

Comments on “Veterans and Americanism: The American Legion and VA Health Care after World War II”

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Many scholars have studied why the United States lacks universal national health insurance. Some argue that a pluralistic political system prevents large-scale universal legislation because it provides many political actors with a veto. Focusing on the power of strong private institutions, some assert that the private health insurance industry is an obstacle to national health insurance. Others claim that racial issues prevented the federal government from adopting health insurance programs that would cross racial lines. Still others suggest that the “American creed,” “American way of thinking,” “liberalism,” “freedom and liberty” and other potent ideologies in American society prevent the adoption of any reform that can be tagged “socialized medicine.”

In an examination of the controversies surrounding US health care reform, Professor Yamagishi Takakazu argues in his dissertation that World War II was a central factor in the development of health insurance in the United States. While recognizing that the above play a role as partial explanations of the lack of universal health insurance in the United States, Professor Yamagishi insists that much more attention should be paid to the impact of the war in order to grasp the entire picture.

On a theoretical level, Professor Yamagishi states that the longer the period of extensive mobilization, the more power the state had against medical associations and the greater opportunity for the state to achieve radical reform. Moreover, the progress of the war had a decisive influence on what the state could do. In other words, the state would be better able to convert its policy preferences into policy outcomes in an escalating war than a deescalating war.

In the summer of 1941, the US government began to press for comprehensive health insurance. Subsequently, in 1943, the Wagner-Murray-Dingell bill was introduced that called for the creation of national health insurance controlled by the federal government. According to Professor Yamagishi, because the period of extensive mobilization had lasted for only two and a half years and the progress of the war worked against radical reform, the American Medical Association (AMA) quickly regained its political prominence and the US government failed to implement a universal health insurance program. Liberal scholars would, rather ironically, argue that a longer and more extensive mobilization, especially if in

conjunction with devastation on the mainland, might have brought universal national health insurance to the United States.

In his paper “Veterans and Americanism: The American Legion and VA Health Care after World War II,” Professor Yamagishi extends his dissertation by focusing on the contradiction between the demand by the veteran’s organization the American Legion for broader public health care for veterans and individualism (or Americanism) as one of the significant reasons why “the United States is the only industrialized country whose government does not guarantee universal health care coverage for its people.”

Professor Yamagishi explains that the American Legion pursued two goals: more government protection for veterans and promotion of Americanism. At the same time, the American Legion opposed socialized medicine. Rejecting socialized medicine and advocating public health care for the veterans are so contradictory that “the American Legion could not convincingly explain why VA [Veterans Administration] health care would need to be expanded and continue to see veterans with non-service-connected disabilities.”

Professor Yamagishi’s paper makes three major scholarly contributions. First, he sheds light on the much neglected VA health care system in order to explain why the United States has no universal health insurance system. Second, he provides an ideological interpretation of interest-groups’ struggles to explain the unique health insurance system in the United States. Lastly, Professor Yamagishi analyzes and offers historical context for the American Legion’s post-World War II efforts to expand the provision of health care for veterans.

The paper adds a new perspective to the understanding of the American health insurance system. In addition, as with any good research paper, it stimulates our interest greatly and raises more questions than it answers. Here are three specific questions with respect to his paper.

(1) This paper indicates an ideological commonality between the American Legion and the AMA. Both organizations opposed socialized medicine, but the paper does not fully explain the meaning of “socialized medicine.” As Professor Yamagishi rightly points out, “the American Legion ... opposed the government’s total control of American medicine.” However, the American Legion also called for a more positive government role in the nation’s health insurance program. In contrast, the AMA regarded any enlarged insurance role for the government as “socialized medicine.” It may be necessary to scrutinize the meaning of “socialized medicine” to different interest groups.

(2) Professor Yamagishi simply states that the AMA feared that VA health care could provide a positive precedent for the American people to accept public health insurance. President Harry S Truman’s special message to Congress on health care reform delivered in November 1945 was an epoch-making event that stimulated a heated national discussion on this topic. It may be helpful if Professor Yamagishi makes a more detailed analysis with respect to the relationship between Truman’s program and the VA health care program,

especially the extent to which the VA program contributed to delays and finally the abandonment of Truman's program.

(3) Professor Yamagishi emphasizes the importance of the fact that anti-communist fervor in the United States helped prevent the creation of universal health insurance. However, even in the 1990s after the end of the Cold War, the United States did not implement a universal health insurance system. This indicates that the Cold War and anti-communism were just two of many factors, certainly not the major factors in explaining why there is no universal health insurance system in the United States. "Cold War" and "anti-communism" are magic words that seem to explain everything but, in reality, explain little. We may have to be careful in relying on these terms when we analyze actual political development.

In addition to this paper, Professor Yamagishi has published a series of writings concerning the American health insurance system. I have read most, if not all, of his published articles, as well as his excellent Ph. D. dissertation. He is already a leading scholar in this field. In every single article I have read, Professor Yamagishi demonstrates his thorough understanding of political theory in his analysis of health politics. Furthermore, based on his deep knowledge of political theory and his meticulous empirical research, Professor Yamagishi always presents stimulating original ideas.

Professor Yamagishi's paper is part of his much larger research project to address the fundamental question why the United States is the only industrialized country whose government does not guarantee universal health care coverage for its citizens. This fundamental question in turn raises two broad questions:

Question #1: In order to analyze health insurance policies, scholars normally focus on domestic issues such as the political system, interest group politics, ideology or political culture, path dependence of policies, and so on. Scholars tend to believe that health insurance is purely a domestic issue that has little to do with analysis of the world system, or influences outside national boundaries.

Let us consider the following: Why did the United States spend much of its resources on cutting-edge medical research instead of establishing a more egalitarian health insurance system at the end of World War II? In contrast, why did Japan spend much energy on establishing an egalitarian, somewhat too egalitarian, health insurance system, rather than concentrating its scarce resources on advancing medical science after World War II?

Answers to these questions relate, at least partly, to the location or status of the United States and Japan in the world system at the end of World War II. The United States was at the beginning of establishing a new world order. In order to achieve and maintain its hegemony, the United States felt it had to place itself at the vanguard of science and technology. Conversely, Japan, occupied by the Allied Powers at the end of World War II, was located outside the world system. Japan was a vanquished country with millions of hungry people. In these circumstances, Japan was compelled to develop an egalitarian (or "democratic"),

welfare-type health insurance system.

Studies of health insurance or social security and the welfare state in general are not a purely domestic issue. In order to implement a dynamic analysis of these topics, a combination of international relations analysis and a traditional domestic-oriented approach may be useful.

Question #2: What is the basic or hidden assumption underlying the fundamental question of why the United States has no universal health care coverage for its people? This fundamental question is misconceived. We blindly assume that universal health care coverage is a social good that every industrialized nation should achieve. But, is this really true? It may be useful to analyze the negative aspects of universal health care coverage, particularly the relationship between the state and its citizens. It can be argued that universal health care coverage tends to veer away from an “insurance” system and more closely resembles a “dependent welfare” system. Is this good even if it leads to the gradual loss of independence and a bigger, more powerful state?

In short, health care coverage or health insurance is an issue of what kind of state we want. In the 21st century, the state is becoming so large and bureaucratically intrusive that fears of losing life, liberty, and the pursuit of happiness are not unwarranted.