

“The Neurosis That Has Possessed Us”: Political Repression in the Cold War Medical Profession

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ABSTRACT

Political repression played a central role in shaping the political complexion of the American medical profession, the policies it advocated, and those allowed to function comfortably in it. Previous work on the impact of McCarthyism and medicine focuses heavily on the mid-century failure of national health insurance (NHI) and medical reform organizations that suffered from McCarthyist attacks. The focus is national and birds-eye but says less about the impact on day-to-day life of physicians caught in a McCarthyist web; and how exactly the machinery of political repression within the medical profession worked on the ground. This study shifts orientation by using the abrupt dismissal of three Los Angeles physicians from their jobs as a starting point for exploring these dynamics. I argue that the rise of the medical profession and the repressive state in the mid-century, frequently studied apart, worked hand-in-hand, with institutions from each playing symbiotic and mutually reinforcing roles. I also explore tactics of resistance – rhetorical and organizational – to medical repression by physicians who came under attack.

KEYWORDS: health insurance, national health insurance, McCarthyism, Cold War, American medicine, Communism, health activism

INTRODUCTION

From the late-1940s into the mid-1950s, the American state and the American medical profession consolidated and exercised their powers in historically new and sweeping ways.

Ellen Schrecker, the leading scholar of what has become known as the “age of McCarthyism,” after its most public and theatric exemplar, has characterized it as “the most widespread and longest lasting wave of political repression in American history,” while Stanley Kutler has labeled it “official repression on an unprecedented scale.”¹

- 1 Ellen Schrecker, *Many are the Crimes: McCarthyism in America* (Boston: Little, Brown and Company, 1998), x; Stanley Kutler, *The American Inquisition: Justice and Injustice in the Cold War* (New York: Hill and Wang, 1982), 35-7.

But McCarthyism reached far beyond the demagogic behavior of its namesake, who in collective memory has become a one-person stand-in for what was a much wider phenomenon that in fact predated him. It took the form of loyalty oaths imposed by private employers and a federal program, hatched during the Truman Administration, which created boards within government agencies that screened employees' records for "reasonable grounds for belief in disloyalty."² And it included hearings, both public and private, into people's "Un-American" activities, where parades of witnesses were queried about political conduct – real and imagined – with any hints of left-wing sympathies.

Beyond these formal structures of inquisition, McCarthyism seeped into everyday life and political culture. Rumors and whispers about a person's affiliations could render workplaces toxic or result in sudden termination. Innuendos surrounding legislators who supported expanded social welfare policy or civil rights could doom political careers. In all its guises, "red-baiting" reached deeply and widely, into secondary schools, universities, multiple academic disciplines, unions, the studio system, scientific labs, and, as will be discussed here, American medicine. Moreover, it reflected an immediate Cold War consensus that was cross-ideological and bi-partisan, all undergirded by bureaucracy devised years before both the ascent of Joseph McCarthy and, indeed, the end of World War II.

Concurrently during this period, the medical profession reached a zenith of cultural respectability, economic support, and political influence. These parallel developments converged. Rising state repression aided the profession's ability to alter the political complexion of its ranks and radically constricted the spectrum of viewpoints allowable therein. Previous scholarship on this theme has centered on the machinations of the American Medical Association (AMA). In particular, it has focused on the defeat of proposals for government-funded national health insurance (NHI), which gained legislative traction in the wake of the World War II, when President Harry Truman made it a domestic priority. During the late-1940s, the AMA mounted an enormous (and highly successful) campaign that mobilized members at the national and local levels and lobbied politicians against the legislation, all while sullyng NHI supporters with accusations of Communist sympathy for "socialized medicine."³ Colin Gordon and Jill Quadagno have both detailed the activities of "National Physicians Committee for the Extension of Medical Care" and "The National Education Campaign," anti-NHI fronts of the American Medical Association, which spent more than \$1 million on pamphleteering directed at physicians, patients, and lawmakers, and played a critical role in shaping public opinion and diluting support for NHI. By 1952, NHI's legislative prospects had died.⁴

