National Health Insurance 1970-1975: Success and Failures of the Gray Panthers and Women's Health Movement

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National Health Insurance 1970-1975:
Success and Failures of the
Gray Panthers and Women’s Health Movement

A Thesis Submitted

For Graduation with Honors in History

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Health Care Reform in the United States 1900-1965

1901- Progressive and Socialist Parties begin discussing health care; tied to labor unions and women’s rights.

1912- The American Association for Labor Legislation proposes a compulsory health insurance bill. Supported by the Progressive Party.

1915- Workmen’s Compensation legislation initiates the first health insurance policies.

1915- American Medical Association supports labor union proposals for Compulsive Health Insurance.

1917- American Medical Association ends support of Compulsive Health Insurance.

1929- First prepaid hospital insurance program started at Baylor Hospital in Dallas.

1934- FDR’s New Deal turns attention toward insurance for the elderly and unemployed.

1935- Both the Lundeen Bill and FDRs Social Security Act are proposed to Congress.

1935- Social Security is enacted but health insurance is omitted from the bill. Does allow for limited amounts of categorical medical payment assistance.

1945- Harry S. Truman proposes health care reform that includes mandatory coverage, an increase in the number of hospitals, nurses and doctors. The American Medical Association calls Truman’s plan “socialized medicine” and the bill flops.

1946- Hill Burton Act prohibits discrimination on the basis of race, religion, or nationality in hospitals but allows for “separate but equal” facilities. Also allocates federal funds to build hospitals in rural areas.

1950- American Medical Association lobbies to defeat 80% of pro-health insurance reform legislators.

1950- Social Security Amendments allow for medical payments to be paid directly to the health vendor rather than by the consumer.

1961- King-Anderson Bill presented offering coverage to the elderly.

1962- President JFK gives a speech to a crowd of elderly Americans and health insurance reformers and comes out in support of the King-Anderson Bill.

1965- President LBJ signs Medicare and Medicaid into law.¹

Introduction

Senator Ted Kennedy addressed Congress on August 27, 1970, “We know that at its best, medical care in the United States is second to none in the world, but we also know that the best is completely inaccessible to the vast majority of our people.” Over the next four years, Congress would debate a number of different pieces of legislation aimed at creating a comprehensive national health insurance plan. As Senator Kennedy continued in his address, he argued to Congress that the United States was in a national “health crisis.” Despite the urgency in Senator Kennedy’s remarks and the numerous bipartisan attempts to establish a national health insurance plan, the United States failed to do so in the 1970s.

Many argue that debate over national health care and the passage of the Affordable Care Act of 2010 reflected similar arguments to those made in 1970 as well as prior to the 1970s in American history. The question many ask is why has the United States failed to establish a comprehensive national health care plan? This question has received much attention from historians, sociologists, economists and political scientists. But questions that have not received as much attention include: what accounts for both the flurry of national interest in health insurance reform and the failure of transformative legislation in the early 1970s? Although many factors influenced the rise and decline of national health insurance legislation in this era, the splintered nature of the grassroots activist groups limited the amount of pressure they could put on Congress to develop a comprehensive national health insurance plan. Essentially, grassroots activist groups in

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3 Ibid.
the 1970s were responsible both for the increased prominence of the issue in this era, as well as its eventual defeat.

The debate that occurred over National Health Insurance in 1974 demonstrates both the influence and the limitations of social movements in the health care debate. The two groups this thesis focuses on are the Women’s Health Movement and the Gray Panthers, an activist group focused on the interests of the elderly, which strongly supported national health care initiatives. Their efforts provide historical examples of how social movements achieved progressive change in this arena. They also demonstrate why a united social movement did not form in support of national health insurance in the 1970s and how this negatively affected the work of the Gray Panthers and Women’s Health Movement.

**Historiography**

Much of the scholarship regarding the history of the United States Health Care system has focused on the broad question of why the United States failed to pass national health insurance legislation. Different political scientists, sociologists, economists and historians have pointed to different reasons for the lack of national health insurance in the United States. While few have focused specifically on the debate that occurred in the 93rd Congress, those who have argued that the 1974 national health insurance (NHI) debate was the closest the United States would come to establishing a system of national health care. Regardless of 1974 being arguably the closest the U.S. would come to passing national health care legislation, historians have given different reasons for why the legislation failed.
Paul Starr developed his argument through a history of American Medicine. He argued in his book, *Social Transformation of American Medicine* that the development of self employed physicians caused a challenge for government to ever gain complete control over health care and its providers. In regards to the health care debate in the 1970s, Starr argued that it occurred in three stages. First, the early 1970s were a period of reform based on public desire for social reform and welfare. Second, was a period of political draw around 1975, when plans for national health insurance were no longer at the center of Congressional debate. Lastly, Starr argued the 1970s and early 1980s saw the dawn of conservatism and rejection of liberalism, which caused a political shift away from progressive reforms such as health care and a turn toward stricter social policies.\(^4\) This was especially evident once President Reagan took office. The main concern regarding national health insurance proposals in the 1970s was how the U.S. would be able to fund such programs. Reagan was eager to introduce his economic plan and help cut down the inflation rates that soared during the Carter Administration.\(^5\) This concern regarding finances pushed the idea of a federally funded national health insurance program out of the window.

Starr also argued in his article, “Transformation in Defeat: Changing Objectives of National Health Insurance 1915-1980,” that the 1970s was a period of expansionist goals with regard to national health insurance. President Nixon wanted to mandate coverage through employers. Senators Kennedy and Representative Wilbur Mills also had a plan that would use an increased payroll tax to fund health insurance. Starr argued

\(^5\) Ibid.
that the political culture shifted by 1975 due to political scandal such as Watergate, economic contraction, and a shift away from welfare reforms such as Johnson’s Great Society, thus a new system of containment health insurance was created. This theory focused on how much involvement the government should have in matters of health care and also expressed economic and federal spending concern with the continued rise of inflation and medical costs. As Starr stated, “at the end of the 1970s, all of the major new national health insurance proposals were almost inseparably plans for cost containment.”

Scholars have also studied why the U.S. has not developed a national health care system through a comparative historical analysis of countries similar to the United States in other areas, such as development, government and economic structure. Jason Hacker argued that the development of a national health insurance program was as much political as it was historical and institutionally based. Moreover, he argued that many political writers had not looked back far enough into the history of health insurance policy development. Hacker argued that although Canada, Great Britain and the United States had similar developmental histories, the United States had small but critical differences in political structure, institutions and social mobility that essentially blocked any chance for the United States to establish a system of national health insurance. For example, Doctors in the United States were able to enjoy privately funded health insurance plans and payments were not based on or capped by the government. Hacker also argued that historically, there have been few opportunities for fundamental changes to health care

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systems, especially in the United States. He also, much like Starr, argued the 1970s were the last chance to make such drastic changes to American political structure with the dawn of the conservative movement beginning in the early 1980s.  

Flint J. Wainess argued that this small window of opportunity was indeed critical—that in order to establish change in national health care, the right political climate was necessary. He argued that such a climate did exist in the early 1970s, with a Democratic Congress and a presidential administration interested and supportive of NHI. But, Wainess argued, by 1974 a lack of interest group support and the Watergate scandal looming over President Nixon caused the political climate to change and no longer favor the development of National health Care.

Sven Steinmo and Jon Watts have summarized a general consensus among scholars looking at the United States health care debate that went beyond the historical moment. In their article, “It’s the Institutions, Stupid! Why Comprehensive National Health Insurance Always Fails in America,” they argued that American political institutions are biased against the very existence of a national health insurance program. Specifically, interest groups in the American political system have a lot of power making progressive reform difficult or simple. Steinmo gives the example of Senator Mills and the Ways and Means Committee. During the 1970s the topic of healthcare was under Mills and his committee. Mills himself was not the strongest supporter of national health

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insurance, but he agreed to support a NHI bill. This was because he wanted to keep the topic of health care under his jurisdiction rather than allow it to be moved to a potential new committee on commerce and health. Therefore because of the political structure and desire to maintain power, Mills agreed to co-sponsor what became known as the Kennedy- Mills Bill in 1974. Steinmo and Watts hinted at Mills half heartedness as well as Kennedy’s switch to a more moderate stance as a part of why the Kennedy-Mills Bill failed by the end of the 93rd Congress.

