

# Voice from the Vault

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## Socialized Medicine: The View from 1944

What exactly is socialized medicine? This question received quite a bit of attention in the discussions of the Rural Policy Commission in 1944 as it planned for a post-war Vermont. Much of this discussion is captured in the July 1944 publication: "Rural Health After the War, A Report of the Fourth Meeting of the Vermont Rural Policy Committee."

The report began by noting that 30 percent of Vermont's draftees were rejected for military service "because of poor health." The committee noted that while the health of Vermonters had improved in some areas, "there are still plenty of health problems, particularly in relation to health education, health regulations, the prevention of illness, and medical care. These are things we can do something about."

At a two-day meeting of the commission, six county rural policy committees reported on their discussions. The Bennington committee explored preventive health programs such as "well-baby clinics" and noted the problem of including small towns in health plans. Caledonia's committee "discussed the health and rehabilitation problems of disabled veterans," adding that "in some cases, after signing waivers in connection with their discharge, veterans have developed service-connected ailments (as malaria and mental ailments)." Franklin County also mentioned the mental health problems of veterans, though linked it to "the inability of many draftees to adjust themselves to army routines," rather than combat-related stress. Franklin also

highlighted dental problems stemming from the lack of available care and poor diets. Washington County promoted better health education programs, while Windsor County wanted a "hospitalization plan for everyone."

Chittenden County covered a variety of topics including "socialized medicine, hospital insurance, and 'health care for all.'" The committee "members who spoke in favor of these things seemed to look forward to some means by which everyone might have the services of a physician when necessary whether or not he is financially able to pay for them." The meeting notes added that "no one present could adequately describe just what socialized medicine means."

Dean Carrigan of UVM's Agricultural College took a crack at explaining socialized medicine. He defined it "as the providing of medical services by government, with government retaining control of the facilities. Vermont people are more interested in cooperative medicine than in socialized medicine, he believed." Another definition was offered to the effect that "any plan is socialized that is financed by taxation...If a town voted money to get a doctor, the practice of medicine is socialized to the extent of the money put in..." An analogy to education was offered: "There is a socialized form of education (the public schools, toward the maintenance of which everyone has to contribute)."

Beyond discussions of socialized medicine, the study of post-war health care in



Vermont is fascinating. Everyone agreed that the lack of doctors, particularly in rural areas was a problem. In 1944 there were 390 physicians in Vermont, 257 of which were considered active (below the age of 65). Of these there were 95 in Chittenden County, creating a ratio of one doctor for every 725 county residents. In contrast Essex County had two physicians, for a 1 to 2,695 ratio. That disparity was one reason the idea of a public health nurse in each town was generally supported. The committee also feared that doctors returning from military service would prefer to practice in the larger communities, not in rural areas.

The state committee's overall recommendations are interesting in light of our ongoing discussions of health care. Clearly the committee grappled with, to use their terminology, finding a balance between cooperative and socialized medicine. The committee recognized that a third of Vermonters could not afford regular health care. It expressed its belief that "it is an important part of our program to educate the people to accept the principle that society should assume a part of the financial responsibility for the physical and mental well-being of its citizenry, and to cooperate with a health program, and further consider the public nature of the program, not on a basis of charity (either by those who receive the benefits and/or those who contribute), but to accept these as we do our educational system, namely, any money used on health is not an expense, but a good investment." Perhaps illustrating the tension between the supporters of cooperative and socialized medicine, the committee went on to say that it "feels that a tax-supported bill points to universal socialized medicine unless the services under the bill are limited to those who are unable to pay for such services, either through cooperative associations or private means."

This short space cannot do justice to either the scope of the post-war rural policy

committee activities or even to just its health care discussions. Within the same folder, for example, is "Nutrition Report For Vermont Post-War Planning," which focuses on the need for good nutrition and nutrition education in order to reduce health care costs. It found that "nine percent of the 473 infants and preschool children examined had nutritional defects" while five percent of the 2,892 school children examined also had nutritional defects. It attributed Vermont's poor diets to "traditional food habits," "lack of knowledge of adequate nutrition," and "inadequate income." In another foreshadowing of current discussions the report recommended school lunch programs, which where in place had shown "a marked improvement in the physical condition of the children."

For anyone interested in learning more, the reports can be found in record series PRA-063, Box PRA-00301. Seeing you in our Middlesex reference room would be just what the doctor ordered.

NOTE: If you are interested in other health care studies, the 1932 study on medical costs is available in our "spotlight on records" section at:

<http://vermont-archives.org/research/spotlight/records.htm>