- 2 A succinct overview of the Executive Orders that created the loyalty program and the standards by which they acted is in Kutler, 35-7. The best comprehensive analysis of the loyalty program remains Eleanor Bontecou, *The Federal Loyalty-Security Program* (Ithaca: Cornell University Press, 1953).
- 3 For more on these AMA fronts, see Colin Gordon, *Dead on Arrival: The Politics of Health Care in Twentieth-Century America* (Princeton: Princeton University Press, 2003), 221-23, and Jill Quadagno, *America Uninsured: Why The U.S. Has No National Health Insurance* (New York: Oxford University Press, 2005), 34-43.
- 4 There is some irony in Truman-supported NHI legislation's failure at the hands of such accusations, given that some of the McCarthyite apparatus was sanctioned by Truman himself and early Cold War Democrats of the time.

But the AMA and its fierce anti-NHI campaign are only one part of "medical McCarthyism" as Jane Pacht Brickman has termed it. Here, I move to the local and examine the fallout of anti-communist fears in the world of Los Angeles medicine, beginning with a single episode: the abrupt dismissals of three politically active physicians from Cedars of Lebanon Hospital. That incident occurred in a wider regional and national context. It revealed multiple layers of state and professional effort that targeted physicians for political associations and activities. And it generated a fierce defense from the physicians under attack, as they formed networks of solidarity and deployed medically distinct rhetorical strategies to denounce what was happening to them.

The best known episode of political repression in the medical profession – besides the mid-century debates on NHI – comes from Brickman's study of the Physicians Forum, a national organization of leftist and liberal physicians.⁵ The Forum advocated NHI and denounced many other policies of the AMA, incurring the latter's wrath. But while the Forum itself bore many political attacks, unlike those examined here, it never suffered consequences beyond damage to public image and short-term drop-offs in membership. None of its members were ever called to testify before the House Un-American Activities Committee (HUAC) or state-level analogues. Indeed, the organization survived intact and remained active through the 1960s. By contrast, the individuals and organizations analyzed here suffered severe formal repercussions that included dismissals from hospital positions, loss of medical research funds, and political stigmatization of their names by legislative bodies.⁶ What emerges is a picture more variegated than the traditional federal-level narrative about the AMA and NHI. Adopting the ground-level perspective here allows us to see an entanglement of public and private institutions that played symbiotic and mutually enforcing roles in the Los Angeles medical community's encounter with political repression in the 1950s. And it broadens the analytical boundaries that have separated the story of the American medical profession's ascendance from that of state repression during the early Cold War years.

SPARK: THE CEDARS INCIDENT

On December 28, 1951, three physicians learned that they had been removed, without official explanation, from the employment roster of Cedars of Lebanon Hospital. Drs. Murray Abowitz, Alexander Pennes, and Richard Lippman all had built strong reputations and commanded respect within the profession. Cedars had employed Abowitz

5 Jane Pacht Brickman, "Medical McCarthyism': The Physicians Forum and the Cold War," *Journal of the History of Medicine and Allied Sciences* 49, no. 3 (July 1994), 380-418.

6 As Schrecker has noted, newer archival materials still confirm that the investigative techniques of the House Un-American Activities Committee, state-level counterparts, federal loyalty boards, the FBI, and others, were often sloppy, inaccurate, and unconstitutional with their methods of inquiry and conclusions. But earlier historiography sympathetic to those investigated may indeed have overestimated the numbers of people innocent of affiliation with the Communist Party or affiliated groups. For future scholars, this requires allowing for the possibility that the accusers may have gotten it right and the accused may have indeed obfuscated. I maintain this critical distance here but would argue that emphasis on the "Was he or she 'really' a Communist?" question is misguided in a study of this sort, which focuses on mechanisms of political repression and response to them. These remain intact, whatever the affiliations – real or imagined – of those under scrutiny. See Schrecker, *Many are the Crimes*, xi.