While progressive reform in the United States has faced multiple political challenges, Steinmo and Watts failed to address a crucial ingredient that Wainess hinted at: the topic of “interest-group support” and grassroots movement in regards to progressive health care reform. As my thesis will argue, grassroots support for national health insurance in the 1970s was fragmented and limited the ability for political progressives such as Kennedy, Long and Abraham Ribicoff as well as President Nixon to enact a true national health insurance program.

Beatrix Hoffman, a public health scholar, was one of the few who has addressed the absence of a united social movement toward health care reform in her article, “Health Care Reform and Social Movements in the United States.” Hoffman argued that NHI campaigns were run too heavily by elites and professionals and did not seek out the support of grassroots campaigns that could have helped to gather public support around progressive reforms. Further, she argued that grassroots groups supported changes to health care that were immediate and helped their individual cause rather than the greater cause of universal health care. For example, the women’s movement supported rights to

11 Ibid.
abortion and birth control rather than a system of available health care for all U.S. citizens. Despite these drives for progressive reforms from various social movements in the 1970s, there was not a united social movement for national health insurance such as movements for Civil Rights or Women’s Rights, which at least had a united end goal, continued within the same decade as the debates over national health insurance.  

In addition to Hoffman’s article, Anne-Emanuelle Birn et al made a similar argument. Their article argued that social movements had some involvement in the debate over national health insurance but like Hoffman argued, the involvement was not united. Birn examined the role that the group the Gray Panthers played. The group was founded in 1970 and aimed at fighting for equal treatment for elderly Americans and fought against ageism. In regards to health insurance, the group took it upon themselves to directly attack the American Medical Association and their opposition to many of the national health insurance bills that were in Congress in 1974.

Hoffman and Brin et al, touched on an important piece to the puzzle of national health insurance reform in the 1970s. Brin’s article started to look into the influence of the Gray Panthers movement but both argued that there was not united grassroots effort for national health insurance. However, when looking closely at the efforts of the Gray Panthers and the Women’s Health Movement it becomes clear that attempts were made to influence health care legislation. By understanding these movements in the broader context of the 1970s political and social climate, it becomes evident that the fragmented


success of these social movements helped to influence pieces of the American health care system. Although these movements were not successful in achieving their goal of passing national health care reform, their influence was successful in niche issues. However, on the other hand, these fragmented movements were only able to influence fragmented pieces of the U.S. health care system.

American health insurance was at a crucial point by 1970. Costs continued to rise at the same time as more and more Americans were under insured or did not have access to the quality of private health insurance they wanted. Senator Ted Kennedy stated in his address to Congress on August 27, 1970 that health care was an over sixty-three billion dollar industry and yet care was not up to the standard that America could reach.\footnote{S. 4297 Introduction of the Health Security Act, 91st Cong., 1st sess., Congressional Record 116 (August 27, 1970): 30143.} This came as a surprise to many Americans since Medicare and Medicaid had just been enacted five years prior to Kennedy’s declaration of the American health crisis. What Kennedy and health activists had started to notice was a combination of three problems: a shortage of “medical manpower,” rising health care costs and inadequate delivery and organization of care. According to Kennedy, these problems had never been addressed simultaneously.\footnote{Ibid.}

In 1970, health insurance was provided in three different ways, through non-profit providers such as Blue Cross-Blue Shield, private insurance companies or independent plans and federal programs such as Medicare and Medicaid. In addition citizens over sixty-five could be insured through Medicare and low-income families could qualify for federally funded insurance through Medicaid. Insurance was further split between hospital and surgical care and physician home or office visits. Dental and prescription drugs were included in physician care under some insurance plans. However, the full cost
of health care was rarely ever fully met, even through the best insurance coverage. A variety of bills were introduced to Congress between 1970 and 1974 in attempt to address the issues that Kennedy brought to the surface in 1970. Kennedy also expressed this concern by arguing that private health insurance only allotted for partial care.

Cost was one of the most crucial problems with American health insurance in 1970. “Consumer expenditures for private health care insurance in 1970 totaled $17.2 billion in premium and subscription charges, 17 percent more than in 1969.” The debate quickly became not only about lowering costs for consumers but also for the federal government. As Medicare became more widely used by the older portions of the population, Congress was wary about passing legislation that would add large additional costs to the federal budget. However, Senator Kennedy urged Congress to agree that affordable, quality health care was a right for American citizens. Kennedy introduced the Health Security Act in 1970, a bill that went through multiple revisions and sparked several other senators and congressmen to write their own national health care proposals.

The health crisis that Senator Kennedy depicted in 1970 developed because of three factors within the system of American health care. The factors included, rising costs, inequality in coverage and fragmented delivery of medical services. By 1970, 94% of Americans reported having private health insurance or belonging to a group insurance plan. At the same time, hospital costs rose 170% between 1960 and 1970.

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17 S. 4297 Health Security Act
to a study by Senator Kennedy, physician costs rose twice as fast as the general inflation rate during the 1960s. This rising cost was also in part due to the lack of “front end funding” for Medicare and Medicaid, the only government insurance programs available.

President Johnson enacted Medicare and Medicaid in 1965. Medicare offered federally financed health insurance for Americans over the age of 65. Eligibility was only tied to an age requirement and gave retired Americans essential coverage. Health insurance remained heavily tied to employment and Medicare aimed to fulfill the needs of retired and aging Americans. Medicare was financed through the Hospitalization Insurance Trust Fund, a part of the 1950 amendments to the Social Security Act. Payments made to Social Security through workers’ salaries would then become their payment into their own individual medical insurance once they retired. However, this only accommodated hospital insurance. The Medicare bill added an additional Supplementary Medical Insurance Trust Fund, which allotted for insurance covering medical bills such as doctor’s visits and pharmacy payments.\(^{21}\) With the additional coverage, recipients had to meet a deductible and still pay premiums and copayments. Despite these complicated financial arrangements, Medicare offered accessible insurance to those who were over 65 and became a model that many health care reformers looked to implement nation wide in the early 1970s.

Although Congress passed Medicaid and Medicare in the same bill, the two were very different insurance programs. Medicaid offered access to insurance for low income Americans and any citizen that qualified for public assistance. The largest contrast from

\(^{20}\) Ibid, 26.
Medicare to Medicaid was that Medicaid was run on a state level. Each state defined the income level that allowed individuals and families to qualify for Medicaid and also determined benefits. The only federal requirement was that Medicaid coverage offered the seven basic services, which included; in patient and out patient hospital coverage, nursing home and physician services, laboratory and x-ray services, diagnostic screenings, and treatment for children under twenty-one.\textsuperscript{22} However, these required services could still be financed through co-payments. Opposition to the Medicaid program was based on the idea that those who received benefits had not paid their share into the federal budget that was allocating money for their medical needs.

Problems with Medicare and Medicaid started just a few years after the programs began. Within the first two years, Medicare payments rose 40\%.\textsuperscript{23} Although the programs offered more availability for Americans to become insured they added to rising cost because the programs lacked front end funding and relied on the Federal Reserve. When the legislation was passed Congress felt as though they could maintain funding through Social Security and the payments that subscribers would make to Medicare and Medicaid. However, as costs rose, this created a problem for the government and the ability to continue funding such a program. In 1970 the Task Force on Medicare and Related Programs released a study that argued for “front end funding.”\textsuperscript{24} When Congress passed Medicare and Medicaid there was little to no funding for the programs upfront. All of the funding was to come from Social Security payments and consumer payments into the specific insurance program. Because there extra money had not been allocated to

\textsuperscript{22} Newman, “Medicare and Medicaid,” 117.
\textsuperscript{23} Ibid. 121.
\textsuperscript{24} Ibid.
support the programs in the case of rising costs, the amount that each program cost the
government rose. Affordability became a primary concern for both consumers of health
insurance as well as the government.

