that year, Rep. Aime J. Forand, Democrat from Rhode Island, reintroduced a health insurance bill that had died earlier in the Ways and Means Committee. Forand reported statistics that he said showed the elderly of the 1950s had major health and financial problems. But these statistics did not impress conservatives of either party, who argued the Forand bill was regressive and would not solve many of the health issues. Echoing themes that would surface later in the

¹⁶ Sundquist, *Politics and Policy*, 287–321.

¹⁷ Ibid.

Medicare debate, opponents asserted that most Americans could already afford some private health insurance, that the bill conflicted with states' rights, and that people who could pay their own medical bills should not be covered by compulsory health insurance. Critics of Forand's bill ruled the day in 1959 as the bill was rejected by the Ways and Means Committee by a 17–8 vote.¹⁸

In Alabama, even the usually liberal editorial writers of *The Anniston Star* were concerned about Forand's legislation. On May 6, 1960 the editors noted the bill "would drain billions of additional dollars from the already heavily burdened Social Security fund."¹⁹ Forand's bill would have amended the Social Security Act to provide insurance against the cost of hospital or nursing home care and against surgery costs as part of old-age and survivors benefits. The *Star* found fault with giving hospital and surgical coverage to everyone who was on record as a beneficiary of Social Security. The editors said providing basic medical care to the needy should be sufficient for the bill. They suggested that be done "without incurring all the expenses, administrative, and otherwise, that would be incurred in meeting some part of the cost of medical care for *all* OASI beneficiaries, including those who are well able to pay."²⁰

Old-Age and Survivors Insurance (OASI) is the name for the programs for seniors and other beneficiaries mandated under the Social Security Act of 1935 and its amendments. It is operated by a trust fund as a separate account in the U.S. Treasury, which has automatic spending authority. This self-regulating mechanism authorizes monthly payments to retired-worker (old-age) beneficiaries and their spouses and

¹⁸ Hoenisch, "Health Care Policy of the Republican Party," 3.

¹⁹ "Medical Care for Aged," *The Anniston Star*, 6 May 1960.

²⁰ *Ibid.*

children and to survivors of diseased workers. The result of such on-the-spot spending is that the OASI Trust Fund has no need to periodically request money from Congress to pay benefits.²¹

Although the 1960 Forand bill did not pass, it resurrected the issue of national health insurance after lackluster Eisenhower administration efforts and aggressive opposition of the AMA had put NHI on the backburner. By 1961 the demographics and the political climate were suddenly much more favorable to legislation for old-age health insurance. First, while the nation's population increased 18.5 percent, the over-65 population increased 35 percent, or nearly double the overall rate. Luther L. Terry, M.D., Surgeon General of the United States noted in remarks before the Alabama State Legislature on July 18, 1961 that the trend of a dramatically increasing elderly population would continue for decades. Terry, a native of Red Level in southeast Alabama, predicted the proportional rate of the aged to the general population would quadruple since the overall population was increasing slowly in his native state. These statistics made clear the health care needs, the surgeon general explained, but what was still needed was the will to deliver resources to combat these glaring health needs. "Let it not be said that the world's richest nation in all history failed to meet the people's health needs," Terry concluded.²²

The second reason things brightened for national health insurance legislation around this time was the election of Democratic Sen. John F. Kennedy of Massachusetts

²¹Office of the Chief Actuary, Social Security Administration, "Old-Age and Survivors Insurance Trust Fund," 9 November 2007. Available from Social Security Online, <http://www.ssa.gov/OACT/ProgData/describeoasi.html>. Internet; accessed 8 August 2008.

²²Luther L. Terry, M.D., Surgeon General, Public Health Service, U.S. Department of Health, Education, and Welfare, Address before the Alabama State Legislature, 18 July 1961, Lister Hill Papers (1921-1968), W.S. Hoole Special Collections Library, the University of Alabama, Tuscaloosa (hereinafter, Hill Papers).

as president in November 1960. Although he knew of the decades-long failure to secure NHI, when Kennedy assumed office in 1961, he attempted early in his term to get Medicare legislation considered.²³ Kennedy realized the political climate had gotten increasingly more favorable to national health insurance as the 1950s melded into the 1960s. The first national poll to be taken on Medicare was not until 1961, but it showed support must have been building during the 1950s. This American Institute for Public Opinion (later, Gallup) survey indicated that 67 percent of those polled supported Medicare; 26 percent were opposed.²⁴

In a sampling of congressional constituency polls, urban and suburban Republicans throughout the North and West found that the Democratic approach to health care through Social Security was popular even there. Analysis of questionnaires also revealed that only the Republican rural and small-town heartland of the North and probably the South (survey evidence there was slim) retained their dislike for Medicare legislation. Kennedy remarked that his Medicare plan was centered on the key promise that “contributions made during the working years, matched by employers’ contributions, should enable people to prepay and build earned rights and benefits to safeguard them in their old age.”²⁵ Kennedy’s plan was being assessed by House committees when he was assassinated in Dallas, Texas on November 22, 1963.

President Lyndon B. Johnson continued the pursuit of NHI in 1964, his first full year as president, but opposition from both Republicans and conservative Southern Democrats stalled progress. But the huge Democratic landslide in the 1964 election

²³ Hoenisch, “Health Care Policy of the Republican Party,” 3–5.

²⁴ U.S. President, *Public Papers of the Presidents of the United States* (Washington, D C: Government Printing Office, 1962, John F. Kennedy, 1961).

²⁵ *Ibid.*

added pro-Medicare legislators and made opponents realize some version of Medicare would inevitably pass. The landmark 1964 election gave Democrats in the House of Representatives their largest majority since 1936, and the first clearly liberal majority in both the House and Senate since the 1930s. Yet, as M. Kenneth Bowler, deputy chief of staff of the House Ways and Means Committee in the late 1980s, notes, despite the numbers and momentum arrayed against them, Medicare's foes still asserted significant influence over the final versions of the Medicare bills, and how the legislation was implemented. "The fragmented and decentralized nature of the policy process with multiple decision and access points, ...as well as other formal and informal characteristics of the legislative process in the mid 1960s insured that conservatives, the AMA and others who lost on the basic issue of whether or not to enact Medicare would have substantial influence in the formulation and implementation of the program."²⁶

An example of the opposition to Medicare came in the Senate on July 8, 1965 when Representative Thomas Bradford Curtis of Missouri rose and stated his displeasure with the idea of adding Medicare to Social Security. He said that adding Medicare would create a program that would run "in perpetuity." Curtis offered an illustration:

It would not be possible to add Medicare to Social Security and provide that the program expire at the end of 10 years, so that at the end of 10 years Congress might decide what kind of program they wish. The individuals who are 55 years of age now would object to a program under which their Social Security taxes would be raised for 10 years and then have that program expire the date they become eligible for benefits. So would it be with any other termination date that might be selected. This means that when we add a program to our social security program we are legislating for all time to come. The voters, many years from now, will not have the opportunity to make vital decisions on how much they should

²⁶ M. Kenneth Bowler, "Changing Politics of Federal Health Insurance Programs," *PS* 20, no. 2 (Spring 1987); 202.

spend for welfare programs because those decisions are being made now.²⁷

Today many observers would say Curtis made an eloquent plea for his side, and was prescient about Medicare's ramifications. Yet when powerful Rep. Wilbur Mills of Arkansas gave his concurrence, the passage of Medicare and Medicaid was assured.

For decades the AMA, backed by a strong and highly effective public relations campaign, had little trouble preventing significant reform to the nation's mostly private health care network. In the Truman era, the onset of the Cold War made it easy for anticommunist sentiment to lead millions of Americans to equate instituting NHI with creating a form of "socialized medicine." In addition, as Nicholas Laham points out, AMA spending was far above that of organizations supporting national health insurance. In 1949 and 1950, for instance, the AMA spent \$3.75 million on its National Education Campaign while the Committee for the Nation's Health (CNH) spent just \$140,000 promoting NHI.²⁸

With 1964 election results forecasting major progress on national health insurance, Medicare opponents realized their precarious situation. The American Medical Association's support for Sen. Barry Goldwater, who lost the presidential election soundly, gave them little goodwill with the public. Also, the AMA was unable to get paid airtime on TV because the three major networks had a new policy not to air controversial issues; the AMA did get newspaper and radio advertising, but by this time many people were getting their news primarily from TV. Further, groups like the American Nurses

²⁷ U.S. Congress, Senate, Representative Curtis of Missouri speaking against the "Mills bill", H. R. 6675, to the Senate, 89th Cong, 1st sess. *Congressional Record* 3, pt.12 (8 July 1965); U. S. Government Printing Office, 1965; 15869–15870.

²⁸ Nicholas Laham, *Why the United States Lacks a National Health Insurance Program* (Westport, CT: Greenwood Press, 1993).

Association and the American Public Health Association backed Medicare, undercutting AMA's theme that most medical people were against it.²⁹ Passage of this version of NHI, modified to apply only to older people and some disabled recipients, was also made possible by the growth of senior citizens' groups in size and influence. Membership in the National Council of Senior Citizens rose to two million in 1965, and the American Association of Retired Persons (AARP) increased its membership rolls by millions.³⁰

Just a few months after the tragedy of November 22, 1963, LBJ started to put serious effort into legislative advancement of the slain president's bill for health care for the aged. As a former Senate majority leader and a Washington politician for 30 years, Johnson was not against having his partisans use strong-arm tactics that infuriated his opponents. For example, on July 29, 1964, almost exactly a year before Medicare was passed, Republican Sen. Robert Stafford objected to a "gag rule" Democratic leaders had pushed through the Rules Committee. The junior senator from Vermont recalled his vote two years earlier to halt that practice by enlarging the Rules Committee. The restriction of amendments in this case applied to H .R. 11865, Social Security Amendments of 1964. The 1964 bill was similar to the 1965 Medicare bill in several ways, especially in its focus on increasing benefits under the federal old-age, survivors, and disability insurance. But significant changes also separated this 1964 bill and the one approved the next year by the enhanced Democratic and liberal majority.³¹

²⁹ Ibid.

³⁰ Sheri I. David, *With Dignity: The Search for Medicare and Medicaid* (Westport, CN: Greenwood Press, 1985), 144.

³¹ U.S Congress, Senate. Senator Robert Stafford of Vermont Offers Remarks to the Senate on Medicare, 29 July 1964, *Congressional Record*, 88th Cong., 2nd sess. Vol. 110—Part 13, July 22, 1964—August 3, 1964; 17250.

“Were this an open rule, as it should be, it would be my intention to offer an amendment to the bill providing the medical profession with a referendum to determine whether or not they might wish to be included in the Social Security System,” Stafford said.³² He said that, of course, was prevented by the “gag rule” which forbade raising, considering or discussing amendments to the Medicare bill. As exemplified by Stafford’s statement, gag rules are often criticized because they abridge freedom of speech, a foundation to American public policy formation since the republic was founded. Conversely, gag rules are typically defended as they help bills advance since potentially divisive debates and activities remain “off the table” of debate. In his anti-gag rule remarks, Stafford also would have offered an amendment increasing across-the-board payments to recipients of Social Security benefits by 7 percent instead of 5 percent. The “gag rule” stopped that amendment, too, from even being offered for debate, let alone voted on. “I protest the parliamentary situation which forces the membership of the House to accept or reject the bill as written by the committee without any opportunity to make any change in it whatsoever,” Stafford stated.³³

Medicare became much more likely to become law in the 1960s for reasons aside from the political party and ideological makeup of the Congress after 1964. The nation was experiencing good economic times, there was a greater emphasis on social justice and societal fairness, and many Americans believed there was a “crisis” in the failure of health insurance to protect people who suffered from catastrophic illnesses.³⁴

³² Ibid.

³³ Ibid.

³⁴ Theodor J. Litman and Leonard S. Robins, eds. *Health Politics and Policy*, (New York: John Wiley & Sons, 1984), 311–314.

Another reason the Medicare bill passed was that the huge election victory of Johnson and the election of many new liberal Democrats in November 1964 convinced Rep. Mills that Johnson had the public support to get this legislation approved by the Congress in 1965. As chairman, Mills had halted a Medicare bill in the Ways and Means Committee in 1962 and had also blocked an amendment that would have essentially created Medicare two years later. But by March 2, 1965, Mills was actively pursuing a solution. He suggested creating a bill to combine the administration's hospital care measure, an additional and larger program that would provide health care help for the indigent, and a voluntary supplemental program similar to Wisconsin Republican Rep. John Byrnes's proposal to take care of doctors' bills and associated services.³⁵

By the early 1960s, for most Democrats and a number of liberal Republicans, the need for government help with health care for the aged was paramount. The report of the House Ways and Means Committee outlined the situation for the elderly in America when Medicare was on the congressional docket:

Today, fewer people are free of the fear that costly illness will exhaust their savings. In many instances the one or more episodes of hospitalization which virtually all aged people will experience can quickly dissipate whatever savings they have been able to accumulate in their later years. The frequent medical attention required by older people suffering from chronic illness can also be a serious drain on their financial resources. A large and growing proportion of the elderly applying for public assistance have had to do so only because they cannot afford needed health care. Frequently the assistance for which they must apply is very limited in scope and inadequate to meet their needs.³⁶

³⁵ Ibid, 292–297.

³⁶ U.S. Congress, House. Committee on Ways and Means, Report on the Social Security Amendments of 1965. 89th Cong, 1st sess. *Congressional Record* 3, pt.6 (8 April 1965); U. S. Government Printing Office, 1965; 7362–7363.

Johnson and his allies on the Hill aggressively promoted Medicare in January, but legislators in both parties continued to block their way. Finally, on July 27, 1965 Mills, who had stymied Medicare legislation for years, saw the light. He said the Medicare bill of 1965 “perhaps stands head and shoulders” over four other landmark changes to the Social Security Act since 1935. These earlier measures were adding survivor benefits (1939), extending coverage to the self-employed (1950s), including disability benefits (1956), and the various 1960 improvements. Mills said the bill that was passed met the requirements of “actuarial soundness and fiscal responsibility, of the times in terms of the urgent needs of our elderly citizens, and of this day in terms of extension of programs to the needy, to crippled children, and to the millions of our citizens whose primary source of income is their Social Security benefits.”³⁷

Johnson, aware opponents would call his plan “socialized medicine” if it covered physicians’ costs as well, had at first offered a bill that just covered the hospital bills of the elderly. The president’s bill provided 60 days of hospital coverage, 180 days of skilled nursing home care and 240 days of home health visits for Social Security recipients who were age 65 and older. The AMA and conservative Republicans, however, were not pleased with this bill, so Mills developed a “three-layer cake” design: a hospital insurance benefit under Social Security; a voluntary insurance program for doctors paid for partly by general revenues; and Medicaid, an expanded medical program for the indigent that the states would administer.³⁸

³⁷ Lawrence R. Jacobs, *The Health of Nations: Public Opinion and the Making of American and British Health Policy* (Ithaca, NY: Cornell University Press, 1993), 210–214.

³⁸ Robert B. Dallek, *Lyndon B. Johnson: Portrait of a President* (New York: Oxford University Press, 2004), 197–201.

The Medicare bill that succeeded had two parts. These were Part A, a hospitalization insurance program to help pay for hospital and post-hospital care, and Part B, a supplementary medical insurance program to help pay for doctor bills and other health services. Part A had four main features: First, it provided for 90 days of inpatient hospital services, the patient paying a deductible of \$40, and the government paying all other costs for the first 60 days of hospitalization. For any additional 30 days, the patient was to pay \$10 a day. Second, the government would pay in full for 20 days of services at an extended care facility in a spell of illness. Following that, 80 additional days of care were to be partially paid for, with the patient paying \$5 per day. Third, outpatient hospital diagnostic services would be covered, with the patient paying the first \$20 for each 20-day period requiring diagnostic services and 20 percent of the rest. Finally, payment would be made for up to 100 visits by a home health agency for care at home in the year after discharge from the hospital or extended care facility. The government was to absorb the full cost.³⁹

Meanwhile, under Medicare Part B, there were also four key elements: First, payment was provided for physician's services, whether provided in an office, a hospital, or in the patient's home. Second, certain other medical and health services were to be covered; among these were diagnostic services, medical supplies and equipment, and prosthetic devices. Third, payment would be made for as many as 100 visits by a home health agency during a calendar year without requiring prior hospitalization. Finally, the

³⁹Ibid.

patient had to pay the first \$50 of these expenses in each calendar year, with Medicare paying the rest.⁴⁰

Enacted along with Medicare (Title XVIII of the Social Security Act), was Medicaid (Title XIX). Medicaid is a joint federal-state program addressing health care needs of the aged and the infirm of any age. Like its sister program, Medicare is an entitlement, and as such grants a legal entitlement to benefits for those meeting eligibility requirements. An entitlement can be described as a government program that provides individuals with personal financial benefits or government-provided goods or services. Under an entitlement, according to Paul M. Johnson, “an indefinite (but usually rather large) number of potential beneficiaries have a legal right (enforceable in court, if necessary) whenever they meet eligibility conditions that are specified by the standing law that authorizes the program.”⁴¹

The most important examples of federal entitlement in the United States are, in addition to Medicare and Medicaid: Social Security, most Veterans' Administration programs, federal employee and military retirement plans, unemployment compensation, food stamps, and agricultural price support programs.⁴² Unlike Medicare, which is entirely the federal government's responsibility, Medicaid is a federal-state partnership. Medicaid allows each state and territory, directed by federal guidelines, to establish its own eligibility criteria and rates of payment for medical care, to decide what and how much care it will cover, and to administer the program mostly as it prefers.⁴³

⁴⁰ Ibid.

⁴¹ Paul M. Johnson, *A Glossary of Political Economy Terms*, (Auburn University, 2005), available from <http://www.auburn.edu/~johnsonpm/gloss/>; Internet; accessed 11 October 2008.

⁴² Ibid.

⁴³ Ibid, 109–114.

This thesis has two main research questions. First, “What was Alabamians’ basic reaction to the various national health insurance bills from 1935 to 1965, particularly the Medicare bills of 1964–1965?” and second, “What motivated Alabama’s two U.S. senators to vote in favor of Medicare, while seven of the eight U.S. representatives from the state voted against it?” This study highlights the background, voting records, and advocacy patterns of U.S. Senators Lister Hill and John Sparkman. That is followed by a brief canvassing of the views and votes by the eight men who served as U.S. representatives from Alabama in the 89th Congress (1965–1966). This included three long-serving Democrats: George W. Andrews, Robert Emmett Jones Jr., and Armistead Selden Jr., as well as five Republicans newly elected in the historic Alabama election of 1964: Arthur Glenn Andrews, John Hall Buchanan Jr., William L. Dickinson, William J. (Jack) Edwards, and James D. Martin.⁴⁴ Also included although he was defeated in the Democratic primary in 1964 is Carl A. Elliott. This North Alabama liberal had a minor role with Medicare that is used here to illustrate a main point.

Chapter 2 recounts the long career of U.S. Sen. Lister Hill and his important role on the national stage related to health care and hospital construction. This Alabamian was very influential in the NHI debate based on his congressional longevity and vast knowledge of current and historical health care practice. Senator Hill’s Voluntary Health Insurance Bill, first offered in 1949, was part of the mix that led to Medicare’s being passed with the stipulations and strengths it had. Also, Hill’s close working relationship with U.S. Sen. John Sparkman, Alabama’s junior senator, will be studied as a prelude to the following chapter, which focuses on Sparkman.

⁴⁴ U. S. Congress, Biographical Directory of the United States Congress, 1774–present. Available from <http://www.bioguide.congress.gov/biosearch/biosearch1.asp>: Internet: accessed 13 November 2007.

Chapter 3 examines John Sparkman's role in addressing national health insurance as a campaign and legislative issue. Sparkman was less economically liberal than Hill, but he was born poor and so makes an interesting study as he balanced a frugal philosophy on government spending with compassion for the plight of his fellow citizens who could not afford quality medical care on their own. The concluding chapter, Chapter 4, features a canvassing of the views and votes by the five Republicans and three Democrats who served as representatives from Alabama in the 89th Congress which passed Medicare. This provides insights into their reasons for voting the way they did (seven continually against; one congressman—Democrat Bob Jones—was absent for the key House vote, but later voted for the conference report on the Medicare bill). Evidence comes from their House floor statements, constituent mail, speeches, and 1964 (and in some cases, earlier) campaign rhetoric and advertisements.

CHAPTER 2: LISTER HILL AND THE POLITICAL REALITIES IN ALABAMA

After independent candidate John G. Crommelin was decisively defeated by Democratic U.S. Senator Lister Hill in the general elections of November 7, 1950, he conceded via Western Union message. Along with the obligatory “I yield to the decision of the people of Alabama. I congratulate you on your election,” Crommelin added an intriguing third line. A retired rear admiral and a staunch conservative, he wrote: “Helmsman, mind your left rudder.”¹

Crommelin sought to tie Hill to the racially moderate Truman administration, which was unpopular in Alabama. Truman was even denied a place on the presidential ballot in Alabama in 1948 by the State’s Rights Democrats (Dixiecrats).² Hill earned a more moderate reputation than most Southern politicians on class and race matters throughout his career. Like other “economic liberals,” Hill was motivated by the need for government help to brighten the lives of the many poor people in rural areas. In assisting struggling Alabamians during the Great Depression, Hill was strongly supported by President Franklin D. Roosevelt. Even after FDR’s death, Hill continued his advocacy for strong federal government aid to citizens in rural areas to include unemployment relief, home loans, old-age pensions, and medical assistance.

¹ Rear Admiral (Ret.) John G. Crommelin to U.S. Senator Lister Hill, 8 November 1950, Hill Papers.

² Scott E. Buchanan, “Dixiecrats,” *The New Georgia Encyclopedia*, 27 July 2004, available from New Georgia Encyclopedia Online: <http://www.georgiaencyclopedia.org/nge/Article.jsp>; Internet; accessed 8 August 2008.

Hill's gravitation towards support for Medicare is a primary focus of this thesis. The senator's evolving views on NHI bear study by virtue of his family background in medicine, and his close contact with many physicians, hospital administrators, medical researchers, and health issue advocates. Also, as an economic liberal, Hill provides a useful reference point as he sought to balance his medical constituency and friendships with a demonstrated need for government help for Alabamians suffering from dread diseases and poor medical care. Hill said his parents were content that he pursued a profession (law) more to his liking and talents than the family business (medicine). In a 1958 oral history interview for Columbia University, Hill noted that as of then doctors were found throughout his family tree. He explained: "My father was a doctor, my uncle was a doctor, I'm named for a doctor, two of my sisters married doctors, and I had five first cousins who were doctors. My cousin is a very outstanding man in the field of surgery."³ Knowing this, it is not unreasonable to infer that Lister Hill's close relationships with so many doctors colored his world view and his evaluation of legislation like Medicare that significantly impacted those in the medical arts.

Although Lister Hill came from a family full of medical doctors, and felt he was headed for that profession himself, his career direction changed dramatically from physician to lawyer and politician, after as a youngster, Hill witnessed a particularly gruesome surgical operation. On the table was a man with cancer of the nose whose living tissue was dissected by Hill's father, the highly skillful Dr. Luther Leonidas Hill. This veteran surgeon then took some skin from the patient's neck and grafted it onto the nose. The operation was a success, but for young Lister Hill it was an eye-opening and

³ U.S. Senator Lister Hill, "Oral History Interview," Columbia University Oral History Project, Butler Library, Columbia University, New York, NY (1958).

traumatic experience. He recalled this incident 50-odd years later: “Well, if you ever saw anything shocking and gruesome, you want to see a fellow lying on the table with his nose off. By the time he got that nose on, I’d turned about as white as this shirt and I left the operating room. I didn’t think I wanted to go into medicine.”⁴

Roll call indices from the 86th U.S. Congress (1959–1960) and the 87th U.S. Congress (1961–1962) show that Hill was the fifth or sixth most “liberal” of Southern Democratic senators. His voting record was similar to that of two Republicans, Sen. Hugh Scott of Pennsylvania and Sen. John Sherman Cooper of Kentucky. Hill received a 53 percent –47 percent coalition support-and-opposition combined score for the two sessions of the 86th Congress from *Congressional Quarterly*’s “Conservative Coalition” index. Interestingly, his support for conservative initiatives jumped from 44 percent for the 1961 session to 73 percent in 1962. This is perhaps due to Hill’s belief the GOP would field a strong candidate against him in 1962. This is exactly what happened as Gadsden state senator James D. Martin nearly ousted the veteran legislator. Walter Dean Burnham has pointed out that the only other Deep South senator with a similar voting record to Hill’s based on the CQ index was Olin D. Johnston of South Carolina, himself aggressively challenged by a conservative Republican before winning another term.⁵

In 1951, William G. Carleton published a journal article examining the ideological makeup of Southern politicians in 1900 and 1950. He postulated that in 1950 there were three types of Southern liberals. First were integrated liberals, or New Dealers and Fair Dealers who even on questions of race echoed their Northern peers. Examples

⁴ Ibid.

⁵ Walter Dean Burnham, “The Alabama Senatorial Election of 1962: Return of Inter-Party Competition,” *The Journal of Politics* 26, no. 4 (November 1964): 809.

were Alben Barkley, a senator from Kentucky who became Truman's vice president; Hugo Black, a senator from Alabama later appointed as a U.S. Supreme Court Justice; and Claude Pepper, senator and later representative from Florida. Closely linked to the integrateds were members of the second group, Southern politicians who were consistently liberal on every issue except race. Among these were Alabamians Lister Hill and John Sparkman in the Senate, and Carl Elliott, Robert Jones, and Albert Rains in the House.⁶

The third category of Southern liberal politician, according to Carleton, was already disappearing as of the early 1950s. This was the agrarian demagogue, the fire-eater who was liberal on economic issues but extremely reactionary on the race issue. The classic example was Theodore G. Bilbo, two-term governor of Mississippi and later a U.S. senator. While as segregationist as they came, Bilbo was undeniably an economic liberal. In one colorful speech, for instance, Bilbo came out against "farmer murderers," "poor-folks haters," "rich enemies of our public schools," and "private bankers 'who ought to come out in the open and let folks see what they're doing.'"⁷

Stewart E. McClure, chief clerk of the Senate Committee on Labor, Education, and Public Welfare (1949–1973), was interviewed in 1982 and 1983 for the U.S. Senate's Oral History Project. He served under Lister Hill, chairman from 1955–1968, during a very productive time as the committee was flooded with domestic legislation, much of which the Senate eventually passed. McClure was asked what problems Hill encountered being a liberal senator representing a conservative state. "Well, I would amend your

⁶ William G. Carleton, "The Southern Politician—1900 and 1950," *The Journal of Politics* 13, no. 2 (May 1951): 220–221.