for fourteen years, and while there, he had become chief of its arthritis clinic. Pennes had spent his last seven years as a part-time Cedars radiologist.⁷ Perhaps the most accomplished, however, was Lippman, a Guggenheim Fellowship recipient, eminent researcher on kidney disease, and physician to Linus Pauling, the increasingly politically outspoken and eminent Caltech scientist and soon-to-be Nobel Prize winner for chemistry.⁸

How might we begin to make sense of Cedars's actions? In the early months, Cedars of Lebanon's trustees themselves were silent on the matter. They issued only one terse statement on the incident, directing the doctors to file a complaint with the local medical society if they felt aggrieved.⁹ But a look at the local political climate provides key clues. Earlier in the year, the federal House Un-American Activities Committee (HUAC) had been in Los Angeles. And on September 20 and 21, HUAC had called Murray Abowitz and his wife Eleanore to testify about alleged memberships in a number of political groups suspected of either containing a Communist Party (CP) presence or of being Communist front groups.

That testimony held clues to why Abowitz and his colleagues would face much political trouble. HUAC counsel Frank Tavenner asked about affiliations within the Southern California chapter of the National Council of Arts, Sciences, and Professions (CASP). Over the past couple years, CASP had become notorious, enough to draw attention from HUAC, especially after its sponsorship of a "Scientific and Cultural Conference for World Peace" in March 25-27, 1949, a New York City meeting promoted heavily on the front pages of *The Daily Worker*, the Communist Party's newspaper.¹⁰ It encouraged, according to other sub-headings in a HUAC report, "civil disobedience," "debasement of culture," and an "anti-American, pro-Soviet tone." Furthermore, it had brought together some of the country's most politically radioactive figures, including Pauling and civil rights activities W.E.B. Du Bois, and Paul Robeson, among others, who faced political surveillance from the federal government in the 1950s.¹¹

In the wake of the conference, CASP, its sponsoring organization, thus possessed a strong political stigma – something that would not help the Abowitzes in their HUAC

7 Hannah Bloom, "Around the USA," *The Nation*, 3 May 1955.

8 "Richard W. Lippman Memorial," 3 January 1960 in Richard Lippman, Biographical File, Walter J. Lear Collection [unprocessed], Kislak Center for Special Collections, University of Pennsylvania, Philadelphia, PA [hereafter referred to as Lear Collection]. Walter Lear was an archivist and activist who amassed an enormous collection of materials on health activism. He transferred the entire collection to the University of Pennsylvania, though much of it remains unprocessed. I refer to the entire collection as "Lear Collection" and specific subsections of it by appropriate names. I have retained digital copies of all unprocessed material cited here.

9 "Statement of Cedars of Lebanon Hospital," 17 January 1952 in Box 1, Folder 9, Alexander Pennes Papers, Southern California Library, Los Angeles, CA [hereafter referred to as Pennes Papers].

10 "Dinner Tonight to Launch Parley for World Peace," *Daily Worker*, 25 March 1949; "Cultural Leaders Defy Hysteria to Meet on Peace," *Daily Worker*, 27 March 1949.

11 HUAC, Review of the Scientific and Cultural Conference for World Peace Arranged by the National Council of the Arts, Sciences, and Professions and Held in New York City, March 25, 26, and 27, 1949 (Washington: U.S. Government Printing Office, 1950), 1-14. All three faced passport trouble during the decade, with either revocation or denial of renewal. See Martin Duberman, *Paul Robeson: A Biography* (New York: New Press, 1989 [1988]), 388-89; David Levering Lewis, *W. E. B. Du Bois, 1919-1963: The Fight for Equality and the American Century* (New York: Henry Holt, 2000), 554; Jessica Wang, *American Science in an Age of Anxiety: Scientists, Anti-Communists, and the Cold War* (Chapel Hill: UNC Press, 1999), 275.