Medicare and Medicaid showed congressional commitment to addressing health
care issues. However, issues of availability of health insurance started becoming more
apparent. Medicare and Medicaid opened the door for elderly and low-income groups but
it added to an already fragmented system of care. The American insurance industry,
controlled by private companies, caused consumer care and coverage to be heavily
dependent on what the insurance company offered. In many cases, an employer would
select the insurance provider, leaving very little choice to the employee. With little
oversight or requirements for insurance companies, coverage varied substantially
between different companies. Senator Kennedy argued that the private sector of insurance
offered partial care rather than comprehensive. The problem was that the private and
public sectors of health care did not work together and often had competing interests. By
1970 United States health care was a $62 billion dollar industry ($372 billion industry in
2012 dollars). However, the quality of care was both fragmented and not evenly
distributed.

Health care costs in the 1970s included bills from hospitals, laboratories, general
physicians, specialized physicians and pharmacies. Health insurance aimed to cover at
least a partial cost of these services but in many situations exact coverage was unclear to
consumers until bills detailed how their insurance would not cover specific costs or only

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a small percentage.\textsuperscript{26} In 1970 there were over eighteen hundred private insurance carriers for American employers and other group to chose from.\textsuperscript{27} Each carrier offered a multitude of different plans with varying coverage, different deductible amounts and co-payments. And each insurance salesman was more a businessman above anything else. Consumers would receive insurance from either individual plans through private companies, group policies often tied to jobs or government programs such as Medicare and Medicaid. Each type of insurance provided different coverage, variation in costs and quality of care.

Rising medical costs were at the center of the decline of the American health care system by 1970. Inflated costs of hospital care, doctor visits and pharmaceutical drugs caused insurance companies to have higher coverage costs. Without any oversight to control costs, companies started looking for less expensive options within their insurance plans. There was no incentive for private companies to offer higher quality care without adding higher costs. Because private companies functioned first as a business and second as a service to their consumers, costs continued to rise for consumers. This also affected government programs by adding exponentially to medical spending within the federal budget. In 1966, federal expenditures for Medicaid reached $200 million ($1.4 billion in 2012 dollars) and by 1970 it reached $9 million ($15.6 billion in 2012 dollars).\textsuperscript{28}

One reason for rising medical costs was the fragmented delivery of medical care. Physicians ranged from various specialties to general preventative care. Hospitals offered expensive treatments for diagnostic care or invasive surgical procedures that would often

\textsuperscript{26}Kennedy, \textit{In Critical Condition: The Crisis in America’s Health Care}, 108.
\textsuperscript{27}Ibid, 109.
\textsuperscript{28}Newman, “Medicare and Medicaid”, 121.
need multiple follow up visits. Not only was this care divided within insurance providers but also created restrictions for consumers regarding how they were able to get adequate care. A communication gap was evident between health care providers and this often led to misdiagnosis, repeated testing and inconsistent care. In this system, each doctor and hospital had their own ability to set costs. Their primary concern was often making money rather than providing quality care to patients. Senator Kennedy believed that many doctors were more businessmen than doctors.29

Delivery of care was a concern as costs rose. By the 1970s, insurance was a necessity. The cost increase also lowered the amount that insurance providers would cover. Americans needed insurance in order to be able to access even basic medical care but even once they had insurance it was not adequate care for the amount of money that individuals and companies paid for their insurance plans. Medicare and Medicaid aimed to provide coverage for members of society who could not access health care otherwise. But both the elderly and low-income groups had a difficult time accessing care even after the two bills were enacted. By 1970 almost all insurance plans had gone up in cost and down in quality and accessibility of care.

The failure of Medicare and Medicaid caused many consumers to advocate publicly for better care. The problem they found within the system of Medicare and Medicaid was that it made health care a welfare concern rather than the right of an American citizen.30 Because the programs were run as welfare programs, doctors and hospitals did not treat patients the same way they would treat a patient under their

29 Kennedy, In Critical Condition.
employer’s insurance. Medicare and Medicaid aimed at comprehensive care for both elderly and poor Americans but the result was further fragmentation of health care, higher insurance costs and a new association between comprehensive care and welfare.

President Johnson’s Great Society was a key point in the political debate over welfare and rights. Medicare and Medicaid were a part of this and therefore included in similar debate over government-funded services. Welfare received a negative connotation because it was associated with providing services to stigmatized groups of society; poor, racial minorities, women etc. At the same time, such groups were fighting for equal access to rights and services provided by the government rather than welfare. The context of the national health care debate fell during a time when the very nature of government services was also being debated.

The 93rd Congress from 1973 to 1975 saw some of the most heavily debated health insurance bills. Each bill sought to provide a new solution to the health crisis that both Democratic and Republican politicians agreed needed to be solved. The most contrast between the different bills was in how insurance would be funded and whether it would a federal, state or private body responsible for the administration of health insurance. In terms of how insurance would be funded the bills were split between payroll increase, employer mandate or increased new taxes. Regardless, each bill did add a new cost to the federal treasury of $5.9 billion and up ($30 billion in 2012 dollars). The debate over NHI spread widely throughout Congress and therefore a number of various bills, proposals and compromises occurred just within the 93rd Congress. The sheer number of proposals complicated an already complex system of health care causing

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more challenges for health care reformers, such as Senator Kennedy, in passing successful reform.

Many scholars argued that Nixon’s Health Maintenance Organization Act that passed in December of 1973 was the only success of the heavily debated National Health Insurance reforms. Critics and grassroots supporters of national health insurance, however, demonized HMOs as a band-aid on a broken system.  

The act was based on the system that the Kaiser Foundation had been using for decades. The system would put health care providers into groups so that one fee could be paid monthly or annually, rather than the bills from each provider piling up between doctors visits. Essentially, HMOs created vertical integration of health services, which allocated for increased access to care and some federal oversight. Although this act was monumental in moving towards a national health care program, many senators considered it a cop-out that would need serious expansion to be truly comprehensive. Thus, the debate continued into the second half of the 93rd Congressional session and many Congressmen folded the new HMO system into their previously proposed bills.

Senator Ted Kennedy’s Health Security Act despite many revisions between its debut in 1970 and 1973, called for mandatory, comprehensive health care that would be run by the federal government. One of only two to remove copayment obligations from health insurance, Kennedy financed his plan through an increase in payroll taxes and general revenues. Without copayments and by mandating coverage, this bill would cost

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the treasury $61 billion.\textsuperscript{34} Despite support for the bill from labor unions through the AFL-CIO, the cost itself was enough to shock most politicians, especially since three of the other plans would cost less than $10 billion. So Kennedy was forced to revise his bill.

The next version Kennedy presented was in partnership with Representative Mills. The Kennedy-Mills Bill, like the Health Security Act, maintained the provisions for mandatory comprehensive coverage, administered by the federal government and financed by an increase in payroll taxes. However, this bill included copayments tied to family income level and a deductible maximum of three hundred dollars per family. This additional copayment brought the additional cost to the treasury down from $61 billion to $40 billion.\textsuperscript{35} Although a 33\% decrease from Kennedy’s original Health Security Act, Congress and the American public were not comfortable with the $40 billion price tag.

Representative Mills was also a key supporter of another bill that offered mandated national health insurance. The Committee Print bill was not a single payer system but rather a combination of federal, state and private administration. Through this bill, health insurance was to be financed through an employer mandate and included comprehensive coverage. In terms of deductible, the system would be similar to the Kennedy-Mills Bill but included a $450 dollar maximum per family. In sharp contrast to either of Kennedy’s bills, this bill would only add an additional cost of six billion dollars annually.\textsuperscript{36} This was because the bill would not be administered just by the federal government but would include oversight from private insurance companies and individual states as well.