⁷ "Theodore Bilbo." *Current Biography Yearbook* (New York: H.W. Wilson Company, 1943), 49.

question to say: ‘Why did Alabama have such a liberal delegation in the ‘50s?’ [John] Sparkman, Carl Elliott, Bob Jones, Albert Rains. There were six members of Congress from Alabama; they were the most liberal delegation of any state in the country.”⁸

I don’t understand it, really, except that at the time they were elected, the issues in the South were economic, pulling themselves up, needing federal help, public works, and other things. These men knew how to get it and could work up here effectively. When the race issue arose in virulent form in the ‘60s they all became vulnerable.⁹

McClure explained that most of the economic liberals who went to Washington, D. C. from Alabama represented the northern portion of the state, traditionally known as a more progressive area:

He’s [Sparkman] from north Alabama, which is a more liberal area, more modern anyway. So was Elliott, so was Jones, the bloc of congressmen from the northern part of the state were more liberal than the others. So I think that’s one explanation. These men were responding to the kind of issues that bothered the people of Alabama after the war, until the race thing came, and then they were not. Now the state is mostly Republican.¹⁰

According to Carl Grafton and Anne Permaloff, Hill, like Senate colleague John Sparkman and colorful two-term Governor James E. “Big Jim” Folsom, had a mostly poor and rural base of electoral support. Hill garnered much of his backing on “a combination of populist-New Deal positions, particularly in relation to economic issues. All three drew a great deal of support from black voters and lower socioeconomic groupings of whites.”¹¹ Also, Hill and Sparkman, but not Folsom, obtained significant support from upper-middle-class and upper-class whites in most elections. Hill and

⁸ Stewart E. McClure, “Oral History Interview #3: With Lister Hill on the Labor Committee,” Senate Historical Office Oral History Project, Interviewed by Donald A. Ritchie on 11 January 1983 in Washington, DC.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Carl Grafton and Anne Permaloff, *Big Mules & Branchheads: James E. Folsom and Political Power in Alabama* (Athens, GA: The University of Georgia Press, 1985), 79.

Sparkman attracted a wide variety of supporters, but most of them belonged to the lower socioeconomic and lower middle class.¹² The implication, as constituent letters to Hill bear out, is clear: These voters had a genuine need for assistance in paying their medical bills; yet were also not well-educated. They were susceptible to AMA publicity that deemed any national health insurance “socialized medicine,” which many citizens interpreted to mean dangerous and undesirable.

Yet Hill’s efforts at engaging the federal government in improving life for his constituents did not go uncriticized in Alabama and throughout the nation. Alabamians had always been averse to a big government financed with high taxes and monitoring people’s lives. Crommelin’s assertion that the senator was enabling a president (Truman) whose team was “racing down the road to socialism” attracted much interest. In 1950, opposition to “socialism” in its many forms was not sufficient for Crommelin to deny Hill a third term. But after a series of hugely unpopular civil rights breakthroughs in the mid-1950s (the Montgomery Bus Boycott, *Brown v. Board of Education*, etc.), Hill knew he had to become more conservative regarding race, or he would not be reelected. But what about Hill’s progressive leadership in the medical field? What of Hill’s wide impact, notably in hospital construction, medical research and a compromise federal health insurance bill? Why did he eventually vote for Medicare despite knowing his support for this measure might bring on calls that he backed “socialism?”

Of course Hill knew his voting base was comprised of many people of moderate means with a true need for government help. That pushed him to a form of “economic liberalism” culminating in his 1965 vote in favor of Medicare, a huge new governmental

¹² Ibid.

expenditure he had opposed for many years. In addition to a desire to please his poor rural constituents, Hill held tight to his economic liberalism because he had been inspired by FDR's aggressive measures to reduce unemployment and poverty.¹³ The day after Roosevelt died on April 12, 1945 Hill eulogized FDR:

Not since Abraham Lincoln fell has this nation suffered such a tragedy. Franklin Roosevelt was the foremost man of America. He was the foremost man of this entire world. Under his inspiring leadership America again knew her greatness and felt her power. Because of the fundamental justice of his program business and industry and labor and agriculture began the long climb back to strength and stability, and the nation was saved.¹⁴

In his fulsome praise for Roosevelt, Hill was echoing the sentiments of many of his constituents on the middle to lower rungs of society who cherished FDR. Yet balancing that were letters from upper-income people and big businessmen who expressed sorrow because the nation's leader was dead, yet reiterated that they felt Roosevelt's economic policies were destructive and anti-American. Hill's strong support for FDR and the New Deal today seem logical for a legislator from a state that clearly needed so much federal help for its family farms, rural electrification, servicemen's pensions, and relief for the poor. But as the *Columbiana-Shelby County Reporter* stated in a 1937 editorial, Hill's pro-New Deal stance was not as appealing back then as historians today may think. This rural weekly noted that such Roosevelt administration programs as a wages and hours bill and the court reorganization plan (nicknamed the "Court-packing plan") were generally not viewed favorably in Alabama. Both citizens of

¹³ U.S. Sen. Lister Hill, "Remarks on the Death of President Franklin Delano Roosevelt Presented in the United States Senate, April 13, 1945," Hill Papers.

¹⁴ Ibid.

Hill's congressional district and people from elsewhere in the state, anticipating Hill's campaign for a vacant U.S. Senate seat, awaited his action on these controversial issues.¹⁵

So, as seen in his heartfelt farewell to Roosevelt, Hill loved an activist government that would address the pain and suffering felt by so many poor Alabamians. This explains his long career sponsoring hospital construction and medical research. He knew Alabama's fiscally tight legislature was not inclined to support big spending projects and that the state's conservative citizens opposed most public spending, because they dreaded tax increases and the formation of Big Government. Governors David Bibb Graves (1927–1931, 1935–1939) and James E. "Big Jim" Folsom (1947–1951, 1955–1959) had offered some successful progressive policies; however, state legislators stymied many of these initiatives.¹⁶

The question was whether Hill would succumb to the powerful anti-FDR interests planning to try to defeat U.S. Sen. Hugo Black (D.-AL) before Black surprisingly landed a spot on the U.S. Supreme Court. The *Reporter* recognized that Hill soon took a bold stand: "Disdaining to dodge and refusing to turn back he declares that as a loyal Democrat, elected on the same platform as that on which President Roosevelt was elected, he will continue to support the New Deal. How could he do otherwise?"¹⁷

In the waning days of the 1937 campaign for the open Senate seat, Hill spoke in Scottsboro and presented a list of New Deal achievements. He recalled the challenges

¹⁵ "Congressman Hill's Stand on the Senate Race," Editorial, *Columbiana –Shelby County Reporter*, 16 September 1937.

¹⁶ "David Bibb Graves," Alabama Governors section, Alabama Department of Archives and History (ADAH), 23 June 2006. Available at http://www.archives.state.al.us/govs_list/g_graves.html; Internet; accessed 8 August 2008. Also, "James Elisha Folsom, Sr." Alabama Governors section, ADAH, 15 March 2006. Available at http://www.archives.state.al.us/govs_list/g_folsom.html; Internet; accessed 8 August 2008.

¹⁷ "Congressman Hill's Stand," *Columbiana –Shelby County Reporter*, 16 September 1937.

Roosevelt faced when he was inaugurated as president on March 3, 1933. Among these were bank closures and the loss of life savings, the collapse of the stock market and closing down of mills and factories, agricultural products below the cost of production, and millions of unemployed people. To meet these needs, the president and Congress created jobs, built bridges and roads, passed home owners' loan and farm credit programs, and established the Tennessee Valley Authority. Perhaps foreshadowing his later support for legislation such as Medicare and Medicaid to help the aged and infirm, Hill reminded the Jackson County crowd of his efforts for the elderly and disabled. "Under the Social Security Act, three-fourths of poor houses of the country have been abandoned. Instead of taking old people who have grown too old to work and placing them in a poor house, we have provided for them to live comfortable and happy. We provided for the underprivileged senior and the little crippled child who would have had to hobble down the road, the blind also."¹⁸

In Hill's case and that of other economic liberals in the South, their admiration for the New Deal continued after FDR's death. They still advocated progressive economic policies although their conservative colleagues from the eleven states of the Old Confederacy fought them tooth and nail. The South, like all geographical regions, had an ideological diversity in its national legislators from the late 1930s to the mid-1960s. Perhaps the diversity was not as obvious as in other regions, but these differences in outlook and voting patterns are noticeable.

Numan V. Bartley and Hugh D. Graham note that the neo-populism of the South in the decade after World War II encouraged liberals' hopes for broader change in the

¹⁸ "Lister Hill Cites Reasons Why Alabama Should Stand by President Roosevelt," *Jackson County Sentinel*, 2 November 1937.

region. Loyal New Dealers and other progressives got elected largely with rural hill country farmers' votes; with votes from the lower income whites in the cities; and with votes from those blacks who were able to vote (blacks did not yet vote in big numbers but those who voted cast dependable Democratic ballots). In Alabama, John Sparkman, elected to the Senate in November 1946, and "Big Jim" Folsom, elected governor in 1950, clearly benefited from this populist surge. Bartley and Graham state that the elections until later in the 1950s were class based (uniting middle-class and poor whites and similarly-stated blacks) and not race-based. The electoral peril of supporting racial integration first reared its head in 1952, when GOP presidential nominee Dwight D. Eisenhower won four southern states after receiving a flood of Dixiecrats' votes. Although those four pro-Ike states, Florida, Missouri, Tennessee, and Virginia are all considered "peripheral," as opposed to Deep South states, the national Republican Party's gains there in 1952 are manifest.¹⁹

Whether he was an economic liberal or a populist, it is obvious Hill's contributions to progressive change dotted the Alabama landscape. Julia Marks Young lists the Tennessee Valley Authority (TVA) Act, the Rural Telephone Act, the Rural Housing Act, the Vocational Education Act, the G.I. Bill of Rights for World War II and Korean War veterans, the Rural Library Services Act, the National Defense Education Act of 1958, and the Hill amendment to the Transportation Act of 1940 as among the senator's most noteworthy achievements. But it is for his leadership role in improving the nation's medicine and health care that Hill is most lauded. He was long known as "Mr. Health" and as the Senate's "Statesman for Health." Hill fought hard to pass the Hospital

¹⁹ Numan V. Bartley and Hugh D. Graham, *Southern Politics and the Second Reconstruction* (Baltimore, MD: The Johns Hopkins University Press, 1975), 185–186.

and Health Center Construction Act of 1946, or the Hill-Burton Act. Less well known is his role in securing increases of federal subsidies for medical research, facilities for the mentally retarded and county-based public health centers.²⁰ Hill's support for a larger role for federal spending in the medical arena fits right in with his philosophy of economic liberalism. Neal R. Peirce writes that Lister Hill was a relic of a vanishing breed of "traditional liberals who embodied far more features of the older Southern personality and style (rural background, populist outlook, and personalism) than most of the (newer Southern liberals) in the 1960s."²¹

Now, 39 years after Hill left the Senate, he is chiefly remembered for a piece of domestic legislation that addressed critical needs in the hospital infrastructure and in low-income patient care. The Hill-Burton Act, officially titled the Hospital Survey and Construction Act, was passed in 1946 and named for Hill and his co-sponsor Sen. Harold Burton (R.-Ohio). The act was designed to build additional hospitals and rehabilitate hospitals that were falling apart due to a shortage of repair funds in the Great Depression and after World War II. As of the year 2000, the Hill-Burton Act had provided more than \$4.6 billion in grants and \$1.5 billion in loans to almost 6,800 health care facilities in more than 4,000 communities. The act stipulates that facilities which seek federal aid must first agree to provide free or low-cost care to patients who lack medical insurance or who cannot otherwise pay their bills. From 1996 to 1998, the Health Resources and

²⁰ Julia Marks Young, "A Republican Challenge to Democratic Progressivism in the Deep South: Alabama's 1962 United States Senatorial Contest," M.A. Thesis, Auburn University, (1978), 29–30.

²¹ Neal R. Peirce, *The Deep South States of America: People, Politics and Power in the Seven Deep South States* (New York: W.W. Norton & Company, 1974), 263.

Services Administration (HRSA), overseer of the Hill-Burton program, had assured some \$700 million in free or reduced-price care for some 2 million people.²²

The year after Hill offered his Voluntary Health Insurance Bill, his aggressive Democratic primary opponent, John G. Crommelin, called the Hill-Burton Hospital Act “the first fatal step towards socialized medicine.”²³ *The Baldwin Times* editors argued Crommelin’s contention diverged from the facts in several important ways. First, most doctors supported Hill-Burton because they felt it would diffuse some of the discontent fueling the campaign for NHI. Second, according to the paper, “Some of the staunchest help Hill received in fighting for his bill was from none other than that notorious socialist, Senator Robert Taft.”²⁴ (Taft, a conservative Ohio Republican, could safely be characterized as just about as capitalistic as they come.) Third, the American Medical Association had identified Hill as an advocate for its side by appointing him to its Advisory Council on Medical Education and Training. Finally, the *Times* concluded in this spring 1950 editorial that “Senator Hill has so many outstanding accomplishments to his credit, and to the credit of Alabama, that it is impossible to mention them all here.”²⁵

Hill said he and co-sponsor Harold Burton, in their Hospital Survey and Construction Act (1946), not only recognized the urgent need for more hospitals and better medical care, but offered a strike against compulsory health insurance by promoting an effectively functioning voluntary system. These senators felt the number of hospitals and the amount of voluntary health insurance available needed to advance in

²² Julie Rovner, *Health Care Policy and Politics, A to Z* (Washington, D.C.: Congressional Quarterly Press, 2000), 121–126.

²³ “Obligations of Democrats,” Editorial, *The Baldwin Times*, 30 March 1950.

²⁴ *Ibid.*

²⁵ *Ibid.*

unison. Hospitals, Hill said, had to be not only paid for but created, and health insurance could provide hospitals with a reliable income. By contrast, “The extension of health insurance beyond the capacity of hospitals to supply beds when needed would only serve to aggravate the shortage of beds and increase the pressure for socialized medicine.”²⁶

Despite his longtime opposition to government-funded health insurance, Hill strongly believed in a large federal role in funding medical research. That may have been because he grasped the importance of research in finding cures to illnesses such as those he saw diagnosed and dealt with by his father. After all, the junior Hill was named after famed British surgeon Joseph Lister, his father’s mentor.²⁷ Hill was a member of a trio credited with increasing medical research funding in the early post-World War II years and for 20 years after. Joining Hill in the yearly crusade for medical research funds were U.S. Rep. John E. Fogarty, another Democratic congressman from Aimee Forand’s base of Rhode Island, and James A. Shannon, M.D., director of the National Institutes of Health. That Hill, Fogarty, and Shannon were able to secure steadily increasing budgets for medical research is astounding considering that most domestic health and welfare spending in that era was considered by many to be severely under-funded.²⁸

Yet every year at allocations time this unlikely team of a doctor’s son, a former bricklayer from humble origins, and an expert in kidney physiology who had an M.D. and a Ph.D. secured even greater funding for medical research. In January 1968, shortly after Hill announced his Senate retirement, a year after Fogarty died of a heart attack, and nine months before Shannon’s retirement at NIH, *Science* explained how this trio so

²⁶ Ibid.

²⁷ Virginia Van der Veer Hamilton, *Lister Hill: Statesman of the South* (Tuscaloosa, AL: The University of Alabama Press, 1987), 17–19.

²⁸ P.M.B, “Senator Lister Hill to Retire,” *Science: New Series*, 159, no. 4 (26 January 1968): 411.

deftly defied legislative inertia and opposition to expand the federal budget for medical research.²⁹

The typical pattern in determining the government's annual expenditure for medical research was that Shannon's NIH would request an increase in funds from the previous year, Fogarty's House appropriations subcommittee would recommend a boost above Shannon's request, and Hill's Senate appropriations subcommittee would recommend a still larger increase. NIH would generally end up with an appropriation close to what Hill recommended.³⁰

Despite his success at buttressing medical research, doctor education and health care in general, Hill's programs were routinely called "creeping socialism," by leaders and many members of the American Medical Association. (Yet many prominent medical societies honored Hill with plaques and awards for his work in this area.) So by the time the Medicare debate arose and that program was called "creeping socialism," Hill was used to the AMA's protests.³¹ And he must have understood the ideological and cultural reasons why many Southerners and Alabamians recoiled at the idea of giving the federal government a larger hand in medical care among the elderly and disabled.

In calculations based on selected Senate votes in 1961, just a year before he expected a serious conservative Republican challenge for his seat, Hill voted the "liberal" line 80 percent of the time. Along with Alabama's junior senator John Sparkman, Hill was only topped among Southern senators in ADA "liberalism" by Estes Kefauver, Democrat of Tennessee. By contrast, Richard B. Russell and Herman E. Talmadge from Georgia earned 10 percent liberal ratings. On similar ADA votes in the lower chamber,

²⁹Ibid.

³⁰ Ibid.

³¹ Hamilton, *Lister Hill*, 243.

three Alabama congressmen scored 90: Carl Elliott, Robert E. Jones, and Albert Rains. All three of these men represented districts in traditionally liberal North Alabama.³²

In an address before the Alabama Medical Association in Birmingham on April 21, 1950, Hill told the doctors that just criticizing “socialized medicine” would not solve health care problems. “We cannot preserve the free American practice of medicine by simply denouncing socialized medicine or by a stand-pat opposition to socialized medicine. We can preserve our free enterprise system in the field of medicine by offering a better solution to the nation’s medical and hospital problems than socialized medicine offers.”³³ To Hill, a “better solution” was available in the Voluntary Health Insurance Bill he introduced in the U.S. Senate in March 1949. That bill would provide hospital and medical care for people who could not pay the bills by giving them government-supported membership in non-profit, prepayment voluntary health insurance plans. They would receive the exact type and quality of medical care given to regular subscribers in health insurance plans. There would be no stigma because Voluntary Health Insurance members would not be identified as such and there would be no delay or embarrassment of a “means test” while the hospital care was being performed.³⁴

Hill’s legislation would have state health insurance agencies reimburse the federal health insurance plan for the full cost of hospital and medical care provided under the plan, plus a reasonable administrative cost. This bill would also broaden prepaid health insurance coverage by providing for payroll deduction of subscription charges for

³² “Hill, Sparkman Listed Highly Liberal by ADA, Grant Held More Moderate,” *Alabama Journal*, 4 October 1961. That is based on votes deemed significant by the Americans for Democratic Action, an organization started 12 years earlier by progressives Eleanor Roosevelt, Hubert Humphrey, Arthur Schlesinger, Jr., and John Kenneth Galbraith.

³³ U.S. Sen. Lister Hill, “Address before the Alabama Medical Association,” (Birmingham, Alabama–April 21, 1950). Hill Papers.

³⁴ *Ibid.*

employees of federal, state, and local governments who requested it. Areas lacking adequate medical care would be surveyed and plans developed to encourage physicians to practice in these mostly rural communities.³⁵

A mild-mannered, collegial man by nature, Hill was attempting through his Voluntary Health Insurance bill to forge a compromise where people needing care could receive it with a bit of government involvement and with many features of medicine under the traditional private, free enterprise system. He recognized that every bill for national health insurance offered since the first one in 1939 had failed in the Senate and House. He knew that was due primarily to opposition from Southern legislators and Republicans from all over the country who feared opening the door to “socialized medicine.” Hill was probably seeking to bridge the gap between the Southerners and GOP members on one side and the many other legislators who were more amenable to a large federal government role in health care.³⁶ For three decades, before the Medicare debate entered its final stages, Hill had battled for an acceptable NHI system. Surely he was aware of his sources of political support in Alabama and how those people felt about health care issues then in Congress. In letters to Hill, most constituents declared an aversion to “socialized medicine” while at the same time recognizing that they needed financial help from somewhere to pay their medical bills.

By the late 1940s, Hill was regularly receiving letters both for and against NHI. For example, on March 5, 1949 William F. Scarvey, recording secretary of United Steelworkers of America Local 1733 based in Birmingham wrote the senator a three-page

³⁵ Ibid.

³⁶ “S-1456, the Voluntary Health Insurance Bill, with Analysis,” American Hospital Association, *AHA Public Information Handouts* (1949), Hill Papers.

letter. Scarvey quoted statistics showing that every year 350,000 Americans died who could be medically saved, that annually 4,300,000 man-years of work were lost due to workers with ill health, and that the nation was then losing \$27 billion in cumulative wealth through preventable sickness and partial and total disability. Scarvey noted the USW local was on record “For the promotion of a high level of physical, mental, and social health, so that medical insurance should be available to all without regard to race, color, creed, residence, or economic status. The principle of a national health insurance plan should be the base method of financing medical care for the large majority of the American people.”³⁷ From the opposite side, three weeks later Herbert F. Robb, M.D., wrote Hill a letter stating national health insurance would threaten the private practice of medicine. “The attack on the medical profession and the socialization of medical services are about the last necessary steps in the complete socialization of the American people by the leaders of well organized, vocal, pressure minorities,” the Michigan physician wrote.³⁸

Responding to the manifest public desire for the availability of more health insurance for Alabamians and other Americans, Hill introduced his bill on March 30, 1949. Hill emphasized that people in underserved and underdeveloped rural areas, such as those throughout Alabama, would be the chief beneficiaries. “The bill provides that the states investigate areas which are presently without medical care because of economic inability to support a medical practice. When the states have determined their own needs

³⁷ William F. Scarvey, Letter to U.S. Sen. Lister Hill, 5 March 1949, Hill Papers.

³⁸ Herbert F. Robb, M.D., Letter to U.S. Sen. Lister Hill, 29 March 1949, Hill Papers.

they will be able to prepare definite plans. The states and the federal government then can and must take definite action,”the senator said.³⁹

Despite several attempts by supporters, Hill’s Voluntary Health Insurance Bill was not passed by Congress. But it is noteworthy how Hill’s ideas were later grafted onto bills in either house that were eventually passed and called “Medicare.” It took 16 years, but by 1965 Hill backed a successful national health insurance bill for the elderly he could accept and be proud of. His main challenge had been securing government-linked health insurance that did not destroy the private, for-profit system responsible for the highly respected health care Americans enjoyed.

Hill declared: “The Voluntary Health Insurance Bill will perform the same service in financing hospital and medical care that the Hospital Survey and Construction Act (Hill-Burton) is now doing in the building of new hospitals and health centers.”⁴⁰ He continued: “While we have been debating a new system of federal compulsory health insurance (for ten years), the American people have moved quietly ahead to protect themselves against the costs of hospital and medical care.”⁴¹ He pointed out that as of December 1947, more than 52 million Americans were covered by voluntary programs for hospital expenses, in excess of 25 million people had voluntary surgical expense coverage, and nearly 9 million had medical expense coverage. Thus, to Hill, veteran crusader for voluntary health insurance, the direction to proceed was crystal clear: “Here is a voluntary movement which cannot be ignored if we believe there is a logical place in our American way of life for the voluntary system. We believe the present system of

³⁹ Ibid.

⁴⁰ “Lister Hill Proposes Voluntary Health Plan,” Press Release, Office of U.S. Sen. Lister Hill, 6 April 1949, Hill Papers.

⁴¹ Ibid.

medical care has been too valuable and too effective to throw it aside for a new system which might not work.”⁴²

Hill’s Voluntary Health Insurance Bill was generally well-received. Among the many doctors praising Hill’s efforts was John S. Boullog of Denver, Colorado who told him via *Western Union* that “You apparently have an excellent health bill which gives the people free choice of physician without bureaucratic control and retains the present principles of American medicine.”⁴³ Dr. Thomas L. Hawkins, president of the Montana Medical Association and secretary for Blue Shield of Montana, wrote that “Your Voluntary Health Insurance Bill proposes the soundest legislation introduced in Congress in many years. Not only have you found a plan to aid the people of the United States to obtain without loss of dignity medical and hospital care, but you have stemmed the rapid tide to statism far more serious than any existing health problem.”⁴⁴

Dr. A.M. Cowden sent the senator a copy of a *The Mobile Press* account of the Mobile County Medical Association’s vote against the Truman administration’s NHI bill then before Congress. The Mobile doctors’ group gave six reasons why its members believed compulsory health insurance should be rejected. It would, allegedly: destroy the quality of American medicine, as “socialization” had done in other countries; further burden taxpayers with a heavy payroll tax; and interfere with the traditional private relationship between patient and doctor. Compulsory health insurance would also, according to this group: not be necessary as nonprofit health insurance plans were sufficient for both present and future needs; destroy private initiative in medicine and

⁴² Ibid.

⁴³ Dr. John S. Boullog, Telegram to U.S. Sen. Lister Hill, 31 March 1949, Hill Papers.

⁴⁴ Dr. Thomas L. Hawkins, Letter to U.S. Sen. Lister Hill, 31 March 1949, Hill Papers.

scientific research; and conflict with the American principles of free enterprise and individual initiative.⁴⁵

In a speech to the American Hospital Association's annual meeting in Chicago in September, 1954, Hill said the state of the nation's public health must be a preeminent concern for all Americans. He noted there were many men rejected for military service in World War II because of poor health, and that in the Korean War rejection rates were even higher. Hill said that showed "an absolutely appalling picture" in a great and prosperous nation. He said he did not fear what many others did in federal intervention in medical care: over-utilization of health services by patients; unscrupulous doctors and administrators; an overreaching government. Hill said the federal government "is still our servant, not our master" and that cooperation would triumph over conflict eventually.⁴⁶

James L. Sundquist has identified an instance where Hill, as chairman of the Senate Labor, Education and Public Welfare Committee, used his considerable influence on medical matters to heighten interest in a national health insurance bill that had not yet been well-publicized or well-received. In early 1959, the Forand bill, which had been offered somewhat reluctantly by U.S. Rep Aimee Forand (D.-R.I.) as a modified plan for national health insurance, was not generating as much support in Congress and among the public as its supporters had hoped. So Hill engineered hearings of his committee's subcommittee on aging, which resulted in much helpful (for Forand and Hill's side, of course) testimony from elderly people and health experts. At the end of 1959, the subcommittee recommended health service benefits under Social Security as a major

⁴⁵ "Doctors in Mobile Oppose U.S. Health Insurance Bill," *The Mobile Press*, 1 April 1949, p. 1.

⁴⁶ "Meeting Public Needs," Speech by U.S. Sen. Lister Hill, American Hospital Association, 56th Annual Meeting, Chicago, Illinois, 13 September 1954, copy of speech located in Hill Papers.

legislative goal for the coming year. Also, nineteen Democratic senators introduced an updated version of the “Forand bill.” Cosponsors included all Northern senators who were running for the Democratic nomination for president in 1960: John F. Kennedy of Massachusetts, Hubert H. Humphrey of Minnesota, and Stuart Symington of Missouri.⁴⁷

Kennedy, Humphrey and Symington were no doubt not only trolling for votes as they sought higher office; they were responding to sentiment in their home states supporting bills like Forand’s. But this time it was not just the Northern reaction to Medicare-type bills that spurred the new bill crafted by the 19 senators. In this case, it was the general reaction from citizens throughout the nation that attracted the senators—especially those coveting the Oval Office—into offering an enhanced version of the Forand bill. Even in 1959 and 1960, when many Americans were more receptive than in the late 1940s and early 1950s to government-sponsored health insurance, residents of the eleven states of the Old Confederacy were largely skeptical.