appearances or Murray's career fortunes. Murray's appearance the next day provided an opportunity for HUAC's Tavenner to insinuate a number of political connections to Communist fronts and other related political activities. In addition to querying his ties to the local CASP chapter (at one point asking Abowitz to read from a donation check he signed) and the American-Soviet Medical Society, Tavenner also asked why his name appeared on a number of public petitions issued by the Civil Rights Congress (CRC), a radical civil rights organization with a heavy and open Communist Party presence.¹² During the testimony, the name of a second Cedars physician surfaced, when Tavenner declared that HUAC was "in possession of information" that Abowitz had attended a CASP Medical Division meeting at one Alexander Pennes's home.¹³ The HUAC session was enough to politically besmirch both men's reputations, and it likely contributed to the loss of their Cedars jobs a few months later at the end of 1951.

The conclusion of Abowitz's testimony also foreshadowed the nature of the conflict to come, one that pitted one dominant wing of the local medical profession against dissenters within it. HUAC's Tavenner closed by entering into evidence a letter sent by the local chapter of CASP to local Los Angeles doctors, urging them to "follow closely the proceedings of this committee [HUAC] when it comes here [Los Angeles], so that you may see for yourself its Un-American, anti-democratic conduct." The letter ended by encouraging protest letters to legislators.¹⁴ After entering the letter into the record, Tavenner declared that HUAC had received no letters endorsing the CASP circular, but "scores of letters and communications from members of the medical profession in this vicinity denouncing the letter and advising the committee of their wholehearted support of this investigation." He continued: "I think it is fair to the medical profession, generally, in this locality that the record disclose that fact."¹⁵

By casting CASP's efforts in this light, HUAC juxtaposed Communism against the medical profession. On one side stood an organization, CASP, widely perceived as a Communist front group asking for the medical profession's assistance. On the other side stood a virtuous medical profession that would, of course, never give in to such overtures, and in fact, actively denounced them. With this dualism, physicians accused of membership in a group like CASP – like Abowitz and Pennes – could therefore be painted as red stains upon a profession at its most prestigious height. Consequentially, as with many other institutions purging their ranks – movie studios and universities perhaps the most prominent – hospitals like Cedars probably responded out of fear for problems that "subversive" physicians, tagged as such by influential governmental bodies, might pose for Cedars in the future.

12 HUAC, *Communist Infiltration of the Motion-Picture Industry – Part 5* (Washington, D.C.: U.S. Government Princeton Office, 1950), 1744-48; The CRC grew out of the National Negro Congress (NNC), the latter technically a Communist Party front group for civil rights. For more on the CRC, see Gerald Horne, *Communist Front? The Civil Rights Congress, 1946-1956* (Madison, N.J.: Fairleigh Dickinson University Press, 1987).

13 HUAC, *Communist Infiltration*, 1747.

14 *Ibid.*, 1663-64; 1749-50.

15 *Ibid.*, 1663.

Alexander Pennes's experiences after his friend's testimony suggest as much. Of the three soon to be dismissed doctors, Pennes had the least involvement with Cedars, working there on a part-time basis. He worked primarily at St. Joseph's Hospital in Orange, California, where on September 21, the day of Abowitz's HUAC appearance, Pennes watched the proceedings on television with great unease, especially after he heard his name called.¹⁶ And a day after Abowitz's appearance, St. Joseph's telephoned him asking for his resignation, citing the reputational problems that Pennes's name might create for the hospital. Pennes refused, arguing that he had "done nothing wrong." Although initially left alone, Pennes felt his working atmosphere grow increasingly chilly and unpleasant. Decades later, he recalled that many of the Sisters, doctors, and nursing staff grew "unfriendly" and "hostile," barely talking to him. Soon after a hearing querying him on any Communist Party ties, Pennes "more or less walked out" of the hospital to avoid formal firing.¹⁷