\textsuperscript{34} Wainess, “The Ways and Means of National Health Care Reform, 1974 and Beyond,” 305.
\textsuperscript{35} Ibid.
\textsuperscript{36} Ibid.
Almost identically to the Committee Print was President Nixon’s Comprehensive Health Insurance Plan (CHIP). CHIP was also based on a combination of federal, private and state oversight as well as an employer mandated financing system. The only difference was that enrollment in this program would be voluntary rather than mandatory.\textsuperscript{37} The other main bill from the 93\textsuperscript{rd} Congress was also a proposal for a voluntary insurance program. The Long-Ribicoff Bill would be financed by additional taxes on wages. However, the biggest difference was that it would not offer comprehensive health insurance but rather catastrophic coverage with a maximum deductible of $1,000 per family.\textsuperscript{38}

Perhaps the most liberal bill proposed during the 93\textsuperscript{rd} Congress was Representative Martha Griffiths’ bill, which adopted the framing of Senator Kennedy’s Health Security Act, which he abandoned to work with Representative Mills on a more moderate proposal. Martha Griffiths, a Democratic Representative from Michigan, fought hard for equal rights in all aspects of American society during her time in the House. Her bill proposed mandated comprehensive coverage provided and administered by the federal government. The most radical part of this bill was that it did not allow for cost sharing, copayments, deductibles, premiums or any of the other insurance company cost add-ons that caused people financial headaches in the past. The bill also supported the growth of Health Maintenance Organizations. The proposal further allocated for specific grants to encourage citizens to join the medical care industry, especially women. Lastly,

\begin{itemize}
\item \textsuperscript{37} Ibid.
\item \textsuperscript{38} Ibid.
\end{itemize}
the bill empowered the Department of Health, Education and Welfare to oversee and regulate all aspects of health planning and provisions.\textsuperscript{39}

On the more conservative side, the Fulton-Broyhill Bill, sponsored by Democratic Representative Richard Fulton of Tennessee and Republican Representative Joel Broyhill of Virginia. The proposal offered a more fiscally conservative approach to national health insurance reform. This was the only bill to be supported by the American Medical Association during the 93\textsuperscript{rd} Congressional session. The bill, nicknamed, “Medicredit,” offered the ability for insurance subscribers to offset their personal income tax to be used for medical insurance. The program allowed employers to subscribe to specific insurance companies in order to offer this benefit to their employees. Although the plan was completely voluntary, it would offer comprehensive coverage. In sharp contrast to the Griffiths Bill, it included larger copayments and up to 20\% coinsurance on specific medical needs such as physician services.\textsuperscript{40}

\textbf{See chart on next page:}

Sources:


## Comparison of Selected Health Insurance Reform Bills in the 93rd Congress (1973-1974)

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### General concept
- Employer mandated coverage through private insurance. Replace Medicare with state run programs.
- Catastrophic plan for the general public and federal assistance plan for the poor and disabled. Both run through Medicare. Incentives for improved private insurance policies.
- 3 part program to cover all of the US; employer mandated coverage through private insurance, federal program for the elderly and poor, plan for individuals.
- Essentially expanded on Nixon’s plan (CHIP) but made insurance compulsory for all US citizens.
- A plan that would allow all citizens access to health care administered and financed by the Federal government.
- Similar to Kennedy’s Health Security Act (Kennedy abandoned this bill in order to join Rep. Mills)
- Considered the “Medicredit plan.” Allowed for personal income tax credits to offset premium costs of qualified private insurance plans.

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<td>Mandatory</td>
<td>Voluntary</td>
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<th>Benefits</th>
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<th>Kennedy/Mills Bill</th>
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<th>Griffiths Bill</th>
<th>Fulton/Broyhill Bill</th>
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<td>Comprehensive</td>
<td>Catastrophic coverage</td>
<td>Comprehensive</td>
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<th>CHIP</th>
<th>Long/Ribicoff Bill</th>
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<th>Kennedy/Mills Bill</th>
<th>Health Security Act</th>
<th>Griffiths Bill</th>
<th>Fulton/Broyhill Bill</th>
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<tbody>
<tr>
<td>Based on family income and a $450 deductible per household.</td>
<td>Based on number of annual visits. Covered hospital and doctors for $5 per visit.</td>
<td>Based on family income. Maximum $300 deductible per household.</td>
<td>No</td>
<td>No, no limitations or cost sharing.</td>
<td>Yes, included 20% coinsurance on many services, copayments of up to $50 per visit.</td>
<td>Yes, included 20% coinsurance on many services, copayments of up to $50 per visit.</td>
<td>Yes, included 20% coinsurance on many services, copayments of up to $50 per visit.</td>
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Despite this complicated array of multiple, competing, differently conceived proposals for national health insurance, both Republicans and Democrats agreed that changes needed to be made to the United States health care system. Many senators were willing to compromise in order to pass some form of legislation that would change the face of American health insurance and set the path for more progressive reforms in years to come. So why then did all of these bills fail, and with them any provision for National Health Insurance, at the end of the 93rd Congress? A variety of factors influenced Congress in turning away from passing a National Health Insurance bill.

Beginning in August 1974, Representative Mills, the head of the Means and Ways Committee and a staunch supporter of National Health Care reform in the House, expressed his frustration and disappointment. His financing plan had won in committee by a tight vote of twelve to eleven.\textsuperscript{41} Fellow representatives and the American Medical Association expressed concern regarding financing a national health care initiative through an additional payroll tax. Mills ultimately abandoned his work on a compromise for a national health insurance bill that he could get to a vote in Congress.\textsuperscript{42} Earlier in August 1974, Richard Nixon resigned from the presidency. Gerald Ford took over the Presidency, causing question among Health Care reformers within Congress. Ford did not have the same reputation for supporting social reform that Nixon had gained. Although, critics of Nixon argued that the president only supported CHIP (Comprehensive National Health Insurance) programs.


\textsuperscript{42} The \textit{Washington Post}, “National Health Insurance” August 26, 1974.
Health Insurance Plan) because it drew attention away from the Watergate scandal and investigation.\textsuperscript{43}

In President Ford’s first address to Congress, he called upon congressmen to get a “‘good health care bill’ on the books before the end of this (93\textsuperscript{rd} Congress) session.”\textsuperscript{44}

Ultimately, debate still raged between a single payer or multi payer system of health insurance. Republicans and southern Democrats feared that a single payer system would place too much financial dependence on one institution. This became a bigger concern as medical costs in the United States continued to rise through the 1970s. Those concerned by finances turned to support the Long-Ribicoff Bill, a catastrophic coverage plan. But supporters of a more comprehensive plan called the catastrophic bill an incremental approach that would not establish the policy Americans truly needed.\textsuperscript{45} By October of 1974, the public began to doubt Congress’ ability to make any strides in National Health Care reform by the end of 1974. Both Representative Mills and Senator Long received harsh criticism for their committees. The committee on finance under Senator Long was especially critiqued in regards to the energy crisis and health care spending. It was at that point that the 93\textsuperscript{rd} Congress entered the “lame duck” period and active consideration of all the bills withered.\textsuperscript{46}

National Health Insurance proposals continued to appear occasionally in the ensuing years, though none received much attention or support until President Clinton’s

\textsuperscript{44} The Washington Post, “National health Insurance” August 26, 1974.
\textsuperscript{46} Arlene J. Large & Albert R. Hunt 1974 “Lame Duck Congress is Expected to Stall on Taxes and other Bills Until Next Year.” \textit{Wall Street Journal} October 18, 1974. 4.
Comprehensive Health Insurance Plan of 1993 and 1994.\textsuperscript{47} After 1975 the political climate in the United States had indeed changed. President Ford was less willing to enact social legislation and the split of southern Democrats from the Democratic Party led to a growing Republican Party and the dawn of the conservative movement. Bipartisan agreement from this point forward would become a increasing challenge for Congress moving forward and in order to enact comprehensive national health insurance, such cooperation would be necessary as the 1974 debate had made clear. Economic issues also put an end to health care reforms in 1975. After funding President Johnson’s Great Society and the Vietnam War, the U.S. Federal reserve was struggling to find cost effective ways to continue welfare programs. Inflation reached a new height in the United States, which heavily affected medical costs that had already been rising throughout the late 1960s and the early 1970s.