Hill’s reaction to Medicare as threatening the successful private practice of medicine was echoed by many Americans. But there is evidence that people below the Mason-Dixon Line were even more opposed to national health insurance than their Northern counterparts. For instance, in Memphis, *The Commercial Appeal* published an editorial even after the Medicare bills passed that suggested the health insurance plan would not pay for all medical expenses for the elderly, which would leave them “sadly disillusioned.” It further said:

Now that Medicare has been driven through the Great Society Congress, additional demands are certain to be made by liberal politicians. Larger Federal participation in the training of physicians and in the construction of the needed extra hospital space can be foreseen. With the impetus for

⁴⁷ Sundquist, *Politics and Policy: The Eisenhower, Kennedy, and Johnson Years*, 299–300.

earlier retirements and payments of Social Security benefits to individuals under the age of 65, Medicare may be expanded to cover a wider part of the population. All of this will require higher taxation than is provided under the present bill.⁴⁸

Though being considered an economic liberal may have scared off some politicians from conservative states, Hill gladly referred to himself as a liberal and a New Dealer in the years before civil rights became a wedge issue that made the “liberal” tag unpopular. On many occasions, this physician’s son from Montgomery who rose to Senate prominence said he needed no excuses for spending tax dollars and federal might to advance the health of the American people. And his work was recognized often not only by individual letter-writers to Hill’s offices, but by medical groups such as the American Heart Association. For example, in September 1966 Hill was honored for untiring advocacy in the field of heart diseases when he was named a Gold Heart Award winner. Hill, the group noted, had in more than 40 years in Congress spearheaded legislation supporting medical research, medical education, hospitals and other health and welfare projects. Further, “In his 11 years as Chairman of the Senate Labor and Public Welfare Committee which considers health legislative proposals, 67 major health bills have been written into law.”⁴⁹

Evidence that the common Southern reaction differed from that of most Northern citizens and congressmen is seen in a quote by Rep. Fogarty of Rhode Island, also in *Science*. His comments represent well the view of many non-Southerners that government should be part of the solution when people suffer from lack of affordable, quality health care. “It’s nothing personal,” Fogarty explained in that 1962 *Science*

⁴⁸ “Limits of Medicare,” Editorial, *The Commercial Appeal*, (Memphis). 23 July 1965.

⁴⁹ “American Heart Association Names U.S. Senator, 3 Physicians to Receive 1966 Gold Heart Awards,” News Release, American Heart Association, 28 September 1966, Hill Papers.

interview. “Nothing happened to me when I was a kid that made me decide that medicine has to be improved. It’s just that I feel that as long as people are sick, something has to be done to make them better,” he said. “The government has to give most of the help because there’s no one else to give it. If kids are handicapped or sick and no one is going to try everything possible to help them, well, it just can’t be that way.”⁵⁰

Fogarty, representing one of the most liberal states in the country, illustrated the positive reaction to Medicare that Northern newspapers like *The New York Times* epitomized. In an editorial in 1960, for example, *The Times* contended it was worthwhile to include Medicare as part of Social Security. The newspaper said that approach would avoid a “means test” which is “a kind of test we believe Americans find abhorrent.” There would be no unpopular compulsion because people already accepted Social Security, and they would experience only a slight increase in taxes. The editors continued: “And we believe there is no real element of ‘socialism’ attached since hospitals, doctors and others involved in giving medical care to beneficiaries would not be controlled by the state as they are where systems of socialized medicine exist.”⁵¹

Hill did not initially share Fogarty’s conception of a broad government role in providing health insurance and medical care to millions of citizens. Although generous with his support for medical research and hospital construction, the senior senator from Alabama firmly held to his preference for the private practice of medicine over compulsory (or “socialized”) medicine. That attitude, of course, reflected Hill’s personal beliefs as well as his knowledge that (at least until the 1960s) most Alabamians joined

⁵⁰ D.S.G., “Representative Fogarty: Medical Research Is No Place for Economy,” *Science: New Series* 135, no. 3505 (March 2, 1962): 715–716.

⁵¹ “Health Care Aid for the Elderly,” Editorial, *The New York Times*, 25 August 1960.

their Southern brethren in rabid opposition to national health insurance in any shape and form. In an address before the Alabama Medical Association in Birmingham on April 25, 1950, he reiterated that, “For only as the doctor remains free and uncontrolled and unregimented, only as he finds the inspiration and enjoys the right of individual action that freedom gives—to explore, to inquire, to discover, to serve in his own way—only then can we continue the marvelous progress of American medicine.”⁵²

Sundquist maintains that congressional constituency polls give clear evidence of increasing support for Medicare as the 1960s approached. From two-thirds to three-fourths of citizens surveyed in northern Democratic districts supported national health insurance. This contradicted results of other polls in those districts showing most people opposed Medicare. The desire to see the Democratic position on the issue become a reality was even present in large numbers in Republican districts. For example, U.S. Rep. Frances P. Bolton, a GOP member representing a suburban Cleveland district, discovered the percentage of respondents favoring Medicare increased from 49–39 percent to 60–32 percent, thus showing an almost 2–1 margin in favor of Medicare.⁵³

Thus by the early 1960s urban and suburban Republicans in the North and West were joining Democrats in supporting increases in Social Security taxes to provide for a program of hospital and medical benefits for eligible retired persons. The only holdouts were most Republicans of rural and small towns in the North, and Southerners of either party.⁵⁴ There were few polls taken by congressmen of their constituents or surveys by newspaper and public opinion groups taken within most states of the Old Confederacy.

⁵² Lister Hill, “Address Before the Alabama Medical Association,” 25 April 1950.

⁵³ Sundquist, *Politics and Policy*, 299–300.

⁵⁴ *Ibid.*, 450–451.

My review of Hill's correspondence between November, 1962 and July 1963 (before the campaign for Medicare was in full bloom) showed 61 writers supported Medicare, while 26 people opposed it; or, 70 percent in favor and 30 percent against. Considering the small size of this sample, 87 citizens, its value in representing true voter sentiment is questionable. But one must recall that the really intense legislative action came in the election year of 1964 and in 1965, when Democrats had a more muscular and more liberal majority. Hill's Senate papers reveal huge percentages of Alabamians who wrote opposing Medicare, in both years. In 1964, opponents wrote 423 letters to Hill while just 49 constituents offered messages of support for the government-underwritten health insurance. This translated into 90 percent of the letter writers saying they were against, with 10 percent supportive. In 1965, 657 messages (87 percent) from constituents to Hill's Senate office were in opposition, with 102 letters (13 percent) backing Medicare.⁵⁵

This finding is consistent with the skepticism about a larger government that many historians deem characteristic of most mid-to late 20th century Alabamians.⁵⁶ As might be expected, fears of Medicare giving "socialism" a foothold in America ran through most of the letters in opposition. Alabamians' again indicated with their resistance to broadening the Social Security Act that they prized private enterprise over an ever-larger federal government. In addition, the solid majority of Alabama citizens who urged Hill (and Sparkman, as will be shown) to vote "Nay" were concerned about

⁵⁵ Constituent Mail to U.S. Senator Lister Hill. Subject: Medicare. (November 1962—August 1965). Hill Papers.

⁵⁶ See V.O. Key, Jr., *Southern Politics in State and Nation* (New York: Alfred A. Knopf, 1949); William F. Barnard, *Dixiecrats and Democrats: Alabama Politics, 1942–1950* (Tuscaloosa: University of Alabama Press, 1974); and Wayne Flynt, *Alabama in the Twentieth Century* (Tuscaloosa, University of Alabama Press, 2004).

costs on two levels. First was the cost to themselves personally (in higher payroll taxes); second was for the nation as a whole (in escalating annual budgets). Alabama was among the poorest of states in per capita income, so it is understandable that many people were reluctant to sign on for a bill that would cost them more of their limited cash.

In addition, as will be highlighted elsewhere, many people in the Yellowhammer State opposed Medicare because they felt passage would lead to racially integrated hospitals and clinics. Interestingly, the highly unpopular (among whites) Civil Rights Act of 1964 and Voting Rights Act of 1965 were being debated in the same period as Medicare. Many letter writers combined the two bills in their pleas for Hill and Sparkman to combat with all their might. Surprisingly, a review of constituent letters from 1964–1965 to Hill and Sparkman (and, for that matter, the Alabama congressmen) found that only a small amount listed fear of integration as a key reason for opposing Medicare. But by combining their vehement resistance to civil rights bills’ with strong opposition to Medicare, it was obvious the correspondents were challenging the Great Society as a whole.⁵⁷

For the hundreds of angry letters to Hill as Medicare headed to legislative victory in 1964–1965 the “Southern anxieties about federal interference” Colin Gordon described, were very much present. This was even true as Medicare was implemented nationally beginning in July 1966. However, Southern reaction seemed to improve in the years and months immediately following the historic vote. This may well be because Alabamians and residents of neighboring states regarded NHI for the elderly and chronically sick as inevitable and felt racial moderation would develop soon. Race

⁵⁷ Constituent Mail on Medicare, (1962–1965), Hill Papers.

replaced class as the concern for most white Southerners after the U.S. Supreme Court's unanimous decision in *Brown v. Board of Education* in May 1954. That ruling called for gradual integration in public schools because "separate and unequal" schools were found inherently unfair and unconstitutional. This ruling set off what Bartley and Graham call the "seismic political jolts" caused by white backlash to activism by civil rights crusaders in the mid-1950s and throughout the 1960s.⁵⁸

This popular white discontent with liberalism regarding race led to the election of fiery segregationists who were also populists like governors Ross Barnett of Mississippi, Orval Faubus of Arkansas, and George Wallace of Alabama. Race-baiting became common among Southern white politicians, whether in races for state legislature, for state constitutional offices, or for seats in the U.S. House and U.S. Senate. Thus, despite having a liberal record on economic issues, when the civil rights movement progressed, even Lister Hill joined his fellow white Southern Democrats opposing major changes to the segregated "traditions" of the South. His rhetoric was not as raw, divisive and aggressively prejudiced as that of Wallace and other firebrands. Yet Hill certainly let voters know he was not a liberal when it came to mixing the races or granting blacks full civil rights and legal equality.

It was only after ten years had elapsed since his Senate retirement that Hill publicly admitted that, as Virginia van Der Veer Hamilton puts it, "...his stand against civil rights had been dictated by expediency: 'I had to do that to get elected. We all did.'"⁵⁹ Hamilton further explained: "He was heartened, he said, that Southern politicians no longer had to 'yell nigger' to get elected. But Hill appeared reluctant to dwell on this

⁵⁸ Bartley and Graham, *Southern Politics and the Second Reconstruction*, 185–186.

⁵⁹ Hamilton, *Lister Hill*, 292.

aspect of his long career, shutting off this line of questioning with the words, 'That is past now.'"⁶⁰

As Hill told Hamilton, there were racially divisive things he felt he had to do "to get elected" in future elections. Among these was signing the Southern Manifesto, a 1956 document declaring the signers would use their political power to defy the court's order in *Brown v. Board of Education* to desegregate public schools. Having been in national politics since 1923, by 1956 Hill was as politically astute as they came; he joined most other Southern moderate-to-liberal congressmen with a keen awareness of most white Alabamians' detest for *Brown* and all it represented. So it is not surprising to read that Hill signed the Manifesto. What is shocking is that Hill, according to Tony Badger, "apparently signed the Manifesto without even reading it."⁶¹ This is totally out of character for Hill, since he was known throughout his 45-year career in Washington as one of the few members of Congress who read every bill. But in 1956 Hill was in the midst of a Democratic primary challenge from Jim Simpson, who was running on a very conservative, states-rights platform Hill knew would be attractive to many voters.⁶²

Even U.S. Rep. Carl Elliott, clearly the most liberal member of the Alabama congressional team, signed the Southern Manifesto. In his biography, with coauthor Michael D'Orso, Elliott described the situation he faced: "When that Manifesto came along, neither those (Deep South) colleagues nor my constituents back in Alabama cared about moderation. You were either with them or against them. And if you were against them, you were gone. Voted out. Politically excommunicated...And I knew there was no

⁶⁰ Ibid.

⁶¹ Tony Badger, "Southerners who Refused to Sign the Southern Manifesto," *The Historical Journal* 42, no. 2 (1999): 518.

⁶² Ibid.

way I could survive and I hadn't yet achieved what I came to Congress to do. It was that knowledge...that grabbed me as I decided to add my signature to the others...I'd probably make the same decision again."⁶³ Only three Southern senators refused to sign, along with 22 Southern representatives (17 of those were Texans). The three non-signers in the Senate were Albert Gore, Sr. and Estes Kefauver of Tennessee, and majority leader Lyndon Johnson of Texas, who was never asked to sign.⁶⁴

The emergence of race as the dominant domestic political issue in the South made advocacy for national health insurance even less popular than it had been. This is because the idea grew that NHI meant desegregated hospitals and related dictates from the federal government that were anathema for most white residents of Dixie. Of course, this issue was massaged by the Johnson administration in 1966 and 1967 under the concept of "substantial compliance." While the possibility of quickly desegregated hospitals and doctors' offices was on voters' minds, members of Congress, including Hill, had to put distance between themselves and NHI legislation. For instance, while noting he had just recently introduced his Voluntary Health Insurance Bill, Hill reminded members of the Mobile County Medical Association in April 1949 of his opposition to compulsory health insurance. "You of course know of my strong feeling that we must preserve freedom of choice as between doctor and patient and the private practice of medicine," he wrote to Dr. A.M. Cowden.⁶⁵

As noted previously, another factor that stymied the crusade for national health care from the late 1940s through the mid-1960s was the racial implications for the South.

⁶³ Carl Elliott, Sr. and Michael D'Orso, *The Cost of Courage: The Journey of an American Congressman* (New York: Doubleday, 1992), 178.

⁶⁴ Badger, "Southerners who Refused to Sign the Southern Manifesto," 518–19.

⁶⁵ U.S. Senator Lister Hill, Reply to Letter from Dr. A.M. Cowden, 2 April 1949, Hill Papers.

Although education was easily susceptible to a legal decision such as *Brown v. Board of Education* that integrated public schools, health care was centered in private hospitals. This meant there was confusion about the applicability of a legal restriction against racial discrimination in health care facilities built and maintained with public money, as the U.S. Supreme Court said there was in public schools. Colin Gordon notes that many Southerners in the U.S. Congress “were reluctant to use health spending to leverage civil rights, especially if it meant that hospitals might go unbuilt or patients might go uncovered. And Southern interests remained torn between their thirst for federal money and their anxieties about the conditions that might accompany it.”⁶⁶

Indeed, Hill and coauthor Harold H. Burton of Ohio wrote their 1946 hospital construction bill in a manner allowing federal funding for building facilities, but leaving maintenance under local control and thus subject to “local customs.” Hill-Burton required that hospitals it funded provide a “reasonable volume” of indigent care, but only on a “separate but equal” basis. State health agencies were to monitor compliance; practically, this ensured local segregation would continue despite the fact these new hospitals were built with federal money. The U.S. Commission on Civil Rights declared in 1963 that the federal government was supporting racial discrimination, both by statute and administration, in the way it provided health care. Hill-Burton’s “separate but equal” provision lasted until the Supreme Court declared it unconstitutional in *Simkins v. Cone* in 1963. But enforcement of this landmark civil rights ruling, as with previous ones, was spotty and inconsistent.⁶⁷ It was around this period that many constituent letters to Hill

⁶⁶ Gordon, *Dead on Arrival*, 193.

⁶⁷ *Ibid*, 193–196.

(and presumably other federal legislators from the South) were pro-Medicare but usually carried a plea that Hill should continue to fight to keep segregation alive.

But integration in federally funded hospitals and clinics gradually arrived, and Gordon says demographic trends and legal developments began to decrease racial discrimination in the South. He argues: “Agricultural mechanization, black migration north, and the aging of the Southern population combined to erode the logic of Southern paternalism and soften Southern anxieties about federal interference.”⁶⁸ Hill’s congressional correspondence, reviewed for this paper, bears this out, as letters from 1949, when Hill introduced his Voluntary Health Insurance bill, largely attacked government-financed medicine. Two-thirds of the letters and telegrams reviewed for this paper were written by people identifying themselves as doctors, nurses, and hospital administrators.⁶⁹

Despite Hill’s national stature as “Mr. Health” and his well-known desire for continued private over government-run medicine, by 1962 he faced an aggressive foe in conservative Republican state senator James D. Martin. Julia Marks Young notes that by the early 1960s conservatism, both economic and racial, was uppermost in many Alabamians’ minds. Hill always opposed civil rights bills, but he did so less vociferously than Gov. George Wallace and others. The federal intercession at the University of Mississippi (“Ole Miss”) to help a black student attend school infuriated many white Southerners. Hill was clearly against the Kennedy administration’s actions, but he still was effectively tagged by Martin as an enabler for the national Democrats. According to

⁶⁸ Ibid, 196.

⁶⁹ Letters from Constituents to U.S Senator Lister Hill, (February–September 1949), and Responses from Sen. Hill (March–October 1949), Hill Papers.

Montgomery Advertiser pundit Bob Ingram, voters reasoned they should “Get the guy who’s in, ‘because we’ve got a lot of problems and he must have caused them.’”⁷⁰

Yet despite the general mood of the electorate and Martin’s aggressive campaign, Hill eked out a narrow victory. Young said three main factors allowed the senator to triumph. First, most voters were still wedded to the Democratic Party sentimentally. The Republican brand had not yet caught on in Dixie. Second, Hill had been in Washington almost 40 years by 1962 and had done many favors for the citizens of Alabama. Most voters were not ready to oust someone who had “brought home the bacon” for someone who would be low on the Senate seniority pole. Finally, Hill survived because the old Democratic machine produced the necessary votes. Elliott recalled that “We dug in ... and pressed the (Democratic) party to its last notch. It was apparent the only way to win was to push the old party stalwarts to their final, final endeavor. The old-line, anti-Hoover Depression Democrats voted for Lister. That was their last gasp.”⁷¹

The Birmingham News political writer Ted Pearson identified seven major factors that led to Martin’s amazing showing. First, Republicans built a strong grassroots organization like they never had before. Second, Martin presented a “warm, dignified, magnetic personality” tied to a conservative political philosophy. Three, Hill was engaged with Senate deliberations in the nation’s Capitol while his opponent was traveling over 25,000 miles meeting and greeting Alabamians. Four, Hill took Martin seriously much too late and that added to the GOP candidate’s high vote total. Five, Hill was linked to the Kennedy administration, which was anathema in Alabama. Six, Martin’s unabashed conservatism sold well in the South and Central parts of the state,

⁷⁰ Young, “A Republican Challenge to Democratic Progressivism in the Deep South,” 239–241.

⁷¹ *Ibid.*, 242.

with the moderate-to-liberal Tennessee Valley in the North accounting for much of Hill's vote total. Finally, voter turnout was about 50 percent less than in the Democratic primary that May. If Democrats had voted in the anticipated numbers, Hill would have won easily, noted Roy Mayhall, chairman of the state Democratic executive committee. Pearson concluded that the 1962 senate election in Alabama "could easily have been the political upset of the century" if Hill had been defeated.⁷²

As the 1968 election cycle emerged, political observers were unsure whether Hill would submit himself to a possibly keen fight for his Senate seat. Finally, on January 20, 1968 he called political reporter Jim Free of the usually friendly *Birmingham News* and announced simply "I beg to say that I will not be a candidate for reelection."⁷³ He pointed out he would soon be 74, and had served in Washington since his 1923 election as a congressman.⁷⁴ The conciseness of his retirement announcement led the media and citizens to try to divine the "real" reasons for his somewhat surprising departure. *The Montgomery Independent* declared that he probably decided to retire not because he had been "badly scorched by the hot fires of challenge" from Martin in 1962. This newspaper felt that Hill would have been a formidable candidate again in 1968.⁷⁵

Rather than based on fear of losing, the newspaper said, Hill's retirement was likely due to his age, his wife Henrietta's health problems, his family's wishes, and the example set by other Senate veterans similar in age who were retiring (for instance, Bourke Hickenlooper of Iowa). Even as a paper that often opposed Hill, *The Independent*

⁷² Ted Pearson, "Here's How Martin Almost Ousted Hill," *The Birmingham News*, 8 November 1962, p. 12.

⁷³ Hamilton, *Lister Hill*, 278.

⁷⁴ *Ibid.*

⁷⁵ "Calling It a Day," Editorial, *The Montgomery Independent*, 22 January 1968.

stated its respect for the senator as being true to his economically liberal beliefs.

“Alabama swung to a more independent stance, but Hill never shifted 10 degrees. Once a New Dealer, always a New Dealer. But at that, Hill fostered no deception.”⁷⁶ In the Senate where Hill served for thirty years, praise descended upon him from members of both political parties. Sen. Wayne Morse (D.-OR.) said “I think the history of the Senate will record, long after all of us here now are gone, that Senator Hill was one of the great senators in the history of the U.S. Senate”; Sen. Robert Byrd (D.-WV) chimed in with “We need only to look about us to see the good that has resulted from his statesmanship”; and Sen. Jacob Javits (R.-NY) showed that the high esteem for Hill was bipartisan by saying “Lister Hill has won many victories which have advanced the health and education of our nation. Magnificently done, Lister Hill.”⁷⁷

Six years earlier, and closer to home, Rep. Kenneth A. Roberts, Democratic congressman from North Alabama, saluted Hill in an address at the dedication of an addition to Anniston Memorial Hospital. Roberts praised Hill for his “splendid contribution” to the field of health and medical science. As he had done at an earlier hospital dedication, Roberts said he was grateful Hill did not follow in the footsteps of his distinguished father, Dr. Luther Leonidas Hill, and enter the medical profession. “I know he would be a wonderful doctor, but I feel that in his more than 30 years in the Congress of the United States, he has accomplished even more in behalf of the suffering people than he could have as a member of the profession of the healing arts.”⁷⁸

⁷⁶ Ibid.

⁷⁷ “Tributes to Senator Hill,” Editorial, *The Birmingham News*, 25 January 1968.

⁷⁸ U.S. Representative Kenneth A. Roberts of Alabama, “Dedicatory Address on the Occasion of the Dedication of New Hospital Addition to Anniston Memorial Hospital,” (Anniston, Alabama–January 14, 1962), *Congressional Record–House*, Vol. 108—Part 1, 87th Cong. 2nd sess., January 31, 1962, 1388–1390.

Hill is an interesting public figure to study in relation to the passage of Medicare. He came from a family of doctors and had a deep knowledge of the benefits and limits of the private practice of medicine. For decades he struggled to find a middle ground regarding national health insurance, even as he sought to fulfill pleas for government medical care from his poor and middle-class constituents. A stalwart New Dealer, Hill welcomed new ideas but did not want to endanger the private medical community's status as key provider of health care. But by April 1965, in the heart of the Medicare debate, it was clear Hill had overcome his concern about too much government meddling with doctors' doing their work. He was not alone in that changed perspective.

In the House, for example, Democratic Rep. Leonor Sullivan of Missouri said she could understand, if not agree with, the fears many doctors' expressed over Medicare. She discounted worries many doctors had that if the government began paying part of seniors' hospitalization costs, "that in some way the federal government will insist upon telling the individual doctor what treatment to provide, or which patients to send to the hospital for operations. No such thing can happen under this legislation."⁷⁹ Sullivan added that the federal government administered a health insurance program for millions of federal employees, both active and retired, which retained elements of the private practice of medicine. Under that program, doctors were never told what to prescribe, what to charge, how to treat any patient, or which patients should be sent to the hospital for an operation.⁸⁰

⁷⁹ U.S. Representative Leonor Sullivan of Missouri, Remarks in the House of Representatives, April 8, 1965, *Congressional Record—House*, Vol. 111—Part 6, 89th Cong. 1st sess., April 8, 1965, 7363.

⁸⁰ *Ibid.*

Like Sullivan in the lower chamber, Hill in the upper came to understand Medicare would not diminish doctors' roles as chief medical advisors to their patients. Over time his views on NHI evolved so he felt comfortable enough with the governing mechanisms and compromises in the final Medicare bill to support it. Hill came to believe Medicare was not "socialized medicine" in any pervasive, wicked form.

CHAPTER 3: JOHN SPARKMAN AND THE SEARCH FOR CONSENSUS

Although John Sparkman, like Lister Hill, was a longtime senator from Alabama, his personal background and political orientation were noticeably different from Hill's. Born poor in a family of eleven children in rural North Alabama, and not having any doctors in his household, Sparkman was not naturally a candidate to specialize in health. Instead, he gravitated toward defense of the Tennessee Valley Authority because he knew its economic impact in the state's northern sector would lift many of his Hartselle neighbors out of poverty. Whereas Hill was a New Deal liberal extraordinaire, Sparkman supported many progressive social programs but always with an eye to their expense and their potential for impinging on individual liberty. Unlike Hill, he was especially attuned to the concerns of small businessmen, and he eventually rose to lead the Select Committee on Small Business.¹

Before his election to the U.S. House in 1936, Sparkman earned a bachelors at the University of Alabama in 1921, received his law degree from UA and admission to the state bar two years later, and practiced law in Huntsville. He was an instructor at Huntsville College from 1925–1928. He succeeded Archibald Hill Carmichael, Democratic congressman for four years, who retired in 1936. Sparkman served in the House until November 1946, when he won election to the Senate seat vacated by the death of John H. Bankhead II. From the late 1940s when President Truman reinvigorated

¹ "John Jackson Sparkman (1899–1985)," Biographical Directory of the United States Congress–1774–Present. Available at <http://bioguide.congress.gov/scripts/biodisplay.pl> ; Internet; accessed 30 August 2008.

the campaign for national health insurance, Sparkman's colleague Hill tried to craft health insurance legislation that would not destroy the private practice of medicine. In 1965, apparently satisfied President Johnson's final Medicare bill had mechanisms preventing it from being truly "socialized medicine," Hill voted in favor of the bill. Sparkman, by contrast with Hill's intense monitoring of NHI issues, was not intimately involved with the NHI process until bills were forwarded for floor debate. When Medicare bills were advanced to the whole Senate, Sparkman was cognizant of his reputation as a fiscal conservative but also knew government expenditures for health insurance were desired by many Alabamians who wrote him letters backing government help paying their hospital and physician bills.²

Sparkman also opposed every version of NHI that might have been construed to end segregation in Southern hospitals. But, like Hill, Sparkman voted for the enabling legislation for Medicare.³ This chapter traces Sparkman's career as it related to opposition to rampant government spending and "creeping socialism." At the same time, he fit comfortably within the contours of "modified" New Deal liberalism so that his ultimate support for Medicare was not unexpected. Sparkman's ideology and evolution regarding Medicare also reflect the impact of the Southern reaction (constituent, editorial boards, etc.) upon him and show how Southern reaction differed from that of the rest of the nation.