For the third physician, Richard Lippman, the reasons for his removal were less clear, for he had yet to make any appearance before or have his name sullied during a HUAC hearing. But like Abowitz and Pennes's involvement with CASP, Lippman's own prior political activities may well have made Cedars see him as political baggage convenient to dump at year's end. His personal history of activism stretched back to the early 1940s, when he had been a leader in the Association of Internes and Medical Students (AIMS), a medical student group that itself became a Cold War casualty in the early 1950s, after an extended attack from the AMA. Until its demise, AIMS had agitated for NHI, better working conditions in training hospitals, and an end to racial discrimination in hospitals and medical school admissions.¹⁸ After moving to Los Angeles, Lippman had become active in opposing nuclear testing, and in 1950, he helped research a pamphlet detailing patterns of discrimination in Los Angeles hospitals that specified institutions by name.¹⁹ These activities occurred at a time when the American left and the Communist Party were major propellers of more militant civil rights action.²⁰

DEFENSE: RECLAIMING THE RHETORIC OF PHYSICIAN AUTONOMY

The Cedars firings triggered protest that gained momentum as the political hammer fell hard on the three left-wing physicians. Within a month, the local CASP chapter, which had become a central focus during the Abowitzes' HUAC hearing, issued a call

- 16 Alexander Pennes, interview by Walter Lear, 4 November 1981, 1 in Pennes, Biographical File, Lear Collection [hereafter referred to as Pennes Interview]; "Take Politics Out of the Practice of Medicine," ca. 1952 in Box 1, Folder 16, Pennes Papers.
- 17 Pennes interview, 1-2, 4.
- 18 "Association of Internes and Medical Students," brochure, 1949 in AIMS Papers, Lear Collection; "Discrimination in Medicine: A Report, 1950 in AIMS Papers, Lear Collection; "Richard W. Lippman Memorial," 3 January 1960 in Richard Lippman, Biographical File, Lear Collection.
- 19 Thomas Perry, interview by Walter Lear, 17 November 1981 in Thomas Perry, Biographical File, Lear Collection [hereafter referred to as Perry Interview].
- 20 Thomas Sugrue, *Sweet Land of Liberty: The Forgotten Struggle for Civil Rights in the North* (New York: Random House, 2008), 33-41, 104-9; Martha Biondi, *To Stand and Fight: The Struggle for Civil Rights in Postwar New York City* (Cambridge: Harvard University Press, 2006).

for a letter-writing campaign to its membership. It asked: "Is the totalitarian concept of absolute conformity to succeed in consolidating its foothold in the medical profession – or is this shamefully Un-American attempt to impose political and social conformity in this field to be defeated now while there is yet time?"²¹ These opening lines set the tone for the remainder of CASP's letter, which repeatedly invoked the cultural prestige of the American medical profession and referred to its urgent need to defend autonomy from outside incursion. The letter contained much irony, for its rhetoric shared many features with that of mainstream medicine, even though many of the Los Angeles doctors had taken part in political activities that criticized what they saw as the profession's many parochial aspects. As early as 1946, for example, Murray Abowitz had tried to involve CASP's "medical division," which he headed, in campaigns for NHI, a policy that the AMA had vigorously opposed on the grounds that it would undercut physicians' independence.²²

The three Cedars doctors and their defenders repeatedly invoked vaunted professionalism and threats to its integrity. For example, CASP's one-page letter alone contained references to "these men and their distinguished contributions to medical science," "their outstanding reputation for professional ethics and medical skill," "eminent medical men," and their "highest devotion to medical science."²³ The medical profession and its institutions came across as sacred and under attack from a "Hitlerian drive for political conformity through coercion and suppression." The last line told readers that letter writing in protest would "help secure a free medical profession – and a free and democratic America," lines not unlike those used by the AMA when it stirred fears of what NHI would cause.²⁴

This rhetorical strategy revved up in the following month. By March 1952, an ad hoc Committee for Medical Freedom had formed to organize rallies and publish newsletters in support of the physicians, describing in a small statement its reason for being. "The right to practice medicine," it began, "is based on professional and personal competence and integrity without considerations of race, religion or politics."²⁵ At the top of the page, readers saw a forceful declaration of medical independence: "And they shall take an oath according to the medical law, but to none else."²⁶

The rhetoric of professional autonomy dominated this heyday of American medicine, so much so that even those opposed to or under attack from its mainstream

21 Southern California Chapter, National Council of the Arts, Sciences, and Professions, Inc. to members, 18 January 1952 in "The Red Witch Hunts" Papers, Lear Collection.