Several other factors, internal to the debate itself, also influenced the end to major debates over health care reform toward the end of the 1970s. Between 1970 and 1974, hundreds of insurance reform bills had passed through various congressional committees. The complexity of insurance reform lay in part in the number of players involved. Despite bipartisan and popular support for National Health Insurance, the ways in which different groups of the population advocated for reform, segmented grassroots support towards influencing health care legislation which would affect their specific group needs rather than a compromise comprehensive solution. Many grassroots activist groups supported national health care reform but none were able to push through the specific form of health care legislation they preferred. Activist groups ended up being successful

\textsuperscript{47} Wainess, “The Ways and Means of National Health Care Reform, 1974 and Beyond.”
in rallying minimal political momentum in order to create sentiment for reform in specific areas their group focused on but none were successful in rallying enough support for national health insurance. By tracing the work of two activist groups that supported national health insurance, their success in gaining attention and reform in niche issues becomes clear, however, their own fragmented nature shows how these two grassroots movements were unable to influence a national health insurance reform that would allow for comprehensive, mandatory coverage.
Chapter II: The Gray Panthers

Social activist, Maggie Kuhn founded the Gray Panthers in 1970 with the goal of fighting for the equal treatment of American elderly. Health care was an important issue to the Gray Panthers but there were other issues that also concerned the group as well. The Gray Panthers were concerned with the stigma against aging, labor rights for elderly, and prided themselves on a united opposition to the war in Vietnam.48 As the group grew in size and publicity, health care became an important part of the Gray Panther platform. Most famously, in 1974, the Gray Panthers became known for calling “Health Care as human right” – a slogan which appealed to common interests of young and old.49 The group called for a National Health Service in order to eliminate the “patchwork two class system” of health care that created the health crisis.50

The Gray Panthers were crucial in shifting the discussion about national health insurance from a debate over welfare to a debate over human rights. During the early 1970s, a growth of human rights activism swept across the United States. This stemmed from global human rights issues and debate over American foreign policy in places such as Vietnam and Latin America.51 This time period was also a time of growth for groups such as Amnesty International and Human Rights Watch and although their focus was international human rights, it also indicated a shift in the conception of what a

49 Idid.
government should provide to its citizens and to those abroad.\textsuperscript{52} The Gray Panthers used this shift to help rally support for national health insurance. By advocating for health care as a human right it forced the issue to no longer be something that government could debate but rather a service that the government was responsible for providing and protecting. And therefore, the Gray Panthers advocated for a national health service, a government service to provide equal access to the right to quality health care.

To press for this reform, the Gray Panthers developed a grassroots organization of local “networks,” where each area had their own specific leader who could report to and receive information from the group’s founding members. The Gray Panthers received their name from a newspaper article in which the journalist aimed to create an association between the Gray Panthers and the radical Black Nationalist group, the Black Panthers. Kuhn mentioned in a Congressional hearing that the group considered the name “the Consultation of Old and Young People Working for Social Change” – a rather cumbersome title and acronym.\textsuperscript{53} The group instead adopted the Gray Panthers and embraced the militant activist nature it suggested. Gaining media attention early on in the creation of the Gray Panthers helped the group gain respect within political circles. Kuhn was a brilliant activist in her ability to organize her group across the country and keep all members connected through their newsletter, The Gray Panthers Network. Kuhn was active in gaining national attention through developing films on the problems that faced the elderly and “street theater.”\textsuperscript{54}

\begin{footnotesize}
\begin{enumerate}
\item Idib, 1235.
\item Ibid.
\item “An Interview with Maggie Kuhn; Gray Panther Power,” \textit{The Center Magazine}, March/April 1975, 21-25.
\end{enumerate}
\end{footnotesize}
This level of organization allowed the Gray Panthers to be able to hold successful pickets outside of the American Medical Association’s annual conference in 1974. The networks of Gray Panther chapters gathered together with sings saying “I can’t afford to get sick” and “insurance companies make us sick.” The image of gray-haired seniors protesting challenged the stereotype of grassroots protests that came from the 1960s. The Gray Panthers were not a group of young hippies protesting the Vietnam War, they were a group of elderly challenging the status quo. This was the kind of provocative direct activism that founder Maggie Kuhn envisioned would bring change to the American health care system. Group members prided themselves on combining theatrical protests with traditional networks of spreading their message and heavily politicized marches against the Vietnam War, Civil Rights and of course, National Health Insurance.

The Gray Panthers main concern regarding health care was affordability. The group argued that even under the Medicare legislation that was passed in 1965, health care rates were still unaffordable for the elderly. This was especially the case as inflation rates continued to rise in the mid-1970s. The group thus advocated primarily for a single payer health care system to address the affordability issue, but they also pushed for more availability of services to minority groups and women’s health centers. Despite the fact health care was not their only goal, the Gray Panthers had a more significant impact on

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55 “Gray Panthers’ Growth,”
http://www.graypanthers.org/index.php?option=com_content&task=view&id=26&Itemid=17
57 Ibid.
the broad implications of National Health Insurance in the 1970s than other grassroots campaigns of the time.

The group gained their inspiration for health care activism from the two main groups focused on insurance reform in the 1970s; the Medical Committee for Human Rights and Health Policy Advisory Center. The Medical Committee for Human rights was one of the first social activist groups to call for universal health care in the 1960s. The group was founded initially for an interracial group of physicians to share their experiences and collaborate on ways to improve the health care system in the United States. The group became militantly active during the Civil Rights Movement and the Gray Panthers drew ideas from their ability to combine issues of racism, anti-War protests and health care as a right. The second group, the Health Advisory Center or Health/PAC, came out of New York City and titled itself an “anti-establishment think tank.” The group was instrumental in critiquing the “for profit medical system” as the “medical industrial complex” and started a political campaign against the “for profit system” and the institutions which created it. These two groups helped the Gray Panthers identify their mission in health care reform and showed how activist groups could combine issues to make a stronger impact in more areas.

On July 12, 1973, Maggie Kuhn spoke at a meeting of the Subcommittee on Health of the Elderly of the Special Committee on Aging. Her statement addressed prominent members of the Senate who actively contributed to the health care debate such

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58 Hoffman, Health Care for Some, 158.
59 Ibid, 159.
60 Ibid.
as Senator Kennedy and Senator Muskie. Kuhn addressed many of the issues that Congress had been debating since Senator Kennedy’s address in 1970. She also outlined the concerns of the Gray Panthers in regards to National Health Care. The statement outlined “six lessons the health care system has taught old people,” arguing that much of the wisdom regarding health care reform should come from those who used it most, the elderly population.

The first “lesson” Kuhn highlighted was the Gray Panthers’ dissatisfaction with Medicare. According to her statement, Medicare was “doomed to cutbacks” from the beginning. This was because money would not be enough to solve the health crisis. Flooding the system of health care that was present in 1965 with government funds without implementing changes to cost control, delivery or spending only masked the true problems within the system. This was also due to the rise in health care costs, a concern that Senator Kennedy had previously discussed with Congress. The issue of money was a key talking point for the Gray Panthers. Concern regarding over spending and Federal financing of health care was rampant among critics of health care reform. The argument the Gray Panthers articulated was that in order to appropriately establish and control a national health insurance program the financing would only be one piece of the puzzle. As Medicare had shown, simply adding money to a crumbling system created a new program destined to experience budget cuts.