The man who would serve longer in the U.S. Senate than anyone before from Alabama, and serve with much distinction, began life humbly as a farmer's son in a family blessed with size (11 children) but not wealth. Sparkman's father eked out a living

² Ibid.

³ "ACA Index: First Session, 89th Congress," Analysis of the Voting Record of Each Member, 1965.

not only on a farm near Hartselle, but for many years, as a deputy sheriff and bailiff in Morgan County. John Jr. spent much of his youth working on the family farm.⁴ He pointed to that experience later with the suggestion his humble origins gave him a special sensitivity towards the downtrodden, for those who tilled the soil, and for the need for self-reliance over instinctively looking for government to solve one's problems. For instance, in a 1959 letter to a constituent asking about his boyhood recollections of life on the farm, Sparkman wrote: "Certainly I subscribe to the belief ... 'that early years on a farm give a boy a sense of responsibility, self-assurance, thrift, and an appreciation of nature and the simpler tangibles of life.'" Sparkman added that the farmer is a laborer, small businessman, speculator, family man, and even part-time veterinarian. "It is from this complex makeup that the uniqueness of his responsibility arises," he wrote.⁵

Sparkman earned a bachelor's in history from the University of Alabama in 1921, a law degree there in 1923, and a masters in political science a year later. He practiced law in Huntsville from 1925–1936 and taught law part-time at Huntsville College. The only public office he held before his election to Congress in 1936 was U.S. Commissioner, 1930–1931. He served Alabama's northern judicial circuit as Commissioner, which corresponds to being a lower court judge today.⁶ He married Ivo Hall in 1923 after a courtship that began when both were UA undergraduates. A

⁴ Biographical Memoranda, John J. Sparkman, October 24, 1939, for U.S. House background files, from surname microfiches, Alabama Department of Archives and History, Montgomery, Alabama (hereinafter, ADAH).

⁵ John J. Sparkman to Roy Jansen about Memories of Youth on a Farm, 9 April 1959, John J. Sparkman Papers, W.S. Hoole Special Collections Library, The University of Alabama, Tuscaloosa (hereinafter, Sparkman Papers).

⁶ Samuel L. Webb, "John J. Sparkman," *Encyclopedia of Alabama*, 1 October 2008. Available from <http://www.encyclopediaofalabama.org/face/Article.jsp>; Internet; accessed 3 November 2008.

daughter, Julia Ann, was born in 1924.⁷ Sparkman was elected to the U.S. House in 1936 after diligently campaigning. He served five terms until winning the Senate seat vacated by the death of the legendary John H. Bankhead. Sparkman's ten years' experience in the House and strong support from Sen. Hill propelled him to victory in 1946.⁸ Though Hill and Sparkman parted ways on legislation numerous times as years passed, they shared common traits making them popular and effective senators. According to Frances Low in a 1953 article in *The Progressive*: "Sparkman, the son of tenant farmers, has many of the same attributes as Hill: quiet friendliness and humanity, backed by intelligence and conviction."⁹

In an unusual development, Sparkman found himself in the fall of 1946 on the ballot for both his House seat and the Senate seat he was seeking. He was easily elected to both chambers, becoming the only person in the history of the United States ever to accomplish two ballot victories on the same day. (That is according to press reports at the time.) To no one's surprise, he resigned his House seat and moved up to the Senate as Bankhead's successor.¹⁰ Six years later, he again made history with his selection as Democratic Party vice presidential candidate running on the ticket headed by Adlai Stevenson. This duo lost in 1952 to Eisenhower/Nixon, but Sparkman reached a new height for an Alabama politician. He was the first native-born Alabamian selected on a major party presidential/vice presidential ticket.¹¹ "Native-born" is key here as William R. King, a Senator representing Alabama, was elected vice president on the Democratic

⁷ Sparkman, "Surname microfiche," ADAH.

⁸ Ibid.

⁹ Frances Low, "Hill of Alabama," *The Progressive* (September 1953): 15.

¹⁰ "Senator Sparkman Announces Retirement," *Montgomery Advertiser*, 21 January 1968.

¹¹ Congress, U.S. Senate, "Memorial Addresses and Other Tributes in the Congress of the United States on the Life and Contributions of John Sparkman," 99th Cong, 2nd sess., U. S. Government Printing Office, 1986, v.

ticket with Franklin Pierce in 1852. But King was a native of North Carolina, not Alabama.¹²

Understandably, Sparkman's efforts in expanding health care and medical infrastructure were overshadowed by those of Hill, a Senate legend in drafting and enacting medical research and health care legislation. The Hill-Burton program, referenced primarily in Chapters 1 and 2, brought 200 hospitals, health centers, and other needed facilities to 62 of Alabama's 67 counties. Yet as the less conspicuous Alabamian in the U.S. Senate on health issues, Sparkman also paid attention to the medical funding needs of his constituents and to the many aspects of medical research, hospital operations, and public health. Hill consistently praised him for his strong support for a variety of health measures Hill claimed credit for in campaign literature.¹³

For example, a position paper on "Hospitals and Health" was used to bolster election chances of the Democratic team in Alabama. Although Hill was not a candidate that year (1960), this campaign literature pointed to Hill's efforts in the medical realm as what Democratic leadership could achieve. Hill's successful measures focused on, among others: medical research into the cause, cure and prevention of disease; construction of medical schools and research facilities; and increased community health services for the aged and chronically ill.¹⁴ Hill regularly thanked Sparkman for his help on such

¹² Mark O. Hatfield, Senate Historical Office, *Vice Presidents of the United States, 1789–1993* (Washington, DC: U.S. Government Printing Office, 1997), 181–187. King was sworn in as vice president in Havana, Cuba, where he had gone for his health; this "out-of-country" assumption of office resulted from a special act of Congress. King served just 45 days as vice president before his death.

¹³ "Hospitals and Health," Campaign Literature for the 1960 General Election in Alabama, Hill Papers.

¹⁴ *Ibid.*

legislation, especially in their early years in the Senate together (mid-1940s—mid - 1950s).¹⁵

Sparkman usually supported old-age assistance bills, yet he sometimes attached amendments that would limit expenses to the most necessary. All this made it something of a mystery to his colleagues and constituents whether Sparkman would support any national health insurance plan for the elderly, but he did back the final Medicare bill in the end. Perhaps Sparkman was thought of as a liberal because he so often voted the same way as did reliably liberal Sen. Lister Hill. In 1952, for example, according to *Congressional Quarterly*, the two Alabamians could be rightly considered the “harmony champions” after voting the same way 97 percent of the time in recent years. Other Democratic pairs voted together 86 percent of the time, on average, while Republican pairs agreed in their votes an average of 79 percent of the time. *The Montgomery Advertiser* editors wrote that this “2-in-1” team of senators “would make a whale of a bridge team, but how do they get up a bet when they go to the races?”¹⁶

Hill biographer Virginia Van der Veer Hamilton, however, wrote that the Hill-Sparkman relationship was “more complicated than it appeared. Although they closed ranks when necessary, Alabama’s senators did not trust one another implicitly.”¹⁷ Further, according to Hamilton’s sources, after several years of harmony their respective staff members and even the senators themselves engaged in bitter rivalries.¹⁸ This was after Sparkman had achieved a certain prominence in the Senate and had gained the confidence to be more independent and follow his own legislative specialties such as

¹⁵ Hamilton, *Lister Hill*, 188–189.

¹⁶ “2-in-1,” Editorial, *Montgomery Advertiser*, 24 August 1952.

¹⁷ Hamilton, *Lister Hill*, 190.

¹⁸ *Ibid.*

small business and foreign affairs. Plus, it was unlikely Sparkman could have stayed a “junior” senator in practice any more after he was thrust into the national spotlight as Democratic vice presidential candidate in 1952. But when the times demanded it, the physician’s son (Hill) and the sharecropper’s son (Sparkman) joined forces on legislation to improve health care for aged and infirm citizens.

In 1960, Sparkman’s response to a constituent letter backing the Forand bill followed his usual formula of being sympathetic to the correspondent’s plight but non-committal as to how he would vote. Here he added a sentence stating, “I want to see our Social Security laws become the force for good that they were designed to be.”¹⁹ That could be taken two ways: Either Sparkman might support the Forand bill because it was a “force for good” as part of the Social Security amendments, or he might oppose Forand as a destructive force, not a healthy one, subverting the intent of the original Social Security Act of 1935. In either case, he would likely have correspondents thinking he was on their side, while keeping open his options until he read and evaluated the bills as finally presented in the full Senate. Although many constituent letters were brief and as a group they became repetitive, others provided the senator with valuable and detailed information upon which he could base his votes.

By late July 1965 the Medicare bill had been approved by a majority of senators, among them Lister Hill and John Sparkman. The latter adapted his form letter to reflect he was under no illusions in supporting Medicare but that it was a solid choice to address very real health care needs in Alabama and the nation. “The program which we have passed is not a perfect one,” Sparkman wrote. “However, I feel that it will be of great

¹⁹ U.S. Sen. John J. Sparkman, Response to Mr. and Mrs. Michael Shaw’s Letter Supporting Forand Bill as Needed Relief with Medical Expenses for Old People, 16 March 1960, Sparkman Papers.

assistance to the older citizens of our state and will enable a great many of them to enjoy the benefits of adequate health care which they do not now have.”²⁰ Ironically, less than a year before Sparkman’s pro-Medicare vote, he was applauded in a *The Birmingham News* editorial for “sound reasoning” in voting *against* the 1964 version of the bill. Sparkman said at that time that placing Medicare under Social Security would deplete Social Security resources and add an unhealthy tax burden. Also, he pointed out that Medicare as on the table was incomplete, leaving out hospital, medical coverage, nursing homes, and more.²¹ But by July 1965 Sparkman’s concerns had been assuaged, as he was comfortable there was more financial accountability built in. In addition, hospital and clinic bills would be paid for under Part B of Medicare, thus taking away another justification Sparkman had for opposing Medicare just a year earlier.²²

Sparkman’s original opposition to Medicare partly because of its expected negative effect on the Social Security system was, he stated, motivated by his desire for fiscal restraint in government. But it is important to note that some of the same voters who would most benefit from Medicare were worried that the giant new health insurance program would undercut Social Security. This constituent concern must have weighed as heavily on Sparkman’s mind as the philosophical need for fiscal soundness. Rep. Leonor Sullivan, a Democratic congresswoman from Missouri, touched on the human element in an April 8, 1965 speech on the House floor. Sullivan said many older people had written her with fears that a prepayment hospitalization insurance program for the retired and a

²⁰ U.S. Sen. John J. Sparkman, Form Letter Expressing Imperfection But Great Value in Medicare Bill as Passed, to Letter-Writers, 28 July 1965, Sparkman Papers.

²¹ “Sen. Sparkman’s Sound Reasoning on Medicare,” Editorial, *The Birmingham News*, 19 September 1964.

²² Ibid.

voluntary health insurance program would bankrupt Social Security's coffers and jeopardize their monthly cash benefits. A poor woman wrote: "I do not want to take the risk of having my \$87 a month cut off because the fund is broke from paying the hospital expenses of wealthy people who don't need any help."²³

But that woman, like Sparkman himself, must have been pleased with the financing schemes in the final Medicare bill. Hospitalization insurance would be financed under a completely separate fund so that the monthly annuities received by retirees or their survivors could not be threatened at all, no matter what happened to the Medicare-related fund. A special payroll tax would be levied solely to cover hospitalization insurance.²⁴ That was the same payroll tax which was lambasted by Rep. Jack Edwards, freshman Alabama Republican, in the House, as shown in Chapter 4.

It is clear from his public statements and actions that Sparkman grew supportive of Medicare as the bills came to encompass his viewpoint and to address his fiscal and hospital coverage concerns. It is also obvious not every constituent wrote him either against all government-controlled health care or in support of Eldercare as an alternative, or proposing a "third way" that would jettison Medicare. Congressional staff operations were not as sophisticated in the 1960s as today. Thus we can gain no insights from detailed surveys of how many letters to Sparkman's Senate office were from pro-Medicare and how many from anti-Medicare groups and individuals. Scientific polls were not yet staples of political and issues campaigns in a way that would show how Alabamians felt about specific aged or health care proposals.

²³ Representative Sullivan, Remarks in the House, *Congressional Record*, April 8, 1965, 7363.

²⁴ U.S. Representative Jack Edwards of Alabama, Remarks in the House of Representatives, April 8, 1965, *Congressional Record—House*, Vol. 111—Part 6, 89th Cong. 1st sess., April 8, 1965, 7362.

It was just this general belief that Sparkman was a “forward-thinking, open-minded member of Congress,” at least compared to most other Southern politicians, that landed him the nod for vice president on the 1952 Democratic presidential ticket with Stevenson. According to a *Time* cover story on August 11, 1952, Sparkman was not selected to run for Veep based upon having a popular following nationally or even among Democrats across the country. Further, according to *Time*, Sparkman was not usually thought of as highly qualified to assume the presidency in an emergency; so that was not the main reason he was asked to take the second slot on Stevenson’s ticket. Instead, he was chosen for his skills as a compromiser, especially with the idea he could help bridge the party’s North-South split. The hope was that Northern liberals would accept Sparkman despite his anti-civil rights legislation record and that Southern conservatives would not consider him a traitor. As *Time* put it: “He has been straddling the gap inside the Democratic Party of the South for so long that he was a natural prospect for the wider straddle required by the national situation of the Democratic Party.”²⁵

Sparkman secured the vice presidential nomination after both Sen. Estes Kefauver of Tennessee and Sen. Richard Russell of Georgia declined to have their names submitted to the convention. Also, Vice President Alben Barkley withdrew from the presidential contest after being considered too old (at age 74) for the presidency by labor union leaders; thus, he was never a serious choice to run again for vice president. Sparkman’s name was the only one forwarded, so he won easily.²⁶ Though many editorial boards from across the country and in Alabama praised Stevenson’s choice of Sparkman, not all

²⁵ “The Percentage,” Cover Story, *Time*, 11 August 1952, 18–20.

²⁶ “Senator is Chosen by Acclamation in Harmony Move for Party, Kefauver Turns Down Consolation Prize,” *Mobile Press*, 26 July 1952.

did. *The Montgomery Advertiser* was explicit in its criticism, calling the pairing “ridiculous” as Sparkman was strongly against “centralization” of power in Washington and Stevenson was identified with just such an enlargement of federal tentacles. Further, according to the Montgomery paper, the two seldom agreed on domestic policies or on support for President Truman or even the Democratic platform.²⁷

Blacks in 1952 tended to be suspicious of Sparkman given his opposition to most efforts at integration and expansion of civil rights. Yet he normally received a courteous and often a favorable response from blacks who heard him speak. For example, in an impromptu speech in Washington, DC a month before the election, Sparkman proved a success. John P. Davis, a Harvard-trained lawyer and intellectual active within the Democratic National Committee, called the response to the senator’s talk “terrific.” He called him “a friendly Southern liberal-minded person who stands on the Democratic platform.” As described in a *Mobile Press* article, Sparkman said Republicans misrepresented his position on civil rights and reiterated his belief that improving economic conditions for blacks would solve most racial problems.²⁸

Sparkman said in a Columbia University oral history in 1969 that his name showed up in newspapers and on radio and TV as a vice presidential possibility after he began working on the Democratic Convention Resolutions Committee. It became known he was trying to unify the fractured party and to craft a platform key constituencies and candidates could support. Sparkman did not know Stevenson had selected him as running mate until 4 a.m. in the morning of the day he was nominated by the convention delegates (July 25, 1952). Later, Sparkman was generally tasked to visit rural areas and small cities,

²⁷ Editorial, *Montgomery Advertiser*, 20 August 1952.

²⁸ “Colored Leaders Praise Sparkman,” *Mobile Press*, 7 October 1952.

while Stevenson worked large crowds in large cities. Given his farm childhood, Sparkman was best used in agricultural areas. He also was effective with groups of small businessmen, after his experience as chairman of the Small Business Committee. With their divergent travel schedules, Stevenson and Sparkman never physically crossed each other's path after the convention until Election Day. But they were in frequent communication, updating and advising each other. After they lost the election by a wide margin to Eisenhower/Nixon, they seldom met, but they continued to have high regard for each other.²⁹

Sparkman's prominence grew with his introduction to a national audience and with his Senate seniority. In the late 1950s and early 1960s he was: chairman of the Senate Small Business Committee; senior member of the Joint Economic Committee, the committee with wide influence in policies of economic stabilization; and second in line for the chairmanship of both the Senate Foreign Relations Committee and the Senate Banking and Currency Committee. As a *Florence Times* editorial noted in 1959, "No United States Senator today, and probably no Senator in our history, has attained such seniority on four key committees."³⁰

Yet in May 1965, when Gov. Wallace was considering a primary challenge to Sparkman the next year, polls showed Sparkman was in deep trouble. In a survey of political attitudes conducted by Joseph Napolitan for an undisclosed candidate, Wallace

²⁹ "Oral History Interview: Adlai E. Stevenson Project—The Reminiscences of John Sparkman," Columbia University Oral History Research Office, Columbia University, New York, NY, Interview conducted by John Luter on 13 June 1969 in Washington, DC.

³⁰ "Sparkman's Stature Grows in Washington," Editorial, *The Florence (AL) Times*, 8 February 1959.

was shown to be very well-known (99.9% identification to Sparkman's 80%) and highly popular (beating Sparkman in a projected 1966 race by 67%–18%).³¹

In 1964, as will be discussed later in Chapter 4, five Republicans made state history through their election to the U.S. House. They were elected largely in reaction to passage of the Civil Rights Act of 1964 and on the coattails of Arizona Sen. Barry Goldwater, the GOP candidate for president, who won Alabama by a large margin. Politics in the Heart of Dixie then was volatile, and Sparkman anticipated a rough ride, especially if the fiery segregationist was his intra-party foe. Wallace was constitutionally prohibited from seeking a second consecutive term, and he tried to get the state Legislature to change that.³² Failing at that, he decided to have his wife Lurleen, a political novice, run in his stead in 1966 for governor. So Wallace rejected a challenge to Sparkman and campaigned heavily for Lurleen, who won a close contest.³³ Wallace kept for himself a political base from which to continue preparations to run for president as an Independent in 1968.

Lacking a formidable foe such as Wallace, Sparkman cruised to a relatively easy reelection win in 1966, beating Republican challenger John Grenier by approximately 20 points.³⁴ Sparkman's landslide came despite his support for many Great Society programs (Head Start, public housing and anti-poverty programs, expanded educational opportunity, and of course, Medicare and Medicaid) that many Alabamians called "creeping socialism." To counter those claims of statism and to buttress the arguments of

³¹ Joseph Napolitan, "Survey of Political Attitudes—Alabama," May 1965, 5–6 and 30. Sparkman Papers.

³² *Ibid.*, 30–31.

³³ "1966 Gubernatorial General Election Results—Alabama," U.S. Elections Atlas.org, Posted online 2005, Available at <http://uselectionsatlas.org/RESULTS/state.php>; Internet; accessed 30 August 2008.

³⁴ Billy Hathorn, "A Dozen Years in the Political Wilderness: The Alabama Republican Party, 1966–1978," *Gulf Coast Historical Quarterly*, vol. 9, no. 2 (Spring 1994), 19–43.

people like Sparkman who supported Medicare and its variants, Sen. Frank Church of Idaho addressed the floor of the Senate in October 1965. Despite these legislative successes, Church noted, “Still the cries of ‘creeping socialism’ and ‘the welfare state’ fill the air as a shorthand way of criticizing the work of the Congress. Since the end of the Second World War, socialism has been creeping, not *into*, but *out of*, our national life.”³⁵

Church cited as examples the government’s divesting itself of manufacturing plants, food processing establishments, and other business-related activities; the sale from 1955–1965 by the U.S. government of personal property worth \$261 million and the giveaway of \$3,075 million in personal property; and statistics showing 76 percent of America’s electrical power was generated by private industry, while other nations nationalized their systems. He also pointed out that federal employment “no longer keeps pace with the growth of the country” as there were 16 federal workers for every 1,000 inhabitants in 1945 and that was reduced to 12 federal employees per thousand citizens. At the same time, the number of state and local government employees jumped from 24–37 per thousand.³⁶ Echoing the Idaho senator’s themes, Sparkman defended his New Deal liberalism and his support for Great Society programs like Medicare.

By 1966, as *The Birmingham News* reported, there were about 100 special-interest groups rating senators and representatives. But Sparkman stressed in a campaign speech that most groups selected 10 or 20 votes important for their cause. Since he voted on approximately 350 bills a year, judging his liberalism or conservatism on only 10 or 20 votes was inaccurate and inappropriate. He noted that the “left wing” Americans for

³⁵ U.S. Congress, Senate, Senator Frank Church of Idaho, Remarks: “What About Creeping Socialism?” 89th Cong, 1st sess. *Congressional Record*, (15 November 1965); U. S. Government Printing Office, 1965; 6639–6640.

³⁶ *Ibid.*

Democratic Action and the “right wing” Americans for Constitutional Action gave him about the same ratings. He took this as a sign he was doing something right, “because they are the two extremes.” In the end, Sparkman said he did not care what the ADA or ACA thought: “The only thing that I care about is what ALA thinks,” referring to an abbreviation for the state of Alabama he was representing.³⁷

Running for reelection in 1960, the senator had noted in his newsletter he supported a compromise Social Security bill signed by President Eisenhower that September. He expected new efforts to amend the program to enhance benefits for senior citizens.³⁸ But his backing of progressive efforts was not transferable from senior citizens to blacks seeking an automatic opportunity to vote. To that end, in August 1961, Sparkman reiterated before the Senate Judiciary Committee his opposition to getting rid of the poll tax. Designed to disfranchise blacks and poor whites, this tax was an outgrowth of Jim Crow policies instituted in the early 1900s.³⁹ Sparkman said the resolutions against the poll tax, if passed, would usurp the rights of Alabama, Mississippi, Arkansas, Texas, and Virginia to govern their own elections. He said the U.S. Constitution clearly stated that voting qualifications fell within the jurisdiction of each state. “(This) gives to the several states the right and the power to set up election machinery and to hold elections.”⁴⁰ With these actions Sparkman showed himself to be a classic Southern populist, liberal on economic issues but ultraconservative when it came

³⁷ “What Counts is ALA, Says Sparkman,” *The Birmingham News*, 3 November 1966.

³⁸ “Health Care for Aged,” Newsletter: Senator Sparkman in Washington, 23 December 1960.

³⁹ U.S. Department of the Treasury, “History of the U.S. Tax System,” U.S. Treasury Department Education Fact Sheets: Taxes, available from <http://ustreas.gov/education/> Internet; accessed 12 October 2008. After the right to vote was extended to all races through the Fifteenth Amendment, many Southern states enacted poll tax laws which often included a “grandfather clause” allowing any adult male whose father or grandfather had voted in a specific year prior to the abolition of slavery to vote without paying the tax.

⁴⁰ “Constitution Leaves Voting to States,” Newsletter: Senator Sparkman in Washington, 31 August 1961.

to race. The issue ceased to be a major issue for Sparkman and other Alabama politicians after the poll tax was declared unconstitutional in state elections by the U.S. Supreme Court on March 3, 1966.⁴¹

In his long career, and unlike Hill, Sparkman was not consistently “liberal” in the New Deal sense. He carefully thought through issues and bills, and sought the lowest amount of government intrusion to get the job done (for example, in providing health care for seniors, or federal assistance with public education). When asked in April 1959 to define the word “liberal,” Sparkman said the two fundamental liberal tenets are that the freedom of the individual is paramount, and that the government should be the servant of the people and never their master. “To me,” the senator offered in a *New York Times Magazine* commentary, “it is significant that the word ‘liberal’ is derived from the Latin word *liber*, which means free, and that it has the same root as our word ‘liberty.’”⁴²

Like many career politicians, Sparkman never went for ideological labels, maintaining “I’ve always said that I didn’t care to be labeled either liberal or conservative. That I voted the way I felt I ought to vote regardless of what candidate was running.”⁴³ As for Southern legislators as a whole, Sparkman reflected at a panel discussion at the 1948 Democratic National Convention in Philadelphia that “Ever since the Civil War the South has been liberal on economic matters and conservative on other matters.”⁴⁴ He cited wide support for New Deal programs by Southerners. For instance, the Social Security Act was sponsored by Sens. Robert Lee Doughton (D.-NC) and

⁴¹The World Almanac and Book of Facts, “Poll Tax,”(New York: Press Publishing Company, 1966), 68. The 24th Amendment, ratified in 1964, outlawed the poll tax in federal elections; a 1966 Supreme Court decision ruled that state elections also could not use a poll tax, as that would violate the 14th Amendment.

⁴² John J. Sparkman, “Six Liberals Define Liberalism: ‘Its Essence is Tolerance,’” *New York Times Magazine*, 19 April 1959.

⁴³ Sparkman, “Oral History Interview #4,” 94.

⁴⁴ Ibid.

Walter George (D.-GA) and the Fair Labor Standards Act was nicknamed after the cross-regional tandem of Sens. Hugo Black (D.-AL) and William Connery (D.-MA). At the same event, James Roosevelt, FDR's eldest son, stated, "Without Southern support my father would never have been able to enact this program."⁴⁵

In an oral history for Columbia University near the end of his career, Sparkman explained his philosophy on ideological labels. "I've always argued that this term liberal and the term conservative are easily misused," Sparkman reflected. "And I've always said that Southern senators and representatives have been liberal. It just depends on by what standards you measure liberalism." His conclusion was that the South and its legislators were always liberal in his era and that most liberal economic programs then not only had Southern support but Southern sponsorship. "So I think we need to be careful how we measure liberalism," he said.⁴⁶

Sparkman often said he was not easily labeled because he based his positions on the merits of a particular issue or bill studied independently of any overarching ideology. Indeed, in the media, in the halls of Congress, and among his constituents he was as often characterized as "liberal" as he was labeled "conservative." As contrasted to Lister Hill, Sparkman was not philosophically a true New Dealer. As expected for a man who learned practicality at a young age as the son of sharecroppers, Sparkman was more concerned with the nuts-and-bolts of a piece of legislation than its potential for historical import.

⁴⁵ Ibid, 95.

⁴⁶ John J. Sparkman, "Oral History Interview," Columbia University Oral History Project, Columbia University, New York, NY. Interviewed in 1976 at Washington, DC, 25–26.