22 In a March 1946 letter, he wrote of CASP's attempts: "Our program calls for study and action on all problems relating to the health and medical needs of the community." Murray Abowitz to John Peters, 26 March 1946 in Box 4, Folder 109, Papers of John Punnett Peters, Sterling Memorial Library, Yale University, New Haven, CT [hereafter referred to as Peters Papers].

23 Southern California Chapter, National Council of the Arts, Sciences, and Professions, Inc. to members, 18 January 1952 in "The Red Witch Hunts" Papers, Lear Collection.

24 Ibid.

25 *Medical Freedom* 1, no. 1 (March 24, 1952) in Folder "Cedars of Lebanon Hospital Case," "The Red Witch Hunts" Papers, Lear Collection.

26 *Medical Freedom* 1, no. 1 (March 24, 1952) in Folder "Cedars of Lebanon Hospital Case," "The Red Witch Hunts" Papers, Lear Collection; *Medical Freedom* 1, no. 2 (April 20, 1952), 1, no. 5 (October 1952) in Box 1, Folder 11, Pennes Papers; "Look at the Record," ca. 1952 in Box 2, Folder 4, Pennes Papers.

nevertheless invoked its key tenets. While one wing of American medicine deployed it to argue against government intervention or the spectre of collectivization in health care, another, as in the Los Angeles case, used it to argue against investigations into the political affiliations of doctors and politically motivated dismissals. This may have been strategic: an attempt to reclaim professionalism by those who might wield it against those with left political views. But given the pervasiveness of this rhetoric, it might well have been unconscious, too, reflecting its entrenchment within even those segments of the profession one might think would resist it the most.

ESCALATION: THE RETURN OF HUAC

In the coming months, left-wing physicians in Los Angeles would indeed need all the rhetorical power – and more – that they could muster. On January 21, 1952, a new round of HUAC hearings examined “Communist Activities Among Professional Groups in the Los Angeles Area.”²⁷ This separate line of inquiry was significant. Previous appearances by physicians, including Murray Abowitz, had occurred as part of broader investigations into other sectors like the film industry. The creation of a new series of hearings meant a more focused inquiry that moved professionals, including physicians, to the forefront as anti-communist targets of scrutiny.

On the first day of the new inquiry, HUAC heard from Louise Light, a Los Angeles osteopath who claimed to have been a member of the Communist Party until the late 1940s.²⁸ Light’s testimony became critical to determining which physicians would appear before HUAC down the line. She named a physician, Leo Bigelman, and a dentist, Max Schoen, as those responsible for recruiting her into the Party’s “medical division” years beforehand. Both Bigelman and Schoen had already appeared before HUAC, at the same time as the Abowitzes.²⁹ But Light provided far more details for HUAC. She responded affirmatively when asked to confirm the presence of numerous doctors in the Party’s “medical cell” and read a list of additional names.³⁰

Light’s testimony, with its repeated references to “professional” and “medical” cells, depicted a highly organized physician presence within the Communist Party. Asked by HUAC to describe the “influence the Communist Party exerted or endeavored to exert over the doctors who were members of [Light’s] particular group,” Light replied that the Party was infiltrating the medical profession to further its ends, and those converted took part in political activities like NHI advocacy and civil rights, both of which carried “red” connotations in these early Cold War years, even though advocates of both causes ran the ideological spectrum, from Democratic Party liberal to Communist.³¹

27 HUAC, *Communist Activities Among Professional Groups in the Los Angeles Area – Part 1* (Washington, D.C.: U.S. Government Printing Office, 1952).

28 *Ibid.*, 2451.