The second lesson the Gray Panthers pointed to was that advanced medical technology was not enough. Kuhn’s quip resonated with many people’s experience with the health care system: “America is the best place in the world to treat your rare kidney

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61 Barriers to Health Care for Older Americans, 160.
62 Ibid.
disease, but if it’s hypertension, arthritis, or some other prevalent, chronic ailment, you might just as well be in Guatemala.” The issue was that American medical advancements relied heavily on technology, rather than improvements in the delivery of basic care. American doctors, she charged, had become obsessed with research and medical technology development because in the long run the system would reward those efforts with more money and credibility, rather than their ability to treat an average patient for something basic.

The next three problems Kuhn highlighted touched on the common theme that health care was a political problem but it could not be solved through fragmentation. Kuhn stated, “The way to guarantee that the society will be served is for the public to be seated at the table where health care decisions are made.” The Gray Panthers called for consumer involvement in health care reform and delivery. Previous attempts to fix the health crisis in the United States created two class systems of health care; advanced care for those who could afford it and mediocre care for those who could not. The problem behind this was the financing structure. Kuhn expressed her concern in this statement that there was little room for an activist group to change how health care was financed. This would take a radical change in American health and social policy.

Kuhn’s last argument relayed a sentiment keenly felt by many grassroots groups and health care reformers in the early 1970s. The biggest blockade between attempts at reform and actual changes was that the United States’ system was created as a private business rather than to serve as a public responsibility. The Gray Panthers’ proposal was

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63 Barriers to Health Care, 531.
64 Ibid.
65 Ibid, 532.
to create a national health service. This program would change the structure of the health care system by providing national financing and administration for a “single progressive system of financing.” The hope was to replace the “patchwork” of health care that created America’s health crisis. The National Health Service would also create a national health agency to serve at cabinet level and provide the direction necessary to maintain changes on a national level to serve all people. Ownership under this service would be taken out of the hands of the private sector and placed under the public sector. This proposed to allow government regulation, consumer access and public oversight as well as a reformed financing system.66

By 1973, the Gray Panthers started to receive national recognition for their efforts in advocating for health care reform. One of the group’s most notable grassroots efforts were the multiple protests organized against the American Medical Association. The AMA opposed all proposals for national health care since 1917. In 1917, the AMA argued that federally administered national health care would restrict the ability for doctors and consumers to make decisions regarding their health. Furthermore, it would potentially limit the wages surgeons, doctors and hospital officials could make by ending or at least limiting the for-profit system.67 The Gray Panthers attacked the AMA for ignoring the American health crisis. The AMA hosted their annual convention in New York in June 1973. The conference focused on technology in medicine and included not a single session discussing the health crisis, an omission the Gray Panthers immediately attacked. Maggie Kuhn called upon her members to attend the Gray Panthers alternative

66 Ibid.
conference titled, “Do We Need a National Health Service?” The group organized protests against the AMA during their conferences for at least the next three years.

The most pivotal of these protests occurred in 1974 at the AMA meeting in Chicago. Vice President Ford was the opening speaker. The Gray Panthers rallied supporters to protest the meeting just as they had done before. But this time, they added a dramatic element to symbolize the privatization of medicine and the AMA. Protesters dressed up as doctors aiming to help the “sick AMA.” A van made to look like an ambulance pulled into the crowd and a man on a stretcher was pulled out. When the “doctors” started helping the man they started pulling money out of his jacket. To the Gray Panthers this symbolized everything that was wrong with the health care system – money and control remained in the hands of doctors and large insurance companies.

Maggie Kuhn entered the AMA meeting itself, with the help of the Medical Committee on Human Rights who gave her a press pass. She stormed into the meeting with a list of demands from the Gray Panthers. However, she was quickly escorted out by security before she was able to make any statements.

Along with protests, each network of the Gray Panthers started letter writing campaigns to senators and the President of the American Medical Association. Maggie Kuhn herself wrote several letters to the AMA calling for the group to look at the Gray Panthers’ proposal for a National Health Service or to at least accept that America was in a health crisis. The Gray Panthers used their networks to build grassroots support against the American Medical Association and U.S. legislators. By targeting the AMA, the Gray

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69 Sanjek, *Gray Panthers*, 41.
Panthers gained national attention that opened the door for opportunities to engage with politicians such as Maggie Kuhn did in 1973.

The Gray Panthers were successful in advocating for insurance for the elderly population. Although their group focused on uniting the young and the old, their activism was largely perceived as a movement against ageism. In regards to health care reform, this limited their success, as the Gray Panthers were explicitly linked with other groups that aimed at reforming care specifically for the elderly. This was most clearly represented in the ability to keep Medicare available to elderly populations. Because debate around health care costs stemmed from issues within Medicare and Medicaid, the Gray Panthers fought to guarantee health care for the elderly. Past the 1970s, the Gray Panthers continued to fight for universal health coverage but their involvement in the 1970s was limited to elderly care. For example, the only congressional testimony made by the Gray Panthers was in 1973 at the hearings on “Barriers to Health Care for the Elderly.” Despite the fact that the organization believed in national health insurance, their grassroots efforts were limited to issues that pertained to the elderly population. Such issues included nursing home and at home care, Medicare, prescription drug education and cost controls for retired Americans.
Chapter 3: The Women’s Health Movement

The 1960s and early 1970s saw the second wave of feminism. This wave of Feminism broke into two different paths through the age of activism. The biggest break was between women’s rights and women’s liberation. Although the new movements fragmented into multiple different groups with different theories of activism, all groups agreed that in order to provide adequate care for women, the entire health system as America knew it needed to be changed. The very range of the movement changed the face of health care for women in the United States as it helped shape national health care reform. It made women’s health issues a national issue. Using this theory, feminists developed women’s health clinics, which testified for the need for equal access to quality care for women.

In order to understand the approach of groups within the women’s health movement, it is necessary to look at the split between women’s rights and women’s liberation. The Women’s rights groups stemmed from Betty Friedan’s *Feminine Mystique* and the founding of the National Women’s Organization (NOW). These groups operated through traditional activism with large national organizations and political lobbying. Many scholars considered these groups to be the “old” feminists, focused on equal rights between the sexes and women’s access to the existing public realm of politics and economy. In regards to the women’s health movement, this group of feminists created many influential groups such as the Women’s Equity Action League and Human Rights

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for Women. Other well-known and active women’s rights lobbying groups included the Women’s Lobby, INC and the National Women’s Political Caucus.

The new wave of feminism was far more radical and stemmed from the New Left and various student activist groups against the Vietnam War. These women were more inclined to think of their work as part of a Women’s Liberation Movement. The liberation movement disavowed formal organization and specific leaders, arguing that such traditional institutional arrangements would defeat their basic desire for liberation from the constructs of society; “structures were always conservative and confining, and leaders isolated and elitist.” Therefore, multiple Women’s Liberation groups appeared across the United States. Some liberation groups took on radical names like, Women’s International Terrorist Conspiracy from Hell (WITCH) or Society for Cutting Up Men (SCUM). Many of these were involved in what came to be called “consciousness raising” through informal discussion groups for women rather than formal organized protests.

Although these two branches of feminism in the late 1960s and early 1970s functioned on different organizational levels, both recognized the American health crisis and its explicit effects on women’s health. The women’s rights groups focus on political involvement and changing health care legislation; combined with the radical protests of the women’s liberation movement, these efforts led to successful changes with regards to

71 Ibid, 795.
women’s health by the late 1970s. However, the lack of unification among the movements made it difficult for the women’s health movement to push through national health insurance legislation.

In 1969 a women’s liberation group began organizing in Boston. The group published a booklet titled “Women and Their Bodies.” The booklet put the issue of Women’s health in the public spectrum. The Boston Women’s Health Collective argued that health care needed to be defined by women themselves, “women who need the most health care, in a way that meets the needs of all our sisters and brothers- poor, black, brown, red, yellow and pink.”75 The organization attacked the health care industry and specifically for being a part of the “patriarchal” force present in U.S. society. The Boston Women’s Health Collective fought to bring attention to women’s needs within health care. It was their argument that the health care industry needed to adjust its approach to care of women. They called for women doctors, a woman’s right to contraception and the right for a woman to make her own decision about her body, specifically in the case of abortion and reproductive rights.