Thus Sparkman was aware from his earliest days as a congressman in the late 1930s that he would not be a pariah if he occasionally voted as an economic liberal. It was just a year before he entered Congress that fellow Southerners Doughton and George carried the ball for President Roosevelt on the Social Security Act. Decades later, Sparkman debated whether to support various Social Security Amendments, most notably the Medicare bills. By the time he voted for Medicare, Sparkman fully understood from constituent letters, telephone calls and personal contacts that white Southerners were wary of big government. Though a self-proclaimed fiscal conservative he was more amenable to a larger governmental role than might be imagined. For instance, in 1960 *The Congressional Quarterly* reported Sparkman supported 12 out of 14 bills that would increase the role of the federal government. He joined Lister Hill in this 12/14 tally. Both men endorsed creation of a three-year, \$15 million construction subsidy program for fishing vessels and authorization of \$287 million in grants to states for school construction. But both senators opposed bills granting the U.S. Attorney General the right to seek injunctions to protect civil rights.⁴⁷

Although Sparkman's "liberal" side was applauded by many, die-hard conservatives such as *Richmond News-Leader* editors had a low opinion of his ideology and even his competence. Calling the Alabamian an "undistinguished nonentity," the Virginia newspaper in 1952 added that "Sparkman ranks as a 95 per cent Fair Dealer, and not even an intelligent Fair Dealer."⁴⁸ A study of Sparkman's voting record in the 87th Congress, 1st Session by Americans for Democratic Action showed that on selected key

⁴⁷ "Sparkman, Hill Supported 'Larger' Federal Role in Government 12 Times—Congressional Quarterly Report," *The Birmingham News*, 1 November 1960.

⁴⁸ "Virginia Editor Analyzes Strength and Weakness of the Democratic Ticket," Editorial reprinted from *Richmond (VA) News Leader*, published in *Alabama Journal*, 31 July 1952.

issues he was more liberal than any Southern senator except Sen. Estes Kefauver (D.–TN). Hill received the same 80 percent rating as Sparkman. By comparison, Democratic Senators Richard B. Russell and Herman E. Talmadge of neighboring Georgia scored a 10 on the liberal ADA’s scorecard.⁴⁹

Beginning when he received a higher national profile in the 1950s, and despite support from many editorialists and pundits, Sparkman had his share of detractors. Leading these was John Temple Graves, political columnist for *The Birmingham Post-Herald*. Graves lambasted Sparkman regularly for his obfuscation on racial matters, for his actions that could be construed as weakening segregation, and for his New Deal progressivism, which the writer called “socialistic.” On April 30, 1958, for example, in a column titled “Political Future,” Graves claimed Sparkman was “A.W.O.L. from the 1957 fight (on expanding civil rights) and talking two ways for vice president in the 1952 fight (so he) should give us a diagram of his strange theory.” Graves contended Sparkman did not recognize the significance of the Southern revolt from the national Democratic Party in 1948 (which birthed the Dixiecrats). Graves saw the 1948 intra-party split as “the first gun in the nation’s still-waging war on socialism and centralism as well as the South’s first bid for the political respect that can save both South and nation.”⁵⁰

On May 13, 1958, Graves published a column headlined “Sparkman’s Status” in which he wondered aloud why the senator was absent from the debate over the use of civil force in the summer of 1957, for the high-profile Day of the Coosa in spring 1958,

⁴⁹ “Hill, Sparkman Listed Highly Liberal by ADA—Grant Held More Moderate,” *Alabama Journal*, 4 October 1961.

⁵⁰ John Temple Graves, “Political Future,” *The Birmingham Post-Herald*, 30 April 1958.

and during the entire 1952 presidential campaign, “when he was running for vice president and only one side of his mouth was available to us.”⁵¹

As his career progressed, and as politics became more sophisticated, Sparkman was graded yearly by special interest groups on key issues. In 1961, for example, he was rated by two conservative groups and three moderate-to-liberal organizations. Conservative groups were Americans for Constitutional Action (basing its evaluation on votes deemed faithful to the spirit and principles of the U.S. Constitution) and the American Farm Bureau Federation (giving positive grades to votes they felt would preserve free enterprise in farm operations). For the 87th Congress, 1st and 2nd Sessions, both Sparkman and his colleague Hill received 11 out of 100 from the ACA while Sparkman obtained 12 out of 100 from the AFBF (Hill gained a 12/100). Both Alabama solons had a middle score (55/100) from COPE, the Committee on Political Education, of the AFL-CIO. They shared the same 83 score with the liberal National Farmers Union (whose focus was supporting family farms), and the Americans for Democratic Action (backer of progressive domestic policies and a strongly anti-communism foreign policy).⁵²

Since this was the senator’s ideological orientation in 1961–1962, it is not surprising that he could live with his 1965 vote favoring Medicare. Although Sparkman couched his opposition to civil rights legislation in terms that were not as fiery as those of his contemporaries, when it came to the elderly he spoke boldly on senior citizens’ behalf. At a conference on aging in Atlanta in February 1958, the senator, through a spokesman, said responsibility for solving the problems of the aged “cannot rest with one

⁵¹ John Temple Graves, “Sparkman’s Status,” *The Birmingham Post-Herald*, 13 May 1958.

⁵² “Hill, Sparkman Listed Highly Liberal,” *Alabama Journal*, 4 October 1961.

unit of the government alone.” Seven years before the Medicare debate where these issues were relevant, Sparkman showed he knew modern medicine had increased the average life span by 20 years in a half century, and that while the U.S. population had doubled since 1900, the number of persons over 65 increased by a factor of four. As far as helping senior citizens, he said responsibility lies “Not only with our state governments, but also with your federal government and more fundamentally perhaps with every community throughout the land.”⁵³

He defended Social Security as adding to a local area’s economic vitality through dispersal of payments to seniors who spend most or all of their checks locally. He cited Union Springs, Alabama, where the cotton mill was the only industry and where payments made under Social Security and other forms of old age assistance exceeded the combined payroll of the mill. He said finding adequate shelter at a cost seniors could afford was difficult because rent payments took as much as \$60 out of a \$67 per month Social Security payment. Sparkman noted his sponsorship of a bill aimed at relieving this with key provisions included in the 1956 Housing Act to create greater opportunities for low income, elderly people to obtain shelter in public housing and to establish an advisory committee that sought to provide housing to the elderly.⁵⁴

Thus we can see a pattern throughout Sparkman’s career of consistent support for government spending on old age assistance. But we have not yet divined his views on the various forms of modified or full national health insurance, although he regularly supported federal funds to help the blind and disabled. Sparkman, like Hill and other

⁵³ Press Release, Office of U.S. Senator John J. Sparkman, Subject: Sparkman’s Address to the Southern Regional Conference on Aging, 28 February 1958, Sparkman Papers.

⁵⁴ Ibid.

Alabama congressmen and senators, had received letters from constituents requesting legislation related to old age pensions and health care assistance since the Great Depression and New Deal. Sparkman had supported Social Security since its beginning, and consistently thereafter. But all along he realized there was only so much that could be, and even should be, done by the federal government. States should contribute where they could, but for poorer states like largely rural Alabama, that was an immense challenge. For instance, as a young congressman in August 1943 Sparkman received a letter from George W. Beasley of the Old-Age Pension Association based in Gadsden. Beasley said old-age pensions had not met the need because state leaders did not provide sufficient money for all the financially struggling seniors in the state. He explained that on October 1, 1943 approximately 29,000 needy aged Alabamians would be getting \$15.00 per month per case.⁵⁵

Just as Sparkman would later vote for Kerr-Mills because it was a federal-state payment formula he liked, as a member of the House in 1944 he introduced a bill where poorer states like Alabama would not be at a disadvantage in their old-age assistance plans because of inability to match federal funds. Preexisting law said states match federal funds on a dollar-for-dollar basis. This meant richer states received more money than poorer ones simply because the latter states could not match as many federal dollars. Rep. Sparkman's bill allowed for "variable grants" under the Social Security Act which

⁵⁵ George W. Beasley, Letter Expressing Inadequacy of State Matches to Federal Funds for Old-Age Pensions, to U.S. Rep. John J. Sparkman, 12 August 1943, Sparkman Papers.

would lead to states like Alabama with smaller per-capita incomes receiving more federal assistance than richer states like California and New York.⁵⁶

Fourteen years later, in 1958, Sparkman sponsored a bill that provided a monthly increase of up to \$7.50 for each person signed up for old age assistance, including over 118,000 Alabamians. He showed he was not against significant federal spending if it was for a cause— such as helping the aged—that he deemed worthy. The bill would cost in excess of \$200 million every year.⁵⁷ Sparkman reflected in October 1958 that he was a key player in securing passage of a set of old age assistance reforms. The 12 million recipients of Social Security checks received increases ranging from \$3.00–\$7.50 per month, and the maximum survivors’ benefit under this new law jumped from \$200–\$254 per month.⁵⁸

Meanwhile, of 136,000 men and women aged 65 and over in Alabama, 95,000 depended upon the government or in the majority of cases, upon relatives with financial problems of their own, for support. “Thus you can readily see and understand the grave concern of this statewide organization,” Beasley concluded.⁵⁹ Similarly, in May 1940 Sparkman responded to a letter from P.S. Haskelman of Huntsville by recommending a change to the Social Security Act to help the neediest. At that time, the federal government paid money directly to the elderly person without a state or county match requirement. Rep. Sparkman advocated making such an action fall under “welfare” provisions of the 1935 Act. That would ensure that those old persons most needing

⁵⁶ Carroll Kilpatrick, “John Sparkman Acts to Obtain More Aid for State Needy Aged: Bill is Introduced to Let Poorer States Share with Richer,” *The Birmingham News*, 4 January 1943.

⁵⁷ Press Release, Office of U.S. Senator John J. Sparkman, Subject: Help for Aged, Blind, and Disabled Pushed by Sparkman, 30 May 1958, Sparkman Papers.

⁵⁸ Press Release, Office of U.S. Senator John J. Sparkman, Subject: 85th’s Outstanding Actions Cited by Senator Sparkman, 30 October 1958, Sparkman Papers.

⁵⁹ *Ibid.*

assistance got it, and relatively fast. He predicted: “We shall see the time when more liberal care will be given to our deserving old people” and said he would continue to support “liberal legislation to give relief to our needy old people.”⁶⁰ So as far back as 25 years before he voted for Medicare Sparkman was telegraphing that he was inclined to support most legislation to improve the lot of the aged in his state and nation. But like any responsible member of the House or Senate Sparkman would only back a bill for the needy and aged if it were cost-effective. He also showed even as a congressman in his fourth term that he would seek to defend his district’s (and his state’s, by extension) interests against those of the federal government.

In 1943, for example, he addressed a meeting of Alabama Medical College alumni in Montgomery on this very subject. He warned that the United States might adopt “socialized medicine” if many citizens became dissatisfied with the traditionally private-based system. He called for expansion of voluntary health plans and asked for physicians themselves to work to stifle any moves toward extensively government-run medicine. He cited the recent victory for “socialized medicine” in England as a harbinger of what could happen here if dissatisfaction with the present system grew too wide. “You and I know that socialization is not the answer to England’s health problems,” Sparkman said. “But the people became convinced, rightfully or wrongly, that among other things, fees were too high and treatment had become too specialized. What we must keep in mind is that the people in a free election voted for socialization.”⁶¹

⁶⁰ U.S. Rep. John J. Sparkman, Response to Letter from P.S. Haskelman about Disability Relief, 2 May 1940, Sparkman Papers.

⁶¹ “Sen. John Sparkman (D-Ala) Addressed a Meeting of Medical College Alumni Last Night,” *Alabama Journal*, 18 April 1953.

Sparkman related that, under the system he wanted changed, the average old-age assistance payment in the United States was \$19.55 per month. Yet in Alabama it was only \$9.29, and in California a much larger \$32.45 per month. Sparkman found these differences in payments unacceptable: “This discrepancy must be removed,” he told *The Birmingham News*. “My study as a member of the special committee on the interstate migration of citizens has convinced me that this is one of the most-needed social reforms facing the country.”⁶² (Ultimately, Sparkman’s bill was merged with elements of a Senate bill and the conference report’s bill was signed by President Roosevelt and became law.)

In June 1950, Sparkman wrote a long commentary for *The Montgomery Advertiser* in which he recounted the many legislative measures that were called “socialistic” before adoption but applauded once their positive impact was felt. Among these were government loans to enable qualifying tenant farmers to become farm owners; rural electrification; full development of the Tennessee Valley Authority; and extending Social Security benefits. He said even the Hill-Burton Hospital Construction Act, designed to improve public health, was termed “socialistic” as it was being debated in Congress. Yet, the senator wrote, Union Springs, Lanett, and 25 other Alabama cities which had hospital construction approved, “are evidently not too worried about this ‘socialistic’ measure.” He added: “I have about come to the conclusion that for most people those particular measures which they like are good; those that they do not like are called ‘socialistic.’”⁶³

⁶² Ibid.

⁶³ U.S. Senator John J. Sparkman, “Guest Editorial: History of a Philosophy,” *The Montgomery Advertiser*, 6 July 1950.

By 1960, when the bill chiefly sponsored by Rep. Aime Forand (D.-R.I.) was moving through Congress, “socialistic” continued as a term of derision for such bills. The volume of constituent mail was significantly lighter regarding this bill than it had been in the mid-1930s for the Social Security bill and would be a few years later for the Medicare legislation. Supporters of Medicare did exist, but in Alabama opponents ruled the day as they would in 1964–1965. E. Vernon Stabler, M.D. from Greenville was concerned that passing the Forand bill would result in higher taxes, government interference with medicine and “a move toward socializing this country.”⁶⁴ Sparkman wrote a straightforward response that his decision waited whatever the House passed, if anything, and that he would remember Dr. Stabler’s recommendations. But he clearly added that “Certainly, I am not in favor of any legislation which would tend to socialize our great medical profession.”⁶⁵ By contrast, Mr. and Mrs. Michael Shaw of Birmingham wrote in March 1960 supporting the Forand bill, reminding Sparkman that many elderly Alabamians were destitute and in need of financial and medical help. The Shaws said all persons need quality medical and personal care as they age, but they often could afford little of their health care needs. “It takes all the Social Security or pension check to meet food, heat, and real necessities. Where is the money to come from for doctor, medical and hospital bills?”⁶⁶

Whether for the ill-fated Forand initiative or similar bills, both Hill, “Mr. Health” who was wary of nationalized medicine in any form; and Sparkman, self-proclaimed

⁶⁴ E. Vernon Stabler, M.D., Letter Opposing Forand Bill as Move Toward Socialized Medicine, to U.S. Senator John J. Sparkman, 8 March 1960, Sparkman Papers.

⁶⁵ U.S. Senator John J. Sparkman, Response to E. Vernon Stabler, M.D.’s Letter Opposing Forand Bill as Move Toward Socialized Medicine, 11 March 1960, Sparkman Papers.

⁶⁶ Mr. and Mrs. Michael Shaw, Letter Supporting Forand Bill as Needed Relief with Medical Expenses for Old People, to U.S. Senator John J. Sparkman, 7 March 1960, Sparkman Papers.

“fiscal conservative,” closely monitored the proposals for health care bills. In August, 1960, these two Alabamians began to show they might be more amenable to a large role for the federal government in health care for needy senior citizens. Both men voted for Kerr-Mills as it passed the Senate. But Hill and Sparkman had earlier vigorously opposed plans backed by the two major party presidential nominees. Hill and Sparkman declared the Republican plan supported by GOP nominee Vice President Richard M. Nixon to be too “liberal.” Likewise, they also opposed the other “liberal” plan backed by their own Democratic Party nominee, Sen. John F. Kennedy of Massachusetts. The Kennedy-supported bill would have extended medical benefits for all Social Security retirees aged 68 and over. Kerr-Mills would help provide medical care only to those elderly citizens who could pass a means test certifying true economic need.⁶⁷ Sparkman and Hill agreed with the Senate sponsor of the bill, Sen. Robert S. Kerr (D.-OK), that it would have been useless to back the two liberal plans, as President Eisenhower would surely have vetoed them both.⁶⁸

Sparkman continued to support most programs for the elderly that he deemed reasonable. And he was not afraid to compromise on legislation if he felt it necessary. He told *The Birmingham News* that the Kerr-Mills bill he and Hill voted for was the only real choice: Eisenhower would have vetoed either one of the other health care plans, and anyway the House would have rejected the two liberal plans. Sparkman pointed out that under the Senate-approved plan, federal assistance to each state would be on a variable basis, with Alabama chipping in up to 20 percent of the total cost. “Under the other plan,”

⁶⁷ Hamilton, *Lister Hill*, 349.

⁶⁸ “Hill, Sparkman Voted for Med Bill in Senate,” *The Birmingham News*, 24 August 1960.

Sparkman said, “this great advantage to Alabama would have been lost.”⁶⁹ The state’s junior senator may have come to realize that sanctioning a modest government role in health care for the elderly could be a preemptive measure staving off “socialized medicine.”

After the Eisenhower administration stymied most bills relating to health care for senior citizens, Sparkman hoped President Kennedy would bring a resurgence of enthusiasm for Medicare-type legislation. Kennedy had outlined his proposals for action in health affairs in a speech at Warm Springs, Georgia a month before the 1960 election. He identified six areas of need, with the first being improved health care for the aged. Kennedy promised in this 1960 campaign pledge a system which “enables a man during his working days to set aside in a trust fund the cost of health insurance after retirement, so he can receive care then as a matter of right, not charity—without burdening his children and without taking a humiliating ‘pauper’s oath.’”⁷⁰ Kennedy used a tactic similar to that used by Sparkman in his 1953 speech to Alabama Medical College alumni: suggesting his program was not “socialized medicine” but rather would help *prevent* socialized medicine from evolving. It would do so by meeting critical needs while honoring the traditions of freedom and doctors’ obligations to humanity.⁷¹ Sadly, Kennedy was not successful in his 1000+ days as President in getting any significant health care programs for the aged passed.

After the Kennedy assassination, Sparkman had to face a personality more fierce than his Senate colleague from Alabama: President Lyndon B. Johnson. Shortly after the

⁶⁹ Ibid.

⁷⁰ Press Release, Headquarters, Campaign of U.S. Senator John F. Kennedy for President, Washington, DC, October 1960, Sparkman Papers..

⁷¹ Ibid.

Texan assumed office, Sparkman told an audience in Gadsden that Johnson was known for using his arms to “buttonhole” congressmen to get them to agree to his programs. The result was success for LBJ most of the time, even with his most persistent opponents. “Lyndon has a knack for putting his arm around you—looking you straight in the face—and saying let us talk and reach a compromise,” Sparkman said.⁷² He had LBJ as an upper house colleague for more than 20 years and Senate majority leader from 1952–1960. The Alabamian said it was fortunate Johnson was next-in-line to take over after the tragic events of November 22, 1963. “President Johnson has an insight of government that very few persons have,” Sparkman said. “And he is a practical man who knows how to get things working his way.”⁷³ Over the next year and a half, Sparkman was to learn the truth of that statement, as LBJ gave the full court press for his Medicare bills.

Almost five years later, in March 1965 it was apparent many critics of Medicare (King-Anderson) were resigned to passage of one significant old age health care proposal or another. So these people supported Eldercare (Ferlong-Curtis) as the best, potentially least destructive, choice. Walter E. Smith from Andalusia wrote: “(Eldercare) is simpler, easier to administer, less expensive, and of great importance to us, because it preserves our American heritage of our free choice of a physician, hospital or nursing home, our human dignity and our individuality.”⁷⁴ Rev. and Mrs. J.H. Rowell of Abbeville jointly sent a letter with Mrs. Rosalie Hinely of the same city to Sparkman late that month. As did other constituents, they saw Medicare as impinging on Social Security’s finances, thus undercutting that program’s very purpose and burdening young workers with a

⁷² “Johnson is Master of the Button Hole, Sparkman Says,” *The Birmingham News*, 21 January 1964.

⁷³ *Ibid.*

⁷⁴ Walter E. Smith, Letter Recommending Support for Eldercare as Simpler and More Appropriate for the Country, to U.S. Senator John J. Sparkman, March 1965, Sparkman Papers.

heavy tax load.⁷⁵ Those writers cited another reason for Eldercare: It would use “no-profit” Blue Cross-Blue Shield health companies which were highly experienced, and not a new government bureaucracy, which would make expensive mistakes—at taxpayer expense.⁷⁶ Finally, aside from logistical problems predicted for Medicare, and the morality of private enterprise to “socialized medicine,” Alabamians saw another reason to oppose LBJ’s Medicare bill: they claimed it was done for political gain more than medical or economic necessity or care for the aged. Writing from Birmingham, Gladys L. Leary speculated, “The President is only trying to insure votes for himself!”⁷⁷

Small numbers of Medicare-related constituent letters were reviewed from Sparkman’s correspondence between the key months of March and August, 1965. The result duplicates the pattern of wide opposition found in Hill’s remaining letters from 1964 and 1965. Sparkman received 74 letters in that period, a fraction of what his home state Senate colleague received. Opponents of Medicare sent 53 letters (72 percent) to 21 letters (28 percent) offered by the bill’s supporters.⁷⁸ The significantly higher volume of letters that Hill received is likely due to his reputation as “Mr. Health,” with seniority on key committees dealing with national health insurance. Letter writers knew that if they got Hill to listen to their advice they would multiply the effectiveness of their appeal. That is why so many letters exist in Hill’s papers that came from people outside Alabama, both from special interest group members and individual citizens. Sparkman’s largest collection of letters was on civil rights (always a hot topic in the state). He also

⁷⁵ Reverend and Mrs. J.H. Rowell and Mrs. Rosalie Hinely, Letter Opposing King-Anderson as Undercutting Social Security and Creating Heavy Tax Load, to U.S. Senator John J. Sparkman, 26 March 1965, Sparkman Papers.

⁷⁶ Ibid.

⁷⁷ Gladys L. Leary, Letter Opposing Medicare as Too Costly to Taxpayers, to U.S. Senator John J. Sparkman, 1 April 1965, Sparkman Papers.

⁷⁸ Constituent Mail on Medicare, (1965), Sparkman Papers.

received many letters related to his work as chairman of the Select Committee on Small Business, and as a senior member of the Committee on Banking, Housing, and Urban Affairs.⁷⁹

As in Hill's case, the opposition letters advised Sparkman to never vote for Medicare because it was "socialistic." Other writers noted the senator's congressional leadership on issues of small business and suggested he as well as anyone could appreciate keeping the practice of medicine in the free market, not strongly connected to government. Still others wrote to Sparkman of the hurt they saw coming with higher payroll taxes. Ever-present was the prediction of economic chaos that constituents said would result from the massive new government spending Medicare would entail.⁸⁰ Conversely, letters asking Sparkman to vote in favor of Medicare were often anecdotal and asked for his support for the proposed program based on their view that it was the compassionate thing to do. Many poor, elderly people lived in Alabama in the 1960s, and plenty of them wrote to Sparkman and Hill with depictions of their desperate need for affordable, adequate health care.

Before Sparkman voted for Medicare, he had to weigh his own beliefs on the issue against the public's expressed desires. For most Alabamians who wrote the senator in 1964 and 1965, the response was clear: Defeat Medicare. A typical anti-Medicare letter is one written by an unnamed correspondent in March 1965. This citizen wrote that higher-income persons as well as the poor would be protected by the Johnson administration bill (King-Anderson), but members of the middle class would be the ones to suffer. He did not want to pay taxes for rich people who could pay for their own health

⁷⁹ "Sparkman, John Jackson," Biographical Directory of the United States Congress, 30 August 2008.

⁸⁰ Constituent Mail on Medicare, (1965), Sparkman Papers.

care, or for old people who were unwise and had wasted their money in their working years. He wrote: “The passage of the King-Anderson Bill would mean even more direct control over the people and especially the practice of medicine. With passage of the Doctors’ Eldercare program the aged would receive more expert and personalized care and without delay.”⁸¹ Sparkman sent a form letter which noted he twice opposed Medicare on Senate floor votes but did support Kerr-Mills. He added there was no way to know what configuration the bill would have when he next voted on it but that he would definitely keep constituents’ views in mind as he considered how he would vote.⁸²

Comments from letter-writers, most of whom referenced the Eldercare Bill as a good alternative, included: *Dadeville*: “Please help save this great country from Dictatorship and vote against the so-called Medicare Bill;” *Leeds*: “This bill is only the first step toward complete socialized medicine and a socialized United States;” and *Huntsville*: “I, as a practicing physician, am extremely concerned about this problem and about the future of medicine in general as a result of its passage.”⁸³ Many writers objected to an amendment (Section 303) to the Medicare bill that would have extended Social Security benefits to all temporary and totally disabled individuals whose disability extended lasted beyond six months. Edmund W. Griffith claimed the Medicare benefits, combined with Workmen’s Compensation benefits, “would encourage individuals to become and remain disabled, since the combined benefits would, in many instances, be

⁸¹ Petitioners from Etowah County Opposing King-Anderson Bill, to U.S. Senator John J. Sparkman, 30 March 1965, Sparkman Papers.

⁸² Sparkman, Form Letter for Constituents Preferring Eldercare to Medicare, (1965).

⁸³ Letters From Constituents Opposing Medicare Bill, to U.S. Senator John J. Sparkman, April 1965, Sparkman Papers.

greater than their normal take home pay.”⁸⁴ Marion D. Yarbrough argued: “This Section 303 is just one more giant step in the direction of a welfare state...vote against federal intrusion in the free enterprise system.”⁸⁵ Claude H. Small said as a 28-year-old he was working and saving for his family’s future, and that Medicare would be a “bitter pill” to swallow. “You are going to make my Social Security taxes go up for something (Workmen’s Comp) I and all the working public have had for almost 50 years!”⁸⁶

Not surprisingly, a clear majority of those opposed to the Medicare bill were physicians who wrote to Sparkman in matter-of-fact language, and usually concisely. For example, the three doctors at Chatom Clinic in Chatom wrote separate letters but used the exact same words. H.C. Patterson, M.D; J.L. Hubbard, M.D.; and Paul Petcher, M.D. could have written one letter and signed it together, but they sent individual letters with the same wording and mailed them the same day. Perhaps they thought separate mailings would be more effective than a group letter. Each letter simply noted the writer’s opposition to the King-Anderson bill and support for the Eldercare bill proposed by the American Medical Association. Then the letters simply read: “I sincerely believe that it is a better solution to the problem of medical care for older citizens.”⁸⁷

Physicians were not the only citizens who sent form letters. Part of the reason people signed and sent pre-written letters was convenience; another may have been that a fairly sizeable number of Alabamians, both black and white, were illiterate at that time.

⁸⁴ Edmund W. Griffith, Letter Opposing Social Security Disability Benefits in Medicare Bill–Section 303, to U.S. Senator John J. Sparkman, 19 April 1965, Sparkman Papers.

⁸⁵ Marion D. Yarbrough, Letter Opposing Social Security Disability Benefits in Medicare Bill–Section 303, to U.S. Senator John J. Sparkman, 20 April 1965, Sparkman Papers.

⁸⁶ Claude H. Small, Letter Opposing Social Security Disability Benefits in Medicare Bill–Section 303, to U.S. Senator John J. Sparkman, 20 April 1965, Sparkman Papers.