29 HUAC, *Communist Infiltration*, 1542-49, 1703-16.

30 HUAC, *Communist Activities Among Professional Groups in the Los Angeles Area – Part 1*, 2451-2456.

31 On the mid-century association of civil rights agitation with Communism, see Penny von Eschen, *Race Against Empire: Black Americans and Anticolonialism, 1937-1957* (Ithaca: Cornell University, 1997), 109-114; Thomas Sugrue, *Sweet Land of Liberty: The Forgotten Struggle for Civil Rights in the North* (New York: Random House, 2008), 104-9.

Light named Murray Abowitz as an example. "He was," she told HUAC, "the doctor who decided we should make an issue of the Negro problems of the hospital."³²

Light's testimony reflected a stepped-up HUAC presence, one with reverberations that soon became clear. In March, Queen of the Angels Hospital dismissed Harold Koppelman, a surgeon and attending physician. The reason behind the firing at Queens and Cedars seemed similar. Just days after Light's HUAC appearance, Koppelman had received a HUAC subpoena. Two weeks later, he received a letter informing him that the hospital's Medical Advisory Board had decided not to reappoint him to its staff. Koppelman claimed later that Queen of the Angels initially had characterized his dismissal as a routine personnel switch but "then admitted that [he] was being dropped from the staff due to the fact that he had received a subpoena." After negotiating to see his remaining patients, Koppelman left the hospital for good on March 5th.³³

As these new developments occurred, the original Cedars doctors experienced varying levels of difficulty. Pennes, who had also left from St. Joseph's hospital under pressure, remembered only moderate career consequences after these two episodes. Because he owned a private practice, he recalled that the dismissals "didn't affect [him] financially very much because the few doctors who stopped sending work to me were not that important."³⁴ The experience of Richard Lippman, however, was far more unpleasant. Though primarily a research-oriented physician, Lippman's status as an eminent researcher on kidney diseases meant that he saw many patients with rare conditions. Unlike Koppelman at Queens, Lippman was unable to secure an exception from Cedars enabling him to see remaining patients who happened to have rare conditions. His research funds, funneled through Cedars, were also soon revoked.³⁵

MOBILIZATION: FROM LOCAL TO NATIONAL

Other physicians also began receiving subpoenas as more HUAC hearings loomed. But the support campaigns grew far more active as well. A February 25th, 1952 "Clinic for Democracy," sponsored by the growing Committee for Medical Freedom, featured the three doctors as speakers and drew a crowd of between 500 and 600 people and \$700 in donations.³⁶ A month later, it debuted a *Medical Freedom* newsletter, sending it to "over 400 scientific and medical men nationally."³⁷ It updated readers on Committee actions, including letter writing campaigns to Cedars and boycotts of major donors to Cedars.³⁸ On its cover page, one found all of the Committee's key rhetorical tropes: a

32 HUAC, *Communist Activities Among Professional Groups in the Los Angeles Area – Part 1*, 2456.

33 "Queen of the Angels Hospital," ca. 1952 in Box 1, Folder 16, Pennes Papers; Meeting minutes, CMF, 10 March 1952 in Box 1, Folder 1, Pennes Papers.

34 Pennes interview, 14.

35 Meeting minutes, CMF, 14 February 1952 in Box 1, Folder 1, Pennes Papers.

36 Lippman to Pauling, 26 February 1952 in Box 1, Folder 16, Pennes Papers.

37 CMF, "The Cedars Case," internal document summarizing activities, ca. early 1952 in Box 1, Folder 16, Pennes Papers.

38 *Medical Freedom* 1, no. 1 (March 24, 1952) in Folder "Cedars of Lebanon Hospital Case," Collection "The Red Witch Hunts," Lear Collection.

list of the doctors alongside their prestigious professional credentials and the Hippocrates quotation on taking an oath according to medical law – but no one else.³⁹