Women’s interest in the debate over health care increased throughout the 1970s health crisis. Women’s health concerns stemmed from the realization during the women’s liberation movement that for-profit health care lead to unnecessary surgeries in women such as hysterectomies and an extreme number of women dying from preventable or at least somewhat treatable diseases such as cervical cancer.76 In 1961, Barbara Seaman published a revolutionary book, The Doctor’s Case Against the Pill. The book exposed several potential side effects from the birth control pill that many doctors did not explain

to women when they were prescribed the pill. Women’s health concern started from a lack of information coming from their doctors.

The second concern in the Women’s health movement was a woman’s ability to make decisions about her general and reproductive health. The movement was essential in pushing for abortion laws and successful in Roe V. Wade as mentioned. Another vital concern for women was maternity. Many employers discriminated against pregnant women often leaving pregnant women either jobless or having to quit their job in order to get enough time to be with their children. In regards to health care, the women’s health movement advocated for increased accessibility to care and information, women’s right to choices regarding her health care and more inclusive maternity benefits.

The final concern fought by the women’s health movement was the way that insurance companies treated women. Health insurance was heavily linked to employment, which caused a problem for women who were not employed or whose husbands did not receive strong benefits from his employer. Regardless, insurance was still a problem for women in the workforce because insurance companies often included a clause that would charge employers if the number of women employed was over a certain percentage. The argument by insurance companies was that medical care claims for women would be higher than average. This sparked women’s support for a national health care service. It further pushed the women’s health movement to argue that national

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health care was the only option to remove any sexism and bias within the for profit health care system.

The Women’s Health Movement quickly started arguing for national health care. The group argued that in order to make the changes that women wanted and deserved, the entire system needed to be changed. Furthermore, the Women’s Health Movement agreed with most other health care reformers that health care was a human right. “Significantly, despite widespread belief among health activists that a humanistic health care system available to all women is virtually impossible to create under a profit-oriented capitalism, none of the strategies directly attack the underlying economic organization of society.”

The Women’s Lobby made proposals to Congress regarding health reform, but their reforms remained limited to women’s issues despite their belief that reforming the economic system was necessary to truly reform health care. In fact, none of the grassroots movements in the Women’s Health Network, even the most radical, truly attempted to attack the economic organization of for profit health care. Rather, women’s groups started advocating for specific rights in health care that affected women. This disconnect was arguably because women’s groups felt they could be more successful in at least securing minimal changes to women’s health care but would not be able to completely change the complex economic backbone.

Their influence on health care debate was primarily in specific areas of women’s concern. For example the Boston Women’s Health Clinic as well as other women’s health groups were successful in gaining support for birth control legislation, the legalization of abortion and an increased support toward women as health practitioners. A

political success for the Women’s Health Movement was 1973 with the Supreme Court decision of Roe V. Wade, which legalized abortion. An earlier political success was over the birth control debate in the early 1970s. Women who were knowledgeable about the pill were able to attend Senator Gaylord Nelson’s Congressional hearings on the subject.\textsuperscript{80} Furthermore, women were influential in increasing awareness among women about the potential side effects and dangers of drugs such as the Pill and DES, an early form of the morning after pill, which caused devastating side effects.\textsuperscript{81}

Activists groups in the Women’s Health Movement were split between women’s rights and women’s liberation. The Women’s rights groups followed traditional patterns of political activism by forming various lobbying groups such as the Women’s Lobby and National Women’s Political Caucus. Both groups testified to the Committee of Ways and Means in support of the Kennedy-Mills Bill and the Griffith-Corman Bill. Women supported the Griffiths Bill because it would end commercial private insurance and its control over the health insurance industry.\textsuperscript{82} Furthermore, the bill also offered benefits with no cost sharing or limits and would add a new board to the Department of Health, Education and Welfare to oversee and administer national health insurance.\textsuperscript{83} This bill as well as the Kennedy-Mills bill would fix the primary concerns of the women’s rights branch of the women’s health movement. The bills allocated for equal coverage for all US citizens, thus ending the private health care’s treatment of women in the workplace.


\textsuperscript{81} Ruzek, “The Women’s Health Movement.” 154.

\textsuperscript{82} U.S. House, Committee of Ways and Means, \textit{National Health Insurance} Hearing, 3069.

\textsuperscript{83} U.S. House, \textit{Committee on Ways and Means. Comparison and Description of Selected National Health Insurance Proposals}. 
The Griffiths bill also covered hospital care and skilled nursing for up to one hundred twenty days, which would greatly assist women in lowering cost of delivery and necessary maternity care.

The women’s rights movement was successful in gaining political and national attention through traditional lobbying and activism. Representative Griffiths, a Democrat from Michigan, became the female face of the national health insurance. The Women’s Lobby and National Women’s Political Caucus testified in favor of her bill on multiple occasions. Having a female voice in Congress was exceptionally important for the women’s rights movement. Representative Mills, the chairman of the Ways and Means Committee said, “Perhaps some of the reasons for some of the omissions in the bill that Senator Kennedy and I introduced as well as some of the omissions in some of the other bills resulted from the fact that the people who developed the bills were all males.”

Griffiths gave the women’s rights movement a voice in health care legislation. Although her bill did not pass, it was an important landmark for the women’s health movement.

In contrast to the traditional political activism of the women’s rights movement, the women’s liberation movement used radical techniques to protest the health care industry. Groups such as the Women’s Community Health Center, or the center, organized non-profit, low-cost and high quality health centers run by women, for women. Similar feminists health clinics started forming across the country. Their goal was to reject the for profit health care system that was dominated by patriarchy and left little to no room for women to control their own care. Feminist health clinics were one of

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the only groups of the women’s liberation movement to form a national network. The Feminists Women’s Health Centers united female health clinics across the nation, ranging from Boston to San Diego.\textsuperscript{86}

Feminist health clinics hoped to spread and grow enough to remove women from the existing health care system entirely – a lofty and unwieldy goal. Women represented more than half of the United States population and the strategy was to attack the health care industry by removing half of its consumer base. However, rising medical costs drastically hurt feminist health centers. Part of the philosophy was to allow access to all women. The fee-for-service payment only applied to those who could pay and women who could not would hopefully be covered by added donations from women who could.\textsuperscript{87} Furthermore, there was a segment of the female population who did have health care based on either their husbands job or their job and had enough funds to pay the expensive costs of health care and therefore did not need the services of the feminist health centers.

The women’s liberation movement regarded their success through the number of organizations that rose across the country. The strength was in the sheer amount of small grassroots organizations that created health clinics and educated women on their bodies and health. These groups were successful in opening the conversation for women regarding their health and reproductive rights. The Boston Women’s Health Collective started through oral history, women sharing their stories of sexism and confusion within the health care system. Female health clinics allowed access to women driven care for many women through the 1970s. These clinics also increased female interest in health care careers, more and more women started becoming doctors, nurses and hospital staff.

\textsuperscript{86} Ibid, 160. \\
\textsuperscript{87} Ibid.
This movement helped create and maintain women in the health profession, which helped with the problem of manpower in the health care system. More female doctors also helped reduce problems of doctor-patient interactions between male doctors and female patients. Unfortunately, health care costs continued to rise, and feminist clinics struggled to stay afloat. Eventually by the 1980s, most feminist health clinics went bankrupt. The women’s liberation movement was unsuccessful in reaching the political sphere. Their influence remained within a specific sect of society and did not diversify enough to gain political attention and support.

The political involvement was left to the women’s rights movement. Through lobbying and the support of Representative Griffiths, the women’s rights movement was successful in gaining political attention. This helped pass important legislation that allowed women access to birth control, legalized abortions, and ended practices of spousal permission for reproductive decisions. The women’s lobby helped to end sexism in the system of health insurance by making it illegal for insurance companies to charge employers higher rates based on the number of female employees. The women’s rights movement, like the Gray Panthers, supported national health insurance but focused their efforts on remedying practical problems that affected women.