⁸⁷ Letters From Three Physicians at Chatom Clinic, Chatom, Alabama, Preferring Eldercare Over Medicare, to U.S. Senator John J. Sparkman, 13 February 1965, Sparkman Papers.

But despite these messages to Sparkman, Hill and their Alabama colleagues in the House coming in form letters, they did express the true sentiments of the signers. So they are considered valid for their purpose of informing these legislators how they felt about bills and events in Congress. Eight copies of one such form letter, signed by Opp residents, survive in an archive. They arrived at Sparkman's office on March 19, 1965. This letter consisted of a paragraph with three long sentences, and a short closing sentence in the second paragraph.⁸⁸ Obviously, the senator and his colleagues could recognize form letters, but they knew it was perilous not to listen to people just because their message was very familiar. This form letter got around; a copy was sent to Sparkman from J.R. Clark, Jr. of Clark Hardware Company, Inc. of Red Level, 24 miles northwest of Opp.⁸⁹

W.C. Duncan, physician at Doctors Clinic in Hartselle, was briefer still: "Please support the Doctors' Eldercare program and again reject the King-Anderson bill."⁹⁰ Orval P. Sparkman, administrator of Hartselle Hospital (and not believed to be a relative of the senator) also weighed in on the various health care bills for the aged. His fear was that federal presentation of medical services "will also mean federal control of both the doctors and the patient, thus bordering on Socialism and Communism."⁹¹

The Bullock County Medical Society approved a resolution in March 1960 listing five reasons why the group opposed the Forand bill. Among these were that the bill would increase Social Security taxes, already on the cusp of nine percent of payroll; that

⁸⁸ Letters From Opp, Alabama, Residents Preferring Eldercare Over Medicare, to U.S. Senator John J. Sparkman, 13 March 1965, Sparkman Papers.

⁸⁹ Letter from J.R. Clark, Jr. of Red Level, Alabama, Preferring Eldercare Over Medicare, to U.S. Senator John J. Sparkman, 17 March 1965, Sparkman Papers.

⁹⁰ W.C. Duncan, M.D., Letter Recommending Eldercare and Rejection of King-Anderson, to U.S. Senator John J. Sparkman, 15 February 1965, Sparkman Papers.

⁹¹ Orval P. Sparkman, Letter Recommending Eldercare and Rejection of King-Anderson, to U.S. Senator John J. Sparkman, 18 February 1965, Sparkman Papers.

elder care requires flexibility in medical approach and technique, in contrast to the rigidity common to government-controlled programs; and that the proposed legislation was an inappropriate “political” approach to a health problem. Other reasons were that a nationalized program of medicine would weaken the patient-physician relationship; and that a bureaucratic leviathan of government health care would result in political abuses of the system and administrative waste.⁹² Writing back to Dr. O. Emfinger of Union Springs, a county medical society official who sent the resolution, Sparkman reiterated what he said to other constituents. He explained he would not favor any bill that might socialize American medicine or “destroy the normal doctor-patient relationship.”⁹³

Businesses large and small were well-represented in Sparkman’s mailbox in 1964 and 1965, when Medicare was battling Eldercare. J.B. McDonough, Jr., namesake of the co-founder of the Prichard firm, was concerned increased taxes to pay for Medicare would cripple small businesses such as his own (McDonough Brothers). McDonough said Social Security taxes were too high already, and took from low-income earners in the same amounts as high-income earners. He added: “These taxes also put an extra burden on business, which has enough burdens already, especially the small businesses that cannot pass the cost on in the way of increased prices on their products.”⁹⁴

But Medicare did not attract only nay-sayers in Alabama. Supporters of this wide-reaching legislation were not afraid to write their senators and congressmen, and they did

⁹² O. Emfinger, M.D., Letter with Copy of Resolution Approved by Bullock County Medical Society Listing Reasons Why Forand Bill Should Be Defeated, to U.S. Senator John J. Sparkman, 7 March 1960, Sparkman Papers.

⁹³ U.S. Senator John J. Sparkman, Response to O. Emfinger, M.D.’s Letter with Copy of Resolution of Bullock County Medical Society Listing Reasons Why Forand Bill Should Be Defeated, 10 March 1960, Sparkman Papers.

⁹⁴ J.B. McDonough, Jr., Letter Recommending Eldercare from a Small Businessman’s Perspective, to U.S. Senator John J. Sparkman, 22 February 1965, Sparkman Papers.

so using both logic and emotion. H.G. Franklin of Birmingham even used the threat of a “No” vote on Medicare as a sure recipe for Sparkman’s defeat in his 1966 reelection bid. Franklin said in a letter to *The Birmingham News* that in the 25 years of Social Security, fiscal accountability and revenue collection had done well despite retirement plans being “socialistic” in principle.⁹⁵ Franklin noted in his February 1963 missive that Medicare was defeated in the Senate by two votes in 1962 and that Hill and Sparkman’s “Nay” votes torpedoed the bill. He speculated that the “prime factor” in Hill’s near-defeat in the 1962 general election, despite his long service, was his vote against the Medicare bill. (As indicated previously, the author looked into factors bearing on the narrow victory over Republican James D. Martin, and found Medicare was not a big issue and certainly not the deciding one in that contest.) Franklin also suggested Sparkman should reconsider his vote because voting against Medicare again would probably spell the end of his Congressional career.⁹⁶ Perhaps it was a combination of his satisfaction with the final Medicare bill, his understanding that helping senior citizens would not hurt him in his 1966 reelection bid; and the legendary persuasive tactics of President Johnson that turned Sparkman into a Medicare-lover.

Meanwhile, the potent political issue of race became the “elephant in the room” for Southern congressmen and senators. As they weighed whether to back Medicare, they needed to be cautious because of its perceived impact on race relations and civil rights. It was widely felt that if the government was granted a larger role in health care, desegregation would gain a foothold in hospitals, clinics and eventually throughout

⁹⁵ H.G. Franklin, “Hill, Sparkman and Medicare Proposal,” Letter to the Editor, *The Birmingham News*, February 1963.

⁹⁶ Ibid.

society. Sparkman, as noted earlier, was never a fiery anti-civil rights orator like George Wallace. Yet he signed the Southern Manifesto and supported related measures designed to stem the tide of integration. As far back as 1952, a day or two before the election in which he was running as the Democratic candidate for vice president, Sparkman made an interesting statement about the racial situation. His remarks were not widely reported or appreciated in the final throes of the campaign. But nearly 25 years later in an oral history interview for the University of Alabama, Birmingham the senator remembered this statement and suggested it might have eased racial tensions if it had been better received.⁹⁷

He said in November 1952: “If you raise the economic level of all people you will eliminate all these (racial) tensions. I think that we’re going at the problem backwards by trying to correct something by specific legislation to remove the causes.”⁹⁸ He recalled in 1976 he always said the differences between blacks and whites resulted mainly from economic competition. Sparkman added that FDR once said the South was the economic *problem* of the nation but said later the South had evolved into the economic *opportunity* of the nation.⁹⁹

Upon Sparkman’s death in November 1985 at age 85, his colleagues and admirers in the House and Senate saluted his winning personality and outstanding legislative record. Howell Heflin, a fellow Democrat who succeeded Sparkman in the Senate, noted that the late solon was often referred to as “Mr. Housing” for his successes with federal public housing and fostering the ideal that every American should have a reasonable

⁹⁷“Oral History Interview #4: John J. Sparkman,” University of Alabama–Birmingham Oral History Collection, Interview. Conducted by James A. Lopez, UAB, (7 July, 1976).

⁹⁸*Ibid.*

⁹⁹ John J. Sparkman, “Oral History Interview: Adlai Stevenson Project,” 92.

chance to attain home ownership.¹⁰⁰ Sen. Ted Stevens (R.-AK) pointed out that of all bills he authored, Sparkman was most pleased with the Soldiers and Sailors Civil Relief Act of 1942 he presented in the House. That legislation prohibited banks from foreclosing on homes or farms owned by servicemen. A veteran of World War I who later received a commission in the Coast Artillery, Sparkman knew that for a soldier's return, worrying about having a home when he returned was an additional worry those fighting on the various fronts did not deserve. So Sparkman through the Civil Relief Act of 1942 protected the "American dream" for soldiers, Marines, and sailors risking their lives for their countrymen.¹⁰¹

In a *Montgomery Journal and Advertiser* article the day after Sparkman died, William D. Barnard, chairman of the department of history at the University of Alabama, described Sparkman's political approach and ideology. He stressed that Sparkman, like other bright, talented Southern politicians, formed his political ideas based on New Deal concepts. "He was very much influenced by the way that New Deal social programs helped his own region," the professor said. "He favored an expanded role for the Federal Government because he came into office in a period when his own very poor region could not provide for itself."¹⁰²

In his remarks upon Sparkman's death in 1985, Sen. Joseph Biden (D.-DE) perhaps explained Sparkman's eventual support for Medicare by emphasizing his firm backing for Social Security as a vehicle for senior citizens being able to maintain more of their

¹⁰⁰ U.S. Congress, Senate, "Memorial Addresses and Other Tributes in the Congress of the United States on the Life and Contributions of John Sparkman," 99th Cong, 2nd sess., 20 November 1985 and 5 December 1985. U. S. Government Printing Office, 1986.

¹⁰¹ Ibid.

¹⁰² William D. Barnard, *Montgomery Journal and Advertiser*, 16 November 1985.

dignity. “He was a strong supporter of the Social Security System when it was still a national experiment in human compassion and long before it became the broadly accepted principle of American life that it is today,” Biden explained.¹⁰³ In fact, the year after Sparkman left the Senate (1980), the John J. Sparkman Center for International Public Health Education was established at the University of Alabama at Birmingham. The center melded Sparkman’s keen interest in foreign affairs, highlighted by his chairmanship of the Senate Foreign Relations Committee and role with the United Nations, with his advocacy of public health improvements.¹⁰⁴

Now that Senators Lister Hill and John Sparkman have been showcased, my focus turns to the three Democrats and five Republicans in the House who voted for or against Medicare in the summer of 1965. Also included in Chapter 4 is Carl A. Elliott, who as a congressman from 1949–1965 was keenly interested in national health insurance legislation. The Democrats have a longer paper trail, having been in the lower chamber for at least ten years each. The Republicans assumed office just seven months before the final Medicare vote, so had less connection with the evolution of this issue than the others. Yet their early thinking on Medicare can be divined by 1964 campaign literature, by newspaper accounts of their speeches, and by the national Republican Party platform and previous pronouncements.

¹⁰³ U.S. Congress, Senate, “Memorial Addresses and Other Tributes,” 20 November 1985 and 5 December 1985.

¹⁰⁴ *Ibid.*, 22.

CHAPTER 4: CONGRESSMEN MOSTLY SKEPTICAL ON MEDICARE

On January 13, 1966 W.D. Byars wrote to U.S. Rep. Bob Jones and parlayed a question his 10-year-old son had asked him about a “cow bird” into a focus on dependence on government and politicians who encourage it. “These birds had the habits of some people and they did not build nests or raise their young, but deposited their eggs in other birds’ nests and allowed them to rear and feed them while the cow birds went their own way,” the Decatur resident wrote. Byars’ son also asked what would happen when all the birds became cow birds. Enclosing notice of a recent increase in the Social Security tax, Byars asked Jones, “Is the cow bird population increasing?” Jones responded: “I appreciate the point you are making and you can certainly count on me to continue to work as hard as I can to see that the ‘cow birds’ never overwhelm us.”¹

This chapter analyzes the developing views of nine congressmen from Alabama, most of them conservative but a few liberal, towards national health insurance. All of them wanted to minimize the federal government’s role in medicine, or metaphorically prevent “cow birds” from swarming over society. Three Democrats were defeated in 1964 and two retired before the final Medicare vote: all were replaced by conservative Republicans. All five GOP congressmen and two of the remaining three Democrats from Alabama voted against Medicare both initially in its April vote and on July 27, 1965 for the conference report. The only one who did not vote in April was Jones, who was unable

¹ W.D. Byars to U.S. Representative Robert E. Jones, Jr. about “Cow Birds” and People’s Dependence on Government Instead of Self-Help, 13 January 1966, Robert E. Jones, Jr. Papers, Special Collections, M. Louis Salmon Library, University of Alabama in Huntsville (hereinafter, Jones Papers).

to cast a vote due to hospitalization. However, Jones did vote for the conference report which passed 307–116 on July 27.² This chapter examines the ideology of all nine Alabama congressmen involved in the Medicare debate at various points between 1961 and 1965; delves into how their respective constituents felt about Medicare; and sheds light on these representatives’ possible motives in either backing or rejecting Medicare and supporting alternatives like Eldercare. Included are the seven congressmen who voted in 1965 on the Medicare bill (all voted *against* it); Jones, in Congress that year but unable to vote in April because hospitalized yet later voted *for* the conference report; and Carl Elliott, a liberal Democrat no longer in Congress in 1965 but who in earlier years took a strong public position in favor of national health insurance and thus is worth including.

Political scientist William G. Carleton established in 1951 that three types of Southern liberals existed. First were *integrated* liberals, or New Dealers, such as then-Vice President Alben Barkley of Tennessee and Sen. Claude Pepper of Florida, who were very progressive on the question of race. None of the four “liberal” Alabama congressmen from this era fit this category. Second were Southern politicians consistently liberal on economic questions but conservative regarding race. All four “liberal” U.S. representatives from Alabama fell into this second grouping: Carl Elliott, Bob Jones, Albert Rains, and Kenneth Roberts. The final category of liberals, one fast disappearing, was the “agrarian demagogue, the rabble-rousing, stormy petrel” who was an economic liberal but an extreme reactionary on race. The prototype was Theodore G.

² Americans for Constitutional Action. “ACA Index: First Session 89th Congress, 1965, an Analysis of the Voting Record of Each Member in the Congress of the United States,” Washington, DC, 1965.

Bilbo, the rabidly segregationist ex-governor and U.S. senator from Mississippi.³ None of the four liberal Democrats in the House from Alabama studied below were Bilbo clones.

All four of these pre-1965 liberal congressmen represented North Alabama:

Elliott, was from Jasper; Jones, was from Scottsboro; Rains, was from Gadsden; and Roberts, was from Piedmont. Balancing the four liberals from North Alabama were four conservatives: George Andrews from Union Springs; Frank Boykin from Mobile; George Grant from Troy; and Armistead Selden from Greensboro. George Huddleston Jr., from Birmingham, was seen as a “swing man,” or liberal on some issues and conservative on others. Julia Marks Young contended in her 1978 study of Alabama politics that this ideological separation was most clearly seen in appropriations matters and in legislative loyalty to the Democratic Party.⁴ Elliott, the Jasper congressman, pointed out that the split was between the liberals of the hill country (North) versus the conservatives who were mostly from the Black Belt (Central and South).⁵

Undoubtedly the most liberal of the Alabama congressmen was Carl Elliott, who served from 1949 to 1965. He was a casualty in June 1964 of the nine-man, at-large runoff for the state’s eight remaining congressional districts. Elliott was among those forced into the last-man-out contest in the Democratic primary when the Alabama Legislature failed to redistrict after the state lost a U.S. House seat based on the 1960 U.S. Census. Political analyst Bob Ingram wrote in *The Montgomery Advertiser* that “Elliott has distinguished

³ Carleton, “The Southern Politician,” 220–221.

⁴ Young, “A Republican Challenge to Democratic Progressivism,” 36–37.

⁵ Carl Elliott, Sr., and Michael D’Orso, *The Cost of Courage*, 224–225.

himself as a man who spoke his piece, letting the chips fall where they may. There was no straddling the fence with Elliott.”⁶

There is a good chance Elliott would have cast his vote in 1965 for Medicare, judging by his liberalism and track record of looking forward and seeing how government action can improve citizens’ health and welfare. In 1963 at a Jefferson-Jackson Day Dinner the congressman said it was Democrats who pushed through Social Security, thus aiding orphans, widows and widowers, the blind, the disabled, and retirees. But he argued this act of social progress would not have emerged if denizens of the Grand Old Party had prevailed. He noted 90 percent of Republicans in the House and Senate opposed Social Security in 1935; 110 members of the House GOP voted in 1949 to eliminate Social Security benefits for the disabled and those physically unable to work (instead supporting other assistance for the neediest); and in 1958 President Eisenhower as well as 33 of the 39 Republicans in the Senate opposed an increase in Social Security benefits to meet the rising cost of living.⁷

In a letter to a family friend not long after his election loss, Elliott pointed with pride at the fact he authored legislation in Congress that “broke new ground” and would live long after he was gone.⁸ In a campaign advertisement when he ran unsuccessfully for governor in 1966, Elliott emphasized his past support for the elderly and his advocacy in

⁶Bob Ingram. Political Analysis, “Elliott Refused to Straddle—and Lost; Connor ‘Embraced’ Wallace—and Won,” *Montgomery Advertiser*, 7 June 1964.

⁷U.S. Representative Carl Elliott, “Speech to Jefferson-Jackson Day Dinner,” Sponsored by Young Democrats, 12 April 1963, Carl A. Elliott Papers, W.S. Hoole Special Collections Library, The University of Alabama, Tuscaloosa, Alabama (hereinafter, Elliott Papers).

⁸U.S. Representative Carl Elliott, Letter to Bobbie Jean Brown about his Losing the Primary Election and Plans for the Future, 22 August 1964, Elliott Papers.

Congress of measures for medical care for the aged.⁹ Elliott did not survive the electoral winds, so he did not cast a vote on Medicare during its final passage in 1965. But in his autobiography he shed light on a curious situation impacting on his vote for Medicare in the Rules Committee during his final year in the House. A burly doctor came to see Elliott in his office and noted the congressman was cash-poor as the impending “9–8” race was not far off. The doctor said he would give Elliott money in exchange for Elliott’s vote against the Medicare bill, thus stopping the bill from advancing to the full House as Elliott was the key vote. The legislator from Jasper was shocked and angered.¹⁰

“Now you listen,” Elliott told the man who was large, like Elliott himself. “And you listen straight, you big bloated son of a bitch. It doesn’t make any difference to me that you think you’re somebody real important or that you were sent here by somebody real important like the AMA...I don’t believe you ought to be able to buy something like this, something that belongs to the people. So you just get your fat ass out of here right now, or I’ll put it on the pavement myself.”¹¹ The man left in a hurry, and Elliott voted for Medicare the next week; this was an early vote in 1964. The bill advanced to the House floor, but the 88th Congress adjourned before a final vote. Elliott did not return to the House for the historic vote in 1965, but he recalled that “I still felt a part of Medicare when it passed.”¹²

Another dependable liberal congressman from Alabama was Bob Jones, whose career in the U.S. House extended from 1947–1977. Jones was a strong believer in the

⁹U.S. Representative Carl Elliott for Governor Campaign Advertisement, “A Tribute to a Native Son—Alabama’s Own Carl Elliott,” *Daily Mountain Eagle* (Jasper), 21 January 1966.

¹⁰ Carl Elliott, Sr., and Michael D’Orso, *The Cost of Courage*, 110–111.

¹¹ *Ibid.*, 111.

¹² *Ibid.*

notion that government should take an active role in the betterment of its citizens. To that end, he secured space development projects for Redstone Arsenal, which would create well-paying federal jobs in his district. Jones also helped expand the federal role in water resource management and steered key public works bills such as the Interstate Highway Act to passage. The congressman zealously backed the Tennessee Valley Authority, which improved commerce in Alabama and parts of five other states (Tennessee, Mississippi, Georgia, North Carolina, and Virginia.)¹³ The *Huntsville Times* noted upon Jones's retirement announcement that "he was not known for his public pyrotechnics."¹⁴ That was in contrast to Elliott, who was colorful, combative, and controversial.

Jones was invariably deliberative as a legislator; impulsivity was not in his nature. This can be seen in a response Jones gave to Mrs. Lloyd C. Wright of Florence, Alabama when she advised him in January 1965 to vote against the Medicare bill. Wright said the bill was inadequate, would increase the tax burden, and probably would turn out like Britain's similar program (to her, unsuccessful and socialistic). Jones reiterated that he carefully studied all pieces of legislation, including Medicare, and that "I shall reserve a decision until all the amendments are in and the debate on the floor is concluded."¹⁵

Jones added that a big drawback to Medicare was the impossibility of correctly predicting how much the program would cost in the future. He was essentially saying that members of the House and Senate who supported the measure were doing so on blind faith that everything would work out fiscally. The congressman, in responding to various

¹³ James Free, Political Analysis, "Bob Jones," *The Birmingham News*, 15 May 1962; Tennessee Valley Authority, Economic Development Division, "Site Selection Made Easy with TVAsites.com," available from <http://www.tvaed.com/index.htm>; Internet; accessed 13 October 2008.

¹⁴ "Bob Jones: In Gratitude," Editorial, *Huntsville Times*, 10 February 1976.

¹⁵ Mrs. Lloyd C. White to U.S. Representative Bob Jones about Medicare bill, 28 January 1965; Reply to Mrs. White by Jones, 19 February 1965, Jones Papers.

constituents, acknowledged that Medicare would surely meet its main goal of alleviating at some financial burdens inflicted on seniors battling long-term illness. Jones added: “Insuring against future illness is good policy. The question is whether it should be done on a voluntary or involuntary basis.”¹⁶ Thus we can see Jones, a strong liberal, was weighing in his own mind whether Medicare (involuntary health care from the government) was better than Eldercare (voluntary health care mostly divorced from government). As we saw in earlier chapters, such opposing ideas and approaches have been at the heart of American national health insurance discussions since they began in earnest in the late 1940s.

Like the other Alabama congressmen, Jones received letters and Western Union telegrams almost every day favoring or opposing Medicare. John Hall Nelson, a Tuscaloosa physician, said public support for Eldercare was growing fast and that the \$6 billion price tag for Medicare would cripple the nation’s economy. Nelson also pointed to the speedy manner in which the bill was being handled, with adoption of a closed rule permitting the minority to make only one motion to recommit. “The bill was produced in executive sessions,” the doctor wrote Jones in April 1965. “No public hearings were held, thus denying the public and Members of Congress an opportunity to become familiar with the bill, and there is no emergency that justified the hasty, non-public consideration of the bill.”¹⁷

In contrast to Dr. Nelson, Joe R. Roberts of Collinsville in a February 1965 letter to Jones saw a desperate need for Medicare because of the “horrible, pitiful plight of the

¹⁶Reply to Joe R. Roberts by U.S. Representative Bob Jones about Medicare bill, 4 February 1965; Jones Papers.

¹⁷ John Hall Nelson to U.S. Representative Bob Jones about Medicare bill, 1 April 1965, Jones Papers.

elderly person existing on limited income, which is a national crime.”¹⁸ Roberts said the elderly battled a declining dollar, hospital room rates ranging from \$14 a day to \$21 a day for non-private rooms, and health insurance companies, including Blue Cross-Blue Shield, that were raising rates and limiting services. He termed Kerr-Mills “a farce, not worth two pennies” which required basically a “pauper’s oath” and was falsely advertised on television by the AMA.¹⁹

Another letter received by Jones in March 1965 was refreshing in its solid support for Medicare: it came from a young Decatur man who could be expected to pay for Medicare for decades but who said the main thing was helping elderly who were in dire straights. J. Paul Smith wrote the congressman in all capitals that “I AM FOR HEALTH CARE UNDER SOCIAL SECURITY!” Smith backed Medicare because he had witnessed many old people suffering and even some dying, for lack of quality medical care. He added that as a 31-year-old he was fully willing to forfeit part of his salary to help others. Smith said that contrary to popular belief, there was a genuine, demonstrated need for such legislation, that Medicare would not lower the overall quality of medical care, and that passing the bill should not result in overcrowding or over-utilization of hospitals.²⁰ Apparently, constituents’ concerns about “creeping socialism” and the program’s high financial costs did *not* convince Jones to vote against Medicare. Did the emotional appeals of J. Paul Smith and others for health care for senior citizens lead to Jones’ ultimate “Yay”? That can be said without reservation, since Jones did vote in favor of the conference report in July. He was absent for the April vote on Medicare in

¹⁸ Joe R. Roberts to U.S. Representative Bob Jones about Medicare bill, 3 February 1965; Jones Papers.

¹⁹ Ibid.

²⁰ J. Paul Smith to U.S. Representative Bob Jones about Medicare bill, 13 March 1965; Jones Papers.

the House because he was in a prolonged convalescence after major surgery at Bethesda Naval Hospital. When Jones voted in favor of Medicare via the conference report that melded the House and Senate versions, he became the only U.S. representative from Alabama to do so. If this key Medicare vote had been taken just a few years before, when several more economic liberals were in the delegation, Jones might have had company with his pro-Medicare vote as an Alabama congressman..

Though a large majority of the constituent letters, voter surveys, and newspaper editorials reviewed from Alabamians for this study were anti-Medicare, the proposal was aggressively pushed by senior citizens' groups. In the 1950s and 1960s, national health insurance always ran first among the legislative priorities for the elderly. Rubin Morris Hanan, president of the Alabama League of Aging Citizens in 1961, listed the League's five chief desires for seniors: Improved medical care benefits under Social Security and Old Age Pensions, increased Social Security and Old Age Pension payments, stepped-up housing for the aged, further relaxation of the limitation on earnings for the aged, and special breaks in tax laws such as income tax and property tax.²¹ Yet the pleas of seniors' associations for Medicare fell on deaf ears for all but Jones, who voted for the conference report approving the legislation.

Now we turn to the conservative Democratic congressmen from Central and South Alabama who were involved in the Medicare debate for all, or at least much of, the early 1960s. George Andrews won a House seat in a special election in 1944 while stationed at Pearl Harbor. He was reelected 14 times, and remained in office until his death on Christmas Day 1971. Unassuming and collegial, Andrews concentrated on his

²¹ Rubin Hanan to U.S. Senator Lister Hill, 18 July 1961. Hill Papers.

work on the powerful Appropriations Committee and several other committees. After he died, editorial boards throughout Alabama praised him for what one newspaper called successes achieved “with a minimum of fanfare.”²² Citing Andrews’ 27 years of steady, effective representation, *The Birmingham News* wrote that his contributions were underrated because he “was not the flashy kind of congressman who courted or got widespread attention in the media.”²³ In terms of the Medicare debate, Andrews did not dominate headlines back home. But his emphasis on fiscal responsibility as usual governed his voting, so he joined six other Alabamians in rejecting Medicare.²⁴

Armistead Selden was yet another conservative Alabama congressman who was a Democrat and served in the 1960s. When sworn into the House in January 1953 he became its youngest member. He served another 16 years, earning a reputation as a conservative but not one without an ability to understand the big picture and act on it, “conservative” or not. For instance, in December 1963 Selden voted to extend the national debt ceiling until June 1964 to \$309 billion, angering fellow conservatives. But Selden knew failure to extend would have kept the debt limit at too low a level for the federal government to function. He told *The Birmingham News* that, “The Treasury Department would have been forced to return all bills marked ‘no funds available.’ Needless to say the results would have been catastrophic.”²⁵ Treasury would be forced to juggle payments; delay payments on government contracts, salaries, loans, and grants to

²²“Congressman Andrews,” Editorial, (January 1972) Newspaper Unknown, Retrieved from Microfiche File, Alabama Department of Archives and History, 1972.

²³ “Rep. George Andrews,” Editorial, *The Birmingham News*, 1972.

²⁴ Milo Dakin, “Rep. Andrews Dies after 2nd Surgery,” *Alabama Journal*, 26 December 1971; “ACA Index: First Session 89th Congress, 1965. An Analysis of the Voting Record,” 17 and 33.

²⁵ “Mr. Selden’s Realistic Vote,” Editorial, *The Birmingham News*, 17 December 1963.

states; and withhold income tax refunds owed citizens.²⁶ It was just such a nightmare of government spending gone wild, leading to increases in the debt limit, which likely drove fiscal conservatives like Selden to vote against Medicare in 1965. Also, Selden was a Cold Warrior extraordinaire and fervent opponent of Cuban dictator Fidel Castro. Thus, Selden would not allow socialism or communism (whether Castro-induced or home-grown) to get a foothold in America, whether by “creeping” or marching. Thus he rejected national health insurance, even for the aged, almost out-of-hand; he made it clear he saw it as “socialistic.”

Selden had a sufficiently conservative record that he was the only Democratic congressman with opposition to win in 1964, as five Republicans were being swept into office on the coattails of Sen. Barry Goldwater’s presidential landslide in Alabama. In most cases, he paid attention to fiscal policy and preferred a leaner, more tractable government. But when it came to expenditures to buttress the nation against foreign threats, primarily from the Soviet Union and the Communist China, he was most generous. Selden recognized early the military threats to the United States that were out there, especially those close to the U.S. border like Soviet-supported Cuba. As chairman of the subcommittee on Inter-American Affairs of the House Foreign Affairs Committee, Selden was one of the first members of Congress to seek a more robust U.S. policy against the communist Castro regime in Cuba. William Jennings Bryan Dorn, Democrat of South Carolina, explained at a House salute to the Alabamian in July 1968: “He was aware, perhaps more than any world leader of our time, of the danger of communism in the Caribbean. He forcefully warned our sister nations to the south and the people of our

²⁶ Ibid.

own country that Castro was no agrarian reformer or ‘Robert Hood of the South,’ but a menace to the freedom and security of the entire Western World.”²⁷ Selden did not want communism abroad to be challenged, while his own country became socialistic. He made it abundantly clear over the years that he felt government control over such important elements of free enterprise as medical care was not a good way to promote individual freedom and responsibility. Thus, he never found Medicare very attractive.

Closer to home, Selden was instrumental in obtaining funding for modernization of the Warrior-Tombigbee and Coosa-Alabama waterways.²⁸ Selden stood firm on issues he cared most deeply about. In the congressional salute to Selden as he neared retirement from the House in July 1968, Rep. Michael Feighan noted Selden’s many virtues. Among these, according to the *Ohio Democrat*, was advocacy of a sound fiscal policy, balanced budget, and freedom from an overpowering, overbearing centralized government based in Washington. Feighan added that Selden had led in the fight for state’s rights, local government, and individual liberty.²⁹ Selden’s belief in this approach is revealed in remarks he made at a testimonial dinner in his honor given by the Alabama Medical PAC on June 12, 1966, less than two weeks before Medicare was instituted. He said that for individual congressmen weighing their Medicare vote, “The crux of the matter was not whether society owed an obligation to provide care for those who couldn’t otherwise provide for themselves.” The issue, Selden told the medical doctors, was simply “the

²⁷ U.S. Congress, House, “Addresses and Other Tributes in the Congress of the United States on the Contributions of Armistead Selden,” 90th Cong, 2nd sess., U. S. Government Printing Office, 1968, H6894–6895.

²⁸ James Free, Political Analysis, “Conservatives High on Selden,” *The Birmingham News*, 12 May 1962.

²⁹ U.S. Congress, House, “Addresses and Other Tributes in the Congress of the United States on the Contributions of Armistead Selden,” U. S. Government Printing Office, H6894–6895.

limits to which government—any government—should go in attempting to regulate either a profession or the individual lives of its citizens.”³⁰

Selden added that a war was in progress pitting “liberal-minded social engineers” against free marketers. He said these social engineers, whose stock in trade was “quackery,” were using the genuine need of the elderly for health insurance as a wedge to extend their own power. Their goal, according to this conservative Alabama Democrat, was “to graft their socialistic theories onto the body of American politics.”³¹ Selden reiterated his support for a medical care bill, Eldercare or similar measures, which would not have required an increase in Social Security taxes. But the congressman said Medicare was passed instead, because it satisfied the lust for power of the social engineers’ and federal bureaucrats’ so closely partnering with the many Democratic (and a few Republican) liberals. He concluded: “Let there be no doubt! The social engineers seek to regulate not only the medical profession, but all professions.”³²

A soft-spoken owner of an advertising agency in Anniston, Arthur “Glenn” Andrews kept the perceived needs of businessmen like himself foremost in his mind as he cast his votes. He played a key role in the defeat of an attempt to repeal section 14-B of the Taft-Hartley Act, which allowed states to ban union shops. Andrews also generated enough opposition to a bill increasing the minimum wage that LBJ’s bill was modified. Andrews, though only a freshman, wrote the minority report. As a candidate in 1964, he had told the *Birmingham Post-Herald* that the “Communist threat” was the biggest issue

³⁰ U.S. Representative Armistead Selden, “Remarks at Testimonial Dinner, Alabama Medical Political Action Committee,” 18 June 1966, Armistead Inge Selden, Jr. Papers, W.S. Hoole Special Collections Library, The University of Alabama, Tuscaloosa, Alabama (hereinafter, Selden Papers.)

³¹ Ibid.

³² Ibid.

facing the United States.³³ Though Andrews had a very short career in Congress, he was part of the mosaic of the Medicare debate in 1965. Andrews opposed Medicare for many reasons. As a businessman he disliked the idea of a government bureaucracy replacing a private enterprise bureaucracy as health insurance provider; as a fervent anti-communist he saw Medicare as making the nation more socialistic; and as a self-made man he preferred that people provide health care for themselves if able.³⁴

Andrews was one of five conservative Republicans elected in 1964 with the Goldwater landslide in Alabama. They were the first members of the GOP elected to Congress since the end of Reconstruction. Andrews defeated incumbent Kenneth Roberts by 10,000 votes. He tied Roberts to the national Democratic Party, anathema in the South for its pro-civil rights agenda. Congressman Andrews zealously opposed civil rights initiatives. He wrote a dissenting opinion on a civil rights bill that led to that bill's rejection. Andrews proudly noted that conservative columnist James J. Kilpatrick praised his action.³⁵ Despite his consistency in battling civil rights measures and his undeniable conservatism, Andrews lost his congressional seat in 1966 to Bill Nichols. Nichols capitalized on the popularity among a majority of white voters of fellow Democrat George Wallace, whose wife Lurleen was capturing the statehouse. Without the GOP voters generated by Goldwater in 1964, Nichols drew Democrats back in the fold, as he was both a Democrat and a conservative.

³³ James Bennett, "Rep. Roberts, Andrews in 4th District Race," *Birmingham Post-Herald*, 23 October 1964.

³⁴ Though Andrews served just two years in Congress, on November 10, 2007 he earned another distinction. That day, Andrews became the oldest living former congressman; he is now 99 years old. See Matthew Hay Brown, "Hawkins, Oldest Living Ex-Congressman, Dies at 100," *South Florida Sun-Sentinel*, 12 November 2007.

³⁵ Edwin Graves, Political Analysis, "Andrews Points to Record in House: Enjoys Political Speaking," *The Birmingham News*, 13 October 1966.

Glenn Andrews, along with the four other Republicans highlighted below, was elected primarily because the political climate was ripe for the GOP in Alabama in 1964. Voters were tired of congressmen they felt were too liberal for this very conservative state, on issues ranging from racial relations to government interference in the private practice of medicine. But as conservative writer Holmes Alexander noted in his syndicated column in February 1965, these five “Goldwater babies” and others from Southern states like Georgia, Kentucky, Tennessee and Mississippi, were not men suddenly cast into the House without backgrounds or intellects that would acquit them well there. “Contrary to derogatory comment, the Southern rookies—I think I have met them all at least once—are easily equal and often superior to the Democrats they replaced. The country has a right to know that these new Republicans are not freaks or cornpone comedians.”³⁶

Alexander emphasized the academic, business, and civic successes of these men. Further, he stressed that these first-term GOP congressmen had secured key spots on committees that fit their districts’ needs and interests. Glenn Andrews was appointed to the House Education and Labor Committee, John H. Buchanan, Jr. to the Un-American Activities Committee, and William Dickinson to the Government Operations Committee. Also, Jack Edwards captured a seat on the Merchant Marine and Fisheries Committee and James Martin to the Public Works Committee.³⁷ Evidence presented later in this chapter will show Edwards and Martin were the most vocal and involved House members from Alabama during the 1965 Medicare debate.

³⁶ Holmes Alexander, “Southerners in the GOP,” *National Review*, 1 February 1965.

³⁷ Biographical Directory of the United States Congress, –1774–Present, Internet, 30 August 2008.

Another conservative Republican elected to the House in 1964 was John Hall Buchanan, a Southern Baptist preacher who defeated George Huddleston, Jr. His thinking on Medicare is shown in his response to Thomas W. Stansell, a Birmingham businessman, regarding a Medicare expansion bill that was in Congress in May 1966, just five weeks before Medicare was instituted. Buchanan wrote to die-hard Medicare opponent Stansell that, “You have expressed so well my very sentiments concerning this bill and other such measures which have the backing of the Johnson Administration. You can rest assured that I am doing all within my power to defeat the passage of this bill as well as all the other Great Society proposals. You can count on me to keep up the fight!”³⁸ Buchanan noted he was sponsoring a bill to give tax relief and reduce government spending. The congressman said reducing spending would lead to less taxation and would be a better solution to America’s problems than Great Society programs.³⁹ In October 1966 Buchanan received a letter from Eugene T. Lyda of Birmingham, who was adamantly opposed to a Social Security bill then in Congress. Lyda said the bill, like many others, would further regulate American life and was part of “liberal trends” dominating the House and Senate.⁴⁰ This highlights several factors that led Buchanan to reject Medicare: innate conservatism; belief in self-reliance; fear socialism would creep in under the guise of helping the elderly; and a contention as a former preacher that too much government intrusion in civic life was not in God’s plan. As a first-term U.S. representative, the most persuasive element in Buchanan’s decision

³⁸ U.S. Representative John Hall Buchanan, Jr. to Thomas W. Stansell, Reply to Letter Opposing Medicare, 25 May 1966, John Hall Buchanan Papers (1964-1980), Department of Archives and Manuscripts, Birmingham Public Library, Birmingham, Alabama (hereinafter, Buchanan Papers).

³⁹ Ibid.

⁴⁰ Eugene T. Lyda to U.S. Representative John Hall Buchanan, Jr. Letter Opposing Social Security Bill, 25 October 1966, Buchanan Papers.

whether to vote for Medicare was probably his recognition that his constituents overwhelmingly opposed Medicare.

On April 8, 1965, in the midst of the House's Medicare debate, Buchanan cleverly laid out these anti-NHI themes by submitting a speech his father wrote in 1952 as evidence. The congressman's father was Dr. John H. Buchanan, a renowned Southern Baptist preacher whose 79th birthday was that very day. The father's Freedom Foundation Award-winning speech, called "America at the Crossroads," was cited by his U.S. representative son as "prophetic and particularly pertinent at this point in our nation's history."⁴¹ The preacher father's time period, of course, was spring 1952, when the United States was battling Communism abroad (notably in Korea) and the "this point in our nation's history" was spring 1965, when congressmen were deciding whether to significantly expand the federal government to create a Great Society. Dr. Buchanan surveyed the development of America by the Founding Fathers and found that the "noble experiment" where the government would be citizens' servant, not their master, had turned into a huge success and an illustrative story for people in 1965.⁴²

"We have demonstrated that here in this blessed land the individual can come to his finest fruition when he is left free, untrammled, unregimented, uncontrolled by the statism that held mankind in a partial slavery for 6,000 years," Dr. Buchanan said.⁴³ He then presented 20 characteristics which he said eventually produced totalitarianism in every country he assessed. Among these were excessive borrowing, a huge national debt,

⁴¹ U.S. Congress, House, Representative Buchanan of Alabama inserts into the record Dr. John H. Buchanan's speech "America at the Crossroads," a 1952 Freedom Foundation award winner, 89th Cong, 1st sess. *Congressional Record* 3, pt.6 (8 April 1965); 7455-7475.

⁴² *Ibid*, 7456.

⁴³ *Ibid*.

and unbalanced budgets, deficits piled upon deficits, confiscatory taxation, and a greatly enlarged bureaucracy.⁴⁴ These six characteristics could have been right out of the Republican playbook from 1965, not 1952 when Dr. Buchanan gave his well-received speech. Members of the GOP, in both the House and Senate, supported Eldercare because they feared such items as the six above would result from expanding the Social Security system to accommodate Medicare.

Alabama's five new Republican congressmen, each in their letters to constituents, speeches during the 1964 election, or remarks on the floor as Edwards and Martin did repeatedly, made it clear they felt Medicare would destroy the American way of life. Rep. Buchanan's father ended his "America at the Crossroads" speech by listing six elements of strength needed for self-government to exist: self-reliance, personal responsibility, thrift, courage, individual initiative, and faith. He added, "Death of a free government will come when any policy is introduced which weakens any of these six elements, causing them to decay."⁴⁵ To be sure, the preacher's son, Rep. Buchanan, was saluting his father on his 79th birthday by placing the speech text in the *Congressional Record*. However, the congressman's choosing precisely this speech was likely no accident. After all, the House was then debating Medicare, which most conservatives saw as potentially weakening the six elements of character, "causing them to decay," as Dr. Buchanan admonished 13 years before.

Rep. Buchanan served until 1980, when he lost in the Republican primary to Albert Lee Smith, Jr. primarily because he was tagged as not conservative enough. That is odd, since Buchanan was considered as among the most right-wing congressmen of the

⁴⁴ Ibid.

⁴⁵ Ibid, 7457.

five GOP members swept into office in the Goldwater landslide. After his first year in Congress, Buchanan was awarded a perfect 100 rating from Americans for Constitutional Action, a conservative watchdog group. Jack Edwards and Jim Martin also captured a perfect ACA score. Buchanan, Edwards, and Martin agreed with the ACA on every one of 28 selected roll calls, backing ACA positions that “would preserve the constitution as originally conceived.”⁴⁶ The other two freshmen Republicans from Alabama also did well with ACA: Bill Dickinson earned a 96 percent and Glenn Andrews an 88.⁴⁷ Given Buchanan’s conservative track record, it is no surprise he voted against Medicare. The letter from Tom Stansell that Buchanan answered on May 25, 1966 indicates the philosophy of most Alabamians regarding Medicare. Stansell objected to social legislation to include Medicare which he predicted “would help people who are not willing to help themselves.”⁴⁸ He said few workers ever put in an honest day’s work for a fair wage “anymore,” that bills resulting in Medicare expansion overload businessmen with paperwork and high taxes, and that people should embrace God instead of idols of material possession and wealth.⁴⁹

A third unabashed conservative Republican elected as a “Goldwater baby” in 1964 was Bill Dickinson, who defeated 14-term incumbent Democrat George Grant by 25 points. Grant was linked to the very unpopular Civil Rights Act of 1964 and to the despised LBJ. Asked by a *Montgomery Advertiser* reporter one month before the 1966 election to define “conservatism,” Dickinson said that ideology centered on personal

⁴⁶ “ACA Gives Buchanan Perfect Score,” *Birmingham Post-Herald*, 1 December 1965.

⁴⁷ *Ibid.*

⁴⁸ Thomas W. Stansell to U.S. Representative John Hall Buchanan, Jr. Letter Opposing Medicare, 22 May 1966, Buchanan Papers.

⁴⁹ *Ibid.*

responsibility, self-reliance, and individual initiative. He argued one cannot build up the wage earner by tearing down the wage payer nor is it possible to fortify the little man by pulling down the big man. Dickinson added: “I don’t believe you can borrow yourself out of debt. I believe in financial responsibility and integrity within government—paying your debts and not spending more than you can make in a year.”⁵⁰

This frugal attitude guided Dickinson as he chose whether to vote for Medicare, which he viewed as an expensive piece of legislation which would undoubtedly to some extent transform the country’s medical system into one of patient dependency instead of self-reliance. It was an easy decision for Dickinson. He voted against Medicare.

Dickinson was zealous about reigning in government spending. In May, 1966 he addressed the Montgomery County Republican Convention and spoke of his low-tax philosophy. Surprisingly for a congressman from a conservative, pro-military district, Dickinson said that even expenditures for the Vietnam War should be withheld until the federal government economized. The Republican congressman promised “not to vote for one cent of taxes *for Vietnam or anything else* until the government starts practicing economy in government and fiscal integrity.”⁵¹ These were strong words about the need for fiscal concerns to supersede war funding, and from a member of the House Armed Services Committee, no less.

Dickinson looked askance at high-cost, large-scale government entitlement programs like Medicare. Archival evidence reviewed for this paper shows the majority of his constituents were as opposed to national health insurance as he was. When Rosa Lee

⁵⁰ Alfred Acorn, “Congressional Candidates State Their Positions,” *Montgomery Advertiser*, 15 October 1966.

⁵¹ Tom Mackin, “Rep. Dickinson Slams ‘Great Society,’” *Montgomery Advertiser*, 15 May 1966.

Burch of Castleberry expressed strong support for Medicare, someone, probably a staff member, wrote “Wants Medicare” on Burch’s letter in red crayon. That made it stand out as being against the tide which was anti-Medicare, and it is one of the few letters available in Dickinson’s papers that are pro-Medicare.⁵² Before this legislation was enacted, in a rare move for a freshman, Dickinson introduced a bill of his own that rivaled Medicare but conformed to his emphasis on voluntary enrollment and low patient and taxpayer cost. He said in announcing his bill that his main reason for opposing Medicare was that incorporating it into Social Security would wreck the latter program.⁵³

His bill would have implemented health care for persons 65 and older on a voluntary basis, would have allowed the health care plan Alabama already had to continue, would not have relied on payroll taxes for financing, and would have avoided excessive coverage of people who already had adequate insurance. Dickinson’s health care bill for seniors would not have increased Social Security taxes. But people enrolled in his plan would have been required to pay half of their own premiums through their present Social Security payments, or by payment of a premium contribution. Unlike under Medicare, with Dickinson’s program patients could keep their own doctor without exceptions. By contrast, under Medicare as enacted, patients would only be able to keep their own doctors if their doctors participated in the system. (When Dickinson offered his bill, it should be recalled, there was much concern many physicians would NOT voluntarily participate in Medicare.) As might be expected for a junior member of the

⁵² Rosa Lee Burch to U.S. Representative Bill Dickinson, Letter Supporting Medicare, 19 February 1965. William Louis Dickinson Papers (1964–1993), Archives and Special Collections, Auburn University at Montgomery Library, Montgomery, Alabama, (hereinafter, Dickinson Papers.)

⁵³ U.S. Representative Bill Dickinson, News Release Announcing New Health Care Bill for Aged Citizens, 15 February 1965, Dickinson Papers.

minority, Dickinson's Medicare alternative bill was quickly rejected on the House floor in April, 1965. A similar bill authored by James William Byrnes, Republican from Wisconsin, met the same fate. Responding to an anti-Medicare letter from Dr. Charles A. Bogue of Montgomery in July 1965, Dickinson agreed that the Eldercare proposal was preferable. He noted his vote against Medicare and said he would vote the same way again anytime Medicare reappeared on the docket.⁵⁴

The fourth conservative Republican elected as congressman from Alabama in 1964 in the Goldwater landslide was Jack Edwards, who then served in the House until 1985 from a Mobile-based district. Edwards had solid GOP ties. His great-great grandfather, William F. Aldrich, had been the last Republican congressman from the state, serving (on and off) from 1897–1901. A 36-year-old lawyer, Edwards defeated his Democratic opponent by 19 points, a surprisingly large victory. The seat had been held for 28 years by Frank Boykin, who was eliminated in the “9–8” redistricting election in 1962. In 1966 Edwards was the only Republican congressman from Alabama to win reelection; he did this in large measure by linking his own ideas to those of hugely popular Gov. George C. Wallace. Edwards joined the fiery Democratic governor in attacking the Civil Rights Act of 1964, as well as many aspects of the Great Society.⁵⁵ Given Edwards's very conservative outlook and his promises in 1964 to curtail “big government,” it is no wonder he voted against Medicare in 1965.

Not only was Edwards ideologically opposed to legislation that would increase the federal government's role, he also was well aware how unpopular Great Society

⁵⁴ U.S. Representative Bill Dickinson Replying to Letter from Charles A. Bogue, M.D. Backing Eldercare Instead of Medicare, 7 July 1965, Dickinson Papers.

⁵⁵ Ted Pearson, Political Analysis, “Edwards Proves He Can Win Under Own Steam,” *The Birmingham News*, 18 December 1966.

programs were with many voters. In results of a legislative questionnaire conducted by Edwards's office in May 1965, 80 percent of 16,000 respondents opposed Medicare. On other issues they were also against government enlargement: 86 percent opposed a federal law repealing state "right-to-work" laws, and 82 percent rejected a program of federal rent subsidies to low- and middle-income families proposed by LBJ.⁵⁶ In a speech to the May 1965 convention of the Young Republican Federation in Huntsville, Edwards made clear his dislike for Medicare and the manner in which the bill advanced. "The so-called Medicare bill has been pushed through the House after the Ways and Means Committee had held hearings which were closed to the public," he told Young Republicans. "The bill has 296 pages, and was before the House on a rule which permitted no amendments. It will compel us to pay higher Social Security taxes—the tax will go above 10 percent within 8 years—and it *takes a giant step toward socialized medicine.*"⁵⁷

Edwards was always very concerned about too many restrictions on private enterprise restricting profit margins and the ability to do business. That is why he introduced two bills to the House floor on March 31, 1965 dealing with that. His first bill would have prevented the federal government from engaging in activities in direct competition with private enterprise. He noted that the Bureau of the Budget had issued directives to prevent widespread government direct competition with private enterprise but that the Johnson administration was apparently not enforcing its own rules. "On the

⁵⁶ U.S. Representative Jack Edwards, News Release Announcing Results of Legislative Questionnaire, 15 February 1965, William Jackson (Jack) Edwards Papers (1965–1984), University of South Alabama Archives, Springhill Avenue Campus, Mobile, Alabama, (hereinafter, Edwards Papers).

⁵⁷ U.S. Representative Jack Edwards, Speech to Young Republican Federation of Alabama's 1965 Convention, Huntsville, Alabama, 7 May 1965, Edwards Papers.

contrary, this competition is being sharply increased, Edwards said. “It is both unfair and unjust for the federal government to compel private companies to pay taxes which are used to subsidize federal competition against them.”⁵⁸ Edwards was talking generically here, but his worry about government intrusion in private enterprise could apply to Medicare, which was being debated at that time and which Edwards opposed.

His second bill would have mandated that the government use commercial suppliers if they were cheaper in cost than procuring the item through the government system. The exception was national security; here procurement would depend on loyalty first and economy second. If passed, these two pieces of legislation would have increased the likelihood of private enterprise prospering, and decreased the influence of the federal government over its citizenry.⁵⁹ As expected, neither of these bills proceeded to a House vote. But they do shed light on Edwards’ focus and his mindset in the period when he was deciding how to vote on government health insurance for the aged. Given his track record, it is no surprise he voted against Medicare.

In April 1965, as the Medicare bill was being discussed in the House, Edwards was less than four months into his tenure as congressman. But that did not stop him from rising on the House floor and giving some of the reasons he opposed the Johnson administration’s bill. A primary concern of his was the bill’s imposition of a compulsory payroll tax that would pay for hospital visits for people over age 65 and certain younger beneficiaries. He said it was in the American nature for people to decide on their own, voluntarily, whether to participate in a program of hospital insurance. Edwards pointed

⁵⁸ U.S. Congress, House, Representative Edwards of Alabama introduces two bills he believes will foster “the survival of private enterprise,” 89th Cong, 1st sess. *Congressional Record* 3, pt.5 (31 March 1965); 6426.

⁵⁹ *Ibid.*

out that some citizens over 65 have genuine needs for help paying hospitalization costs, but that others can pay their own way, and wish to. Also, many Americans still believe in self-reliance, and would be offended by government's doing something that they feel is best done by themselves and family members. Further, the Medicare bill placed a liability of approximately \$35 billion on the Social Security System, thereby endangering its solvency. But Edwards's main concern was the payroll tax, which would grow dramatically over time.⁶⁰

The Alabama congressman acknowledged his support for several provisions of the bill. Among these were liberalization of the "earnings test" for the elderly who supplement their Social Security benefits with outside earnings of their own, the 7-percent increase in cash benefits, lowering the eligibility age from 62 to 60 for widows, and the amendments to Kerr-Mills. Edwards said he supported the alternative Republican proposal for a national health insurance fund financed partly through voluntary participation and partly through general revenues. He was upset that those who opposed the Johnson administration's NHI bill were wrongly characterized as being anti-seniors. "I want to emphasize that persons over 65 who need financial help should have it. I oppose the compulsory payroll tax not because I am against senior citizens but precisely because I want to see the government do the most effective job possible for them," he told assembled House members.⁶¹

Edwards did not oppose only Medicare. He opposed nearly every Great Society program on both philosophical (too much restriction on individual freedom and private

⁶⁰ U.S. Congress, House, Representative Edwards of Alabama explains that compulsory payroll tax is his main objection to the Medicare bill, 89th Cong, 1st sess. *Congressional Record* 3, pt.6 (8 April 1965); 7362-7363.

⁶¹ *Ibid*, 7363.

enterprise) and practical (too expensive) grounds. Less than two months after Medicare passed Congress, he rose on the House floor to comment on Congress's working "at a breathless pace to turn out one major and expensive government handout program after another" over several months.⁶² Edwards was annoyed that Washington was characterized by a "great void (where) emotional fervor replaces responsible consideration, political expediency replaces dedication to the public good, gossip about personalities replaces serious discussion of the issues, and a carnival atmosphere among people in high places gives the country a great feeling of getting something for nothing."⁶³ Edwards at that time, September 15, 1965, had only been resident in the nation's Capitol for nine months. Yet, he already had a strong sense he did not like what he was seeing of the 89th Congress, and Medicare's passage despite his keen opposition contributed to his dissatisfaction.