The problem that most greatly affected the success of the women’s health movement was that the movement split between rights and liberation. This split restricted the movement from gaining support from other social groups. The support base for the women’s health movement was from predominately women, meaning only around half of the population would even be interested in the movement. The second problem was that the split between rights and liberation caused an even bigger split in the support base. By
focusing on niche issues, and lacking a united grassroots effort, the women’s health movement was unable to reach a broader support base. Without that support, the movement was unable to push for the complete restructuring of the American health care system.
Conclusion: Successes and Failures of Grassroots Activism

The United States has a history of change from the ground up. The Women’s Rights movement of the 1900s and the Civil Rights Movement of the 1960s were just two examples of successful grassroots movements that created the change they wanted in U.S. society. Despite these successful movements, the 1970s marked a transitional period in U.S. society. The 1960s were a time of urban riots, tumultuous anti-war protests, the rising rhetoric of violence among activists, and violent clashes with law enforcement, the Women’s Movement and the Gray Panthers grew from this time period of political activism. However, the 1970s also transitioned into a period of fragmentation and disillusionment among activists. The Gray Panthers started as a coalition between the young and old against the Vietnam War. The Women’s rights branch of the Women’s Health Movement drew inspiration directly from the first women’s rights movement and the civil rights movement. And lastly, the Women’s Liberation Movement found inspiration in the radical protests of various grassroots groups and their ideologies of liberation over simply, equality.

The Gray Panther’s and Women’s Health Movements were successful in opening up dialogue regarding health care issues within factions of the population that were often not discussed in the broad political spectrum. Both the Gray Panthers and the Boston Women’s Health Collective started with members sharing oral stories about negative experiences with health care providers and insurance costs. From there the two groups were successful in spreading their message through newsletters or other reading materials.

88 Hoffman, “Health Care Reform and Social Movements in the United States.”
89 Snajek, Gray Panthers. & “An Interview with Maggie Kuhn; Gray Panther Power,”
such as *Our Bodies Ourselves*. By doing so, the groups were able to gain support from other members of their group. Meaning, the Gray Panthers were able to gain more members from the elderly population and the same for women within the women’s movement. Both groups concluded, however, that the only way to truly improve their health care needs was not to speak to only their group needs, but to completely reform health care for all by ending the for-profit system.

In order to fight against the for profit system, the Gray Panthers and Women’s Health Movement had to challenge the stigma against health care as welfare. Health insurance was thought of as something an employee would get if they worked enough to earn the benefit. Although the system of employer-based health insurance did not end in this era, there was a distinct shift in how Americans would think of health care. By advocating for health insurance as a human right the debate shifted from being about covering insurance costs for the elderly and the poor to a debate over offering a government service to the entire population. By creating this shift, the hope was to challenge the for-profit system by arguing that health care was a human right, not a business deal.

The grassroots dialogue against the for-profit system was effective enough to attract the attention of a few members of Congress. Senator Kennedy began supporting radical health insurance changes in the early 1970s and expressed his views through his own book, *In Critical Condition*, published in 1972. Representative Griffiths also supported the Women’s Health Movement and their call for a change to the financing system. Despite these supporters, the gap remained between politicians and activists. Although many agreed that health care was a human rights, the grassroots activism of the
Gray Panthers and the Women’s Health Movement was not united enough to bring attention to the big problem of for-profit care. Other factors discouraged the movements from fighting for radical reform and left the Gray Panthers to fight for better care for the elderly and the women’s movement turned to issues of reproductive rights and sexism in the health care industry.

One of the factors that worked against the grassroots movements was the media. Coverage over national health care insurance rarely called attention to activist protests. Newspaper stories separated the two issues. The media portrayed debate over health care as a specifically political issue, only debated in lengthy congressional sessions. On the other hand, activists groups such as the Gray Panthers gained media attention but most discussed their radical views across the board and mentioned their stance on health insurance as part of a long laundry list of other issues. Betty Liddick became the primary reporter on the Gray Panthers for the Los Angeles Times. Her work followed their movement but rarely focused on direct protests against the health care industry. The only mention of the Gray Panthers stance on national health insurance in the media was in direct interviews with Maggie Kuhn.90 As the movement advanced, the group did gain more media attention but it ended up fractionalizing the efforts of the movement in influencing national health care legislation.

The Women’s Health Movement was fragmented from the beginning. Although the Women’s Liberation Movement believed their strength was in how many different groups started across the nation rather than having a united national activist group.91

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90 “An Interview with Maggie Kuhn; Gray Panther Power,” 21-25.
However, this further fragmented the movement and weakened the ability for the Women’s Movement to gain national recognition and influence legislation the way they wanted to. Furthermore, the stigma against women in powerful roles caused many women’s rights groups to be concerned with tackling the underlying economic structure of the health care system. Rather, segmented women’s groups all started fighting for changes to their own specific issue. Groups started forming for specific issues, abortion, women as doctors, health care for children, just to name a few. Because the groups started to splinter from the main goal of creating a national health insurance program, their efforts were only successful in niche issues.

Aside from fragmented movements and the media, two large groups also influence the ability of these grassroots movements to succeed or fail. The American Medical Association opposed national health insurance since the first Red Scare. The AMA heavily fought against any legislation that supported ending private health insurance or that would influence the way that the group functioned. This was why the Gray Panthers targeted the AMA in many of their protests. The AMA had more power than any grassroots group could have in the 1970s. Their influence over legislation and the political sphere was perhaps one of the biggest blockades for groups such as the Gray Panthers and the Women’s Health Movement to tackle in gaining political legitimacy.

The other group was labor. Historically, labor and health insurance were united. Workmen’s compensation laws became the first type of health insurance in the United States. The Griffiths bill did gain the support of the American Federation of Labor but this alone was not enough. Even within the labor sector, there were fragmented groups of

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92 Birn et al, “Struggles for National Health Reform.”
unions that did or did not support national health insurance. Had the Gray Panthers or Women’s Health Movement partnered with a powerful labor union such as the United Auto Workers, their activism could have reached a broader spectrum of the population.

The very fragmentation of the health care system lead to fragmented success and failure within the Gray Panthers and the Women’s Health Movement. Success for the women’s movement came in the form of small victories in fragmented areas. For example, one could argue the women’s lobby was given little pieces of what they advocated for rather than a complete radical reform. The fragmented system of health care allowed for this to be possible by having each part give the women’s lobby a little bit of what they wanted. Therefore, they were successful in gaining control of reproductive rights or having more female doctors but not in a complete reform of the economic structure. In a sense, the women’s lobby was paid off with little successes in their respective issues. Likewise, the Gray Panthers experienced the same in achieving small successes for elderly health care.

By 1975, many influential supporters of national health insurance deemed the movement dead. Grassroots supporters such as the Gray Panthers and Women’s Health Movement were successful in gaining access to the health care that their groups needed, however, they failed to make progress towards comprehensive national health insurance. This was because the movements focused on niche issues that only concerned segmented pieces of the population rather that all Americans. But perhaps the biggest success was in humanizing health care. By advocating for more equal treatment in the doctors office, women and the elderly helped to change the way that health care providers went about providing health care. Although the political sphere ended most debates over national
health insurance by the 1980s, both the Gray Panthers and Women’s Health Movement continued to fight for their cause and to maintain quality care for their populations. The debate over national health insurance in the 1970s brought to the table interesting questions in regards to health care reform, would a united grassroots movement be necessary to reform the economic organization of the United States health care system? Or was the system too deeply rooted in the for profit system to ever truly be challenged? Historically, the 1970s exposed weaknesses in the U.S. health care system and the treatment of those without access to care. The fragmented activism of the Gray Panthers and Women’s Health Movement attacked the already fragmented system of American health care, which resulted in splintered amounts of success in reforming the health care system.
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