The fifth conservative Republican congressman elected in Alabama in 1964 was Jim Martin, who made political history two years earlier when he came within one percent of unseating Sen. Lister Hill. In his short tenure in Congress, Martin clung tightly to conservative dogma on issues such as government spending, federal involvement in state issues, especially regarding race, and local control of public education. Occasionally he supported added federal spending because of political expediency. An example came just a month after he was sworn in as a member of the House, in February 1965. Martin ended up voting for a bill to help Appalachia, which would benefit his district. As pointed out by *The Birmingham News*, Martin's philosophy was usually "that elimination of

⁶² U.S. Congress, House, Representative Edwards of Alabama suggests that the Congress take some time to reflect before proceeding with further Great Society legislation, 89th Cong, 1st sess. *Congressional Record* 3, pt.18 (15 September 1965); 23994–23995.

⁶³ *Ibid.*

federal waste and spending, and reliance on private endeavor, will better produce a good economic condition for those who are burdened by less than average incomes.”⁶⁴ But in this case, and by his own admission, he practiced “political expediency” mainly because the bill was going to pass and he wanted his constituents to reap some of the windfall from more than a billion dollars to be spent. Here the new representative adopted his trademark approach to “cast a vote on each on the basis of net merits.”⁶⁵

On Medicare, “political expediency,” such as Martin evidenced previously in his vote for the Appalachia bill, did not require a positive vote. Actually, the politically wise thing to do, given strong opposition to Medicare among Alabama citizens, was for Martin to vote against Medicare, as he did. His own very conservative outlook was almost certainly another driving force that led him away from backing such a large, intrusive federal expansion as Medicare. Yet Martin, as a freshman in the political minority, did participate to a significant extent in the Medicare saga. For instance, in February 1965 he offered a bill to amend the Social Security Act to liberalize federal-state programs of health care for the aged by tying them to voluntary private health insurance plans. This bill (H.R. 5046), would have authorized any state to provide medical assistance to individuals eligible for it (and assist in providing health care for other aged individuals) under these voluntary schemes. Martin’s bill also would have amended the IRS Code of 1954 to provide tax incentives to encourage prepaid health insurance for the aged.⁶⁶ This

⁶⁴ “Rep. Martin’s Realism,” Editorial, *The Birmingham News*, 17 February 1965.

⁶⁵ Ibid.

⁶⁶ U.S. Congress, House, Representative Martin of Alabama introduces his bill that would provide medical assistance as part of voluntary schemes for the aged, 89th Cong, 1st sess. *Congressional Record* 3, pt.3 (17 February 1965); 2947.

bill and a similar bill (H.R. 5045) offered by John O. Marsh, Jr., Democrat from Virginia (and a future Secretary of the Army), died in the House Ways and Means Committee.

On April 8, 1965, Martin rose in the House to examine the Medicare bill. He started out listing aspects of the bill he found worthy: the increase in cash benefits, which would keep up with the cost of living; adapting the retirement provisions, to give seniors more flexibility in having periods of retirement and periods of employment; and the continuation of cash benefits for children up to age 22 who were attending school. He also was pleased the Kerr-Mills provisions for the medically indigent were strengthened; this incorporated the Eldercare concept. After thus praising the bill, Martin declared, “All is not good with this bill.”⁶⁷ He opposed the provision including cash tips in the taxable wage base (too administratively complex) and the inclusion of service-like benefits in Social Security because it might stanch the ability to pay future cash benefit obligations. But like his GOP colleague Jack Edwards, Martin’s main objection with Medicare was its compulsory provisions such as the payroll tax.⁶⁸

“I object to Medicare because it is needlessly compulsory and because it is financed by a regressive payroll tax that will reduce the take-home pay of many people who cannot afford to pay additional taxes,” the freshman from Alabama explained. “Medicare threatens to involve our health services, our health professions, and our aged in a great bureaucracy that will impair the quality of our nation’s high medical standards.”⁶⁹ He described Eldercare as a better alternative with “many superior features” including voluntaryiness, more comprehensive coverage, based on one’s ability to pay,

⁶⁷ U.S. Congress, House, Representative Martin of Alabama praises elements of Medicare but finds the bill overall deficient and destructive, 89th Cong, 1st sess. *Congressional Record* 3, pt.6 (8 April 1965); 7416.

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

and not financed by “regressive” payroll taxes. Martin said as a businessman and employer he knew firsthand the negative impact of higher taxes on a company’s growth potential and its ability to create and sustain jobs. He added it was in part his business background that made him “gravely concerned” about the payroll tax burdens Medicare would bring. He pointed out this bill was expected to require \$5 billion more in taxes for Social Security, and that the \$17 billion collected yearly might double by 1972 (seven years away) and would mount. “Mr. Chairman, that is another reason why I am concerned over using the Social Security mechanism to finance Medicare,” Martin concluded.⁷⁰

Three weeks later, Martin addressed the House and reiterated that he had voted for Eldercare over Medicare earlier in April primarily because he opposed its “compulsory financing by a regressive” payroll tax. He said it was wrong and unequal for younger and future members of the working population to have to pay not only for their own benefits, but also the costs of beneficiaries who were in the program before them. The congressman predicted that as young citizens realized what they would have to pay in taxes over their working lives to such programs, they will find “more sound than soundness” regarding Social Security financing.”⁷¹ “It is not a question of whether a Member is for or against the old people when he stands for a Social Security system that is responsibly financed. Indeed, the converse is true. A willingness to *underfinance*

⁷⁰ Ibid.

⁷¹ U.S. Congress, House, Representative Martin of Alabama reiterated his claim that Medicare should be defeated primarily because of the “regressive” compulsory payroll tax, 89th Cong, 1st sess. *Congressional Record* 3, pt.7 (29 April 1965); 8886–8888.

Social Security is a measure of the extent to which a Member of Congress is willing to go in imposing our tax burdens on the next generation.”⁷²

To illustrate his themes about trouble brewing with the financing of Medicare through Social Security, Martin inserted into the *Congressional Record* an article from *Barron's* magazine that analyzed the dangers of expensive social legislation. Titled “Robbing Peter—A Critical Look at the Pending Social Security Bill,” the article was written by Shirley Scheibla and addressed the complexity of the funding system. Just as Alabama congressmen Buchanan, Edwards, Martin and others argued, the 20 million retirees then collecting would find Social Security a “real bonanza.” Those who turned 65 a few years after they entered the system would find a “windfall.” But, Scheibla cautioned, “For new workers, however, today’s largesse will be a crushing burden because, in order to pay Paul, SSA must rob Peter.”⁷³ If the Medicare bill (H.R. 6675) passed, the ceiling of a maximum 10 percent tax rate would be exceeded for the first time, in contradiction of a long-held Congressional belief, the *Barron's* article noted.⁷⁴

Scheibla, echoing ex-businessman Martin, predicted that an inflationary spiral would ensue from Medicare that would lead to an increase in recipient benefits—and higher taxes. First, contributions to the Social Security fund would rise, and so would the liberalization of benefits. Next, as Social Security payroll taxes increased for employers, their operating costs would do the same. Third, employees would ask for wage increases to compensate for their greater deductions for Social Security and to maintain take-home pay. Then, employers would probably raise prices to balance these changes; these higher

⁷² Ibid, 8887.

⁷³ Shirley Scheibla, “Robbing Peter—A Critical Look at the Pending Social Security Bill,” *Barron's*, April, 1965.

⁷⁴ Ibid.

prices would make Social Security checks insufficient for seniors' bills. Finally, beneficiaries would presumably pressure Congress for an increase in benefits. Along with his remarks above, this reasoning was at the core of Martin's case against Medicare: "This article should be read by every American who has any interest in keeping our Social Security system on a sound basis," he reflected.^{75\}

Then in his fourth month as a congressman, Martin was already something of a "rock star" among the Alabama GOP; his close run in the 1962 Senate campaign was the first serious showing by a Republican in the state since Reconstruction. That encouraged other members of the Alabama GOP to seek high statewide office, as well as congressional seats. An oil company executive, Martin replaced Albert Rains, generally considered a Southern liberal, who was retiring. Martin himself gave up the House seat after one term, so he could run for governor. He was easily defeated by Lurleen Wallace, a Democrat whose run for the statehouse was seen as a proxy for her term-limited husband, George.⁷⁶

One cannot stress enough how (by the early 1960s) liberalism, both economic and racial, was disparaged in most areas of Alabama. Julia Marks Young noted the impact at galvanizing conservative sentiment of the federal intercession at the University of Mississippi ("Ole Miss") to help a black student attend school.⁷⁷ Martin alone in 1962, and he and four other triumphant Republicans headed to the House in 1964, capitalized on this simmering discontent. Political writer Ted Pearson of *The Birmingham News* said

⁷⁵ U.S. Representative Martin of Alabama, Commenting on Barron's Article, "*Congressional Record*, (29 April 1965); 8887.

⁷⁶ "1966 Gubernatorial General Election Results—Alabama," U.S. Elections Atlas.org, Internet, 30 August 2008.

⁷⁷ Young, "A Republican Challenge to Democratic Progressivism," 145–148.

Martin was a skilled politician who presented a “warm, dignified, magnetic personality” tied to a conservative philosophy.⁷⁸ Thus by the time of the Medicare vote, the tradition of economic liberalism Martin’s predecessor Rains and others championed was crumbling. The result was that all seven congressmen, Democrat and Republican, from Alabama who were present that day voted against Medicare.⁷⁹

Yet the “elephant in the room” was race, a fear among white Alabamians and their congressmen that when the government got more involved in medical care, it would come with a cost—forced integration in hospitals and clinics. In fact, Armistead Selden explained in a letter to a constituent in March 1966 that, “I was afraid that the Medicare program would tend to overcrowd our hospitals and that the federal government would use it as a means to force all-out integration in our hospitals. For this and other reasons, I cast my vote in opposition to the proposal.”⁸⁰ However, just prior to Medicare’s enactment on July 1, 1966, a method was drawn up for hospitals to earn compliance with the provisions while still obeying the “social customs” in the South. They would be certified as eligible for Medicare patients and government reimbursements, yet integrate at their own pace, if at all, as explained in Chapter 1. It was no secret that the “social customs” referred to was the segregation of the races as much as practicable in hospitals, clinics, and doctor’s offices.

The overwhelmingly Democratic, liberal U.S. House approved President Johnson’s health insurance bill nicknamed Medicare, by an almost 3–1 vote on April 8, 1965, 313–115. Officially the Social Security Amendments of 1965, the bill created a

⁷⁸ Pearson, “Here’s How Martin Almost Ousted Hill,” *The Birmingham News*, 8 November 1962.

⁷⁹ “ACA Index: First Session 89th Congress, 1965. An Analysis of the Voting Record,” 17 and 33.

⁸⁰ U.S. Representative Armistead Selden Replying to D.S. Purdy’s Letter About Druid City Hospital’s Compliance With Desegregation Aspects of Medicare Law, 15 March 1966, Selden Papers.

basic compulsory health insurance program, financed mainly by a payroll tax. It also instituted a supplementary voluntary health insurance program funded by general revenue and contributions from enrollees, and other government and taxpayer methods. In addition to the increase in the payroll tax, wage earners participating in the Supplementary Health Care Plan would be required to pay a monthly premium of \$3. On that historic House vote, all seven Alabamians who were present voted “Nay.” That included veteran Democratic lawmakers George Andrews and Armistead Selden, Jr., as well as the five freshmen Republicans: Glenn Andrews, John Buchanan, Jr., Bill Dickinson, Jack Edwards, and Jim Martin.⁸¹

The only nonvoter that day was Bob Jones, a Democrat, who was recovering at a D.C. hospital after major surgery. Hailing from progressive North Alabama, Jones was known as an economic liberal. In July 1965, he voted for the conference report that approved of Medicare. Alabama’s other seven House members, based on their previous votes and ideological orientation, were consistent in rejecting a giant new federal program. They had always maintained that Medicare would weaken the economy, cripple private enterprise, spread dependence, and perhaps even gradually advance socialism. Meanwhile, the Democratic-heavy U.S. Senate passed that same Medicare bill, H.R. 6675, by a lopsided vote of 68 in favor and 21 against, on July 9, 1965.⁸² Democratic Senators Lister Hill and John Sparkman departed from their Alabama compatriots in the House, voting for Medicare.⁸³

⁸¹ ACA Index, “An Analysis of the Voting Record,” 89th Cong. 1st sess. (1965), 17 and 33.

⁸² Ibid.

⁸³ “ACA Index: First Session 89th Congress,” Analysis of the Voting Record of Each Member, 1965.

In his Pulitzer Prize-winning book, *The Social Transformation of American Medicine*, Paul Starr found a dramatic and positive impact on the poor in Medicare's first ten years. In 1964, the year before the bill passed, non-poor people saw doctors about 20 percent more often than poor people; by 1975 poor people visited doctors 18 percent more frequently than non-poor. Also in 1964, white people saw physicians 42 percent more often than blacks; by 1973 whites still saw physicians more than blacks, but only by 13 percent. Also probably linked with Medicare and Medicaid was the drop in poverty rates between 1959 and 1969. This decline from 22.4 percent–12.8 percent, or almost half, was connected to Medicare and Medicaid in that people were spending less on health care as federal and state governments paid a hefty portion.⁸⁴ Starr has spent the past two decades promoting national health insurance plans he hopes will result in favorable statistics such as the ones above. Like many others, he did not see Great Society initiatives as the terminus for government-sponsored health care. In 1993, Starr served as senior advisor to the Clinton administration while a proposed health care reform plan was being developed. That plan was never enacted, but it generated a healthy discussion of the issue not seen in decades.⁸⁵

Another significant assessment of Medicare's impact came after the program had been in existence for more than 20 years. In 1988, historian Sheri I. David judged Medicare's legacy very favorably. She wrote that the fear of socialized medicine, which many congressmen from Alabama and other Southern states spoke so eloquently and consistently about, was for naught:

⁸⁴ Paul Starr, *The Social Transformation of American Medicine*, (New York: Basic Books, Inc., Publishers, 1982), 373–374.

⁸⁵ Paul Starr, "The HillaryCare Mythology," *The American Prospect*, October 2007, 12–18.

Medical students did not stop applying to medical schools. Quite the opposite occurred. Doctors did not flee the country. Older people did not flock to hospitals in order to use them as vacation spots. Families did not “dump” their elder members in hospitals or nursing homes hoping to evade responsibility. There was nothing about the Medicare program that could cause the nation to lose faith in government-sponsored health care or in the Great Society.⁸⁶

Others, though praising Medicare, are not as enthusiastic as David about the health insurance’s overall performance. Dr. Jonathan Oberlander, a health politics and policy expert at the University of North Carolina in Chapel Hill, said no one should exaggerate Medicare’s success. “I think the reality has fallen short, and I think that something that’s actually not well understood not even today,” Oberlander said in an NPR interview.⁸⁷ He noted that Medicare pays for less than half of the elderly’s health-care expenses, primarily because Medicare doesn’t pay for long-term care (but in some cases, Medicaid kicks in. for those eligible.) It was not until 2005 that there was a limited reimbursement for prescription drug coverage. Oberlander continued: “The promise of Medicare is really to assure, as people understand it, that the elderly have access to medical care, that their care is paid for. But Medicare doesn’t pay for all that care.”⁸⁸

In evaluating Medicare 30 years after it was enacted, civil rights leader Dorothy Height said the health care arrangement was a mixed bag for African-Americans. Height is president emerita of the National Council of Negro Women and received the Congressional Gold Medal, the highest civilian award given by Congress.⁸⁹ She pointed

⁸⁶ Sheri I. David, *With Dignity: The Search for Medicare and Medicaid*, (Westport, CN: Greenwood Press, 1985), 90–91.

⁸⁷ Dr. Jonathan Oberlander, “The History and Future of Medicare,” Interview with Terry Gross, National Public Radio’s *Fresh Air*, 26 May 2005.

⁸⁸ *Ibid.*

⁸⁹ “Dr. Dorothy I. Height,” Biography of Chair and President Emerita, National Council of Negro Women, Inc. Available from <http://www.ncnw.org/about/height.htm>, Internet; accessed 27 August 2008.

out in 1996 that the Civil Rights Act of 1964, Medicare, and Medicaid were three critical events that improved access to medical care for all people of color. These laws were pivotal in reducing significant racial disparities that existed in the use of health care services in the 1960s and beyond. However, Height noted that there continued to be many barriers in the way of elderly minority beneficiaries, particularly the combined effect of poverty and race on health status and access to health care.⁹⁰

The “third leg” of the original Medicare legislation, Medicaid, has gradually expanded. In the 43 years since it became law, Medicaid has evolved so much that it covers one of every eight U.S. residents (one out of every four children); in 1995, three decades after the Medicare bill passed, Medicaid paid for one of every three births, cared for two-thirds of nursing home residents, and provided 40 percent of all public funding for individuals with Acquired Immune Deficiency Syndrome (AIDS). Although states have a high degree of flexibility in the benefits they provide under Medicaid, there are a number of required services. Among these are inpatient and outpatient hospital care, childhood vaccinations, nursing home care for people 21 and over, rural health clinic services and laboratory and X-ray services. States can offer as many as 34 separate optional services, such as diagnostic, prescription drug, and optometrist services (including provision of eyeglasses); and home and community-based care.⁹¹

It took 40 years, but Medicare finally expanded beyond Parts A (Hospital Insurance) and B (Medical Insurance). The Medicare Prescription Drug, Improvement,

⁹⁰ Dorothy Height, “Thirty Years of Medicine: a Personal Reflection on Medicare's Impact on Black Americans,” *Health Care Financing Review*. Winter 1996, 87–90.

⁹¹ “Medicaid: General Information,” Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services. Available from <http://www.cms.hhs.gov/home/medicaid.asp>; Internet; accessed 27 August 2008.

and Modernization Act ushered through Congress in 2003 by President George W. Bush represented the greatest expansion of the program in four decades. Everyone with Medicare, regardless of income, health status, or prescription drug usage, received access to coverage beginning on January 1, 2006. Plan C (Medicare Advantage plans) allowed Medicare beneficiaries the option to receive their Medicare benefits through private health insurance plans, instead of through the Medicare Parts A and B. Part C is known as the "Medicare+Choice" alternative and went into effect in 1998.⁹²

Then, on January 1, 2006 Part D, the 2003 Medicare coverage bill referenced above, began. In order to receive this benefit, a person with Medicare must enroll in a stand-alone Prescription Drug Plan (PDP) or Medicare Advantage plan with prescription drug coverage (MA-PD). These plans are approved and regulated by the Medicare program, but are actually designed and administered by private health insurance companies. Those with limited income and resources who qualify for extra help may not have to pay premiums or deductibles.⁹³ At the signing ceremony for the new Medicare entitlement (Parts C and D), President George W. Bush, a Republican, hailed the Medicare Act of 2003 as “the greatest advance in health care coverage for America’s seniors since the founding of Medicare.”⁹⁴

As it happened, President Lyndon Johnson’s ambitious Medicare plan was broadened after a huge effort engineered by a fellow Texan. Bush’s remarks at the December 8 signing event at DAR Constitution Hall in Washington, DC were

⁹² “President Signs Medicare Legislation,” News Release, The White House, 8 December 2003; available from <http://www.whitehouse.gov/news/releases/2003/12/print/20031208>; Internet; 27 August 2008.

⁹³ “Prescription Drug Coverage: Basic Information,” *Medicare.gov*, 16 November 2005; available from <http://www.medicare.gov/pdp-basic-information.asp>; Internet; accessed 17 November 2005.

⁹⁴ “President Signs Medicare Legislation,” The White House, 8 December 2003.

reminiscent of the speech made by LBJ in former president Harry Truman's presence in Independence, Missouri on July 31, 1965. This time it was a Republican president who hailed Medicare as an ongoing commitment to America's seniors. "Medicare is a great achievement of a compassionate government and it is a basic trust we honor," Bush said. "Medicare has spared millions of seniors from needless hardship. Each generation benefits from Medicare. Each generation has a duty to strengthen Medicare. And this generation is fulfilling our duty." ⁹⁵ Among the people Bush credited with key roles in getting the Medicare expansion bill passed were the president of the AARP (Jim Parkel) and the executive vice president and CEO of the AMA (Mike Maves). ⁹⁶

It would have shocked U.S. representatives and U.S. senators from the 1940s, 1950s, and early 1960s to see lobbyists from the leading seniors group and the largest medical association in the country joining forces. The seven Alabama congressmen referenced in this thesis who strongly opposed Medicare as "socialized medicine" might be displeased with how events have transpired. Those representatives, five first-term Republicans and two veteran Democrats, were solidly conservative and genuinely recoiled at big new federal expenditures and intrusions. As members of the House who faced the voters every two years, they were more vulnerable to defeat based on their Medicare votes than the two senators. Perhaps more carefully than the two senators, these congressmen heeded the popular will as reflected in their heavily anti-Medicare constituent mail, in comments from voters at town meetings, and in letters to the editor of newspapers in their districts. On the Senate side, Sparkman expected a serious challenge for reelection in 1966, possibly from the hugely popular term-limited Governor

⁹⁵ Ibid.

⁹⁶ Ibid.

Wallace.⁹⁷ But there is evidence Sparkman felt a vote either for or against Medicare carried risks—and rewards. Also, he remained a New Dealer at heart and saw health insurance for the aged as compassionate and appropriate. When it became apparent Hill would vote for Medicare, Sparkman had his political cover. If Hill, “Mr. Health,” accepted that Medicare would not damage the private practice of medicine, so did Sparkman.

Hill had seemingly the same reasons as Sparkman to vote for Medicare despite his long opposition and the hail of criticism he anticipated after switching to a pro-vote. Hill would have more than three years after approving Medicare to repair the political damage. By then the new program (as did happen) would become popular and more easily defensible. Also, the aging Hill was shocked and angered by his near-loss to Republican James Martin in 1962.⁹⁸ It would not surprise many people if he decided that almost 46 years in Washington, DC was enough. That, of course, transpired. Although there was a cliché of that era that “Once a New Dealer, always a New Dealer, Hill epitomized that more so than his fellow senator from Alabama. For example, Hill was less of a budget hawk than Sparkman, who despite a moderate record on spending paraded his fiscal conservatism proudly. While Sparkman concentrated on small business, banking and housing, Hill studied health legislation like Medicare with precision. Hill often sought to compromise and he was not afraid to change his stance, if that move was forecast over time with changed circumstances in Alabama and within the legislation itself.

⁹⁷ In 1966, George Wallace decided not to try to unseat Sparkman. Instead, he ran his wife Lurleen for governor as a stand-in. She won. Sparkman beat GOP candidate John Grenier who waged an aggressive but unsuccessful effort.

⁹⁸ Young, “A Republican Challenge to Democratic Progressivism in the Deep South,” 206–208.

For example, in a February 6, 1965 reply to Regina Clement of Huntsville who asked his opinion on the Medicare bill, the senator said he understood Kerr-Mills might not be working well for Alabamians. Hill had voted for Kerr-Mills but by 1965 he was acknowledging “adequacies and/or inadequacies” in Kerr-Mills as applied in his state. He cited newspaper reports that Reuben K. King, Alabama’s Commissioner of Pensions and Security said Kerr-Mills was not effective in helping older people. Hill said he voted against Medicare in the particular form offered in 1962 because he felt comfortable Kerr-Mills could provide the necessary hospital care assistance for older people. But he indicated he was aware of problems in Kerr-Mills, which may have signaled he was softening his position vis-à-vis the Medicare bill.⁹⁹

By July 20, just days after voting for Medicare, Hill explained to a doctor who opposed the legislation that the primary reason he voted against the 1962 version was procedural. Hill pointed out the 1962 bill had not received committee consideration, with the usual committee hearings and testimony by expert witnesses from both sides of the equation. Hill said this resembled the same “perversion of established procedures” that characterized the votes on civil rights measures in 1957 and 1961. By 1965, an orderly process for handling the Medicare bill was arrived at, and that allowed Hill to vote in favor. Most importantly, Hill wrote Dr. Thomas E. Bridges of Alexandria that what had been his central concern for years with national health insurance legislation was positively addressed in the 1965 bill.¹⁰⁰

⁹⁹ U.S. Senator Lister Hill Replying to Regina Clement’s Letter About His Position on the Medicare Bill, 6 February 1965, Hill Papers.

¹⁰⁰ U.S. Senator Lister Hill Replying to Dr. Thomas E. Bridges’s Letter Vowing He Will Not Accept Medicare Patients Should the Bill Pass, 20 July 1965, Hill Papers.

I honestly and firmly believe that it in no way interferes with the private practice of medicine nor with the doctor-patient relationship which is such a sacred and vital part of it. A study of the committee hearings and testimony satisfied me that the program would in no way dictate how medicine should be practiced by anyone, would in no way prescribe what prescriptions may or may not be written, and would not prescribe when, where, and for how long a patient may be hospitalized any more than do the hospitalizations programs under Blue Cross and Blue Shield.¹⁰¹

Hill added that another reason he finally consented to the Medicare bill is that it would provide a means for many millions of Americans to benefit from the great advances in medical research and treatments. As a congressman and senator, Hill had promoted that medical research and innovation for more than four decades. He now said that without Medicare, these millions of aged citizens might be denied the benefits of medical progress because of lack of financial means. He explained to Dr. Bridges that Medicare allowed for this old age medical assistance on a self-supporting basis with matching contributions by the employee and employer. "Certainly this is far closer to the American tradition of joint endeavor than would be an outright grant or government paid program," concluded Hill.¹⁰² In a reply to Clyde H. Brown, Jr. of Birmingham, a strong critic of Medicare, Hill stressed that he voted for the bill partly because it helps not only the aged, but the permanently and totally disabled and blind.¹⁰³

After the final vote, abundant letters arrived at Hill's and Sparkman's offices and many were from opponents of Medicare who felt betrayed by their senators' switch to make the huge, costly health insurance program a reality. But there were also comforting messages such as Hill received from James I. Rawson of Enterprise. Rawson stressed he

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ U.S. Senator Lister Hill Replying to Clyde H. Brown, Jr's Letter Criticizing Medicare, 26 July 1965, Hill Papers.

did not have “any axe to grind” regarding Medicare since as an Army retiree he already had access to affordable, quality health care. “Congratulations on your vote for Medicare,” Rawson wrote. “I know you will never regret it.” Hill thanked Rawson for “your most gracious letter.”¹⁰⁴ Now, 42 years after Medicare was instituted, Hill would surely not regret his pro-vote. For despite frequent cases of fraud and tremendous cost to taxpayers, Medicare and Medicaid remain popular “entitlement” programs. Millions of aged and infirm people are able to have longer, healthier and happier lives. Senators Lister Hill and John Sparkman, along with Representative Bob Jones, would be pleasantly surprised at the enduring value of this historic legislation they helped birth.

¹⁰⁴Letter to U.S. Senator Lister Hill from James I. Rawson Congratulating Him on His Vote for Medicare, 4 August 1965; Hill’s Response, 13 August 1965, Hill Papers.

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