The Cedars episode and Los Angeles mobilization were not occurring in isolation, as evidenced by a series of articles published in *The Nation*, a widely-read left-liberal magazine. In addition to the Cedars doctors, Yale law professor Vern Countryman discussed a physician fired from Philadelphia General Hospital for refusing to take a loyalty oath.⁴⁰ New networks of solidarity formed among left-leaning medical figures across the country as political pressures, whatever form they took, mounted against them. There existed a collective understanding about the dangers faced by politically active physicians, that no case was an anomaly. A San Francisco physician named Jane Paxson, for example, formed a solidarity group called the East Bay Physicians for Civil Liberties.⁴¹ From New Haven, Yale Professor of Medicine John Peters wrote a public letter to Cedars protesting the three dismissals. Peters himself was embroiled in a political battle of his own, his United States Public Health Service (USPHS) consultancy having been jeopardized after a federal loyalty board concluded that “reasonable doubts” existed about his loyalty.⁴² Members of the Physicians Forum, which had advocated for NHI through the 1940s and was a veteran of attacks from the AMA, devoted attention to the Cedars case.⁴³ At the behest of Ernst Boas, the Forum’s chairman, several of the organization’s most prominent members wrote letters of protest, including Allan Butler, a Harvard Professor of Pediatrics and consultant to the National Heart Institute who had also recently faced questions from a federal loyalty board.⁴⁴ In a private letter to Boas, Lippman thanked him for writing a letter to Cedars and remarked that “national response has shown that the Case can be used as a focus for development of a very wide fight for professional and academic freedom in which our fight is a symbol, however humble.”⁴⁵ The Committee for Medical Freedom began to publish its newsletter regularly, ending each issue with the words, “Ask YOUR Doctor what HE is doing for Medical Freedom,” playing again upon professional ideals and the image of the medical profession under attack.⁴⁶

39 Ibid.

40 *Medical Freedom* 1, no. 1 (March 24, 1952) in Folder “Cedars of Lebanon Hospital Case,” Collection “The Red Witch Hunts,” Lear Collection.

41 Jane T. Paxson to Ben Meyer, 5 March 1952 in Box 1, Folder 4, Pennes Papers.

42 *Medical Freedom* 1, no. 2 (April 30, 1952) in Box 22, Folder 240, Physicians Forum Papers, Kislak Center for Special Collections, Rare Books and Manuscripts, Van Pelt Library, University of Pennsylvania, Philadelphia, PA [hereafter referred to as Physicians Forum Papers]; Peters to McElvain, 8 March 1952 in Box 5, Folder 126, Peters Papers. On the federal loyalty program, see Bontecou, *The Federal Loyalty-Security Program*.

43 Brickman, “‘Medical McCarthyism.’”

44 Ernst Boas to Allan Butler, 15 January 1952 in Box 22, Folder 240, Physicians Forum Papers; Butler to Meyer, 15 January 1952 in Box 22, Folder 240, Physicians Forum Papers.

45 Lippman to Boas, 3 September 1952 in Series I: Correspondence, Box “J-Mi,” Folder “Lippman Richard W,” Papers of Ernst Philip Boas in American Philosophical Society, Philadelphia, PA [hereafter referred to as Boas Papers.]

46 And, of course, the sexism of the profession.

Despite this groundswell of support, the physicians' situation failed to improve. The Committee reported in a summer newsletter that the University of Southern California's medical center had dropped two of its staff for questionable reasons ("the disease spreads").⁴⁷ And the next round of HUAC's hearings, delayed repeatedly, finally began on the last day of September 1952. During what frequently became a raucous two days, HUAC called sixteen physicians, two dentists, and one optometrist, including eight whom Louise Light had named in her testimony nine months before.⁴⁸ HUAC asked almost all of them about membership in the alleged CP "medical cell." As expected, they refused to answer, invoking the Fifth Amendment.

Although some kept their responses curt, most decided that they would use HUAC as a political pulpit, and their rhetoric resembled that of the Cedars campaigns of the past year. The most searing statement came from Fred Reynolds, then a physician at Cedars, who declined to answer a question about the CP "medical cell" by deploying both a Nazi analogy and invoking medical autonomy. "First, as a physician I must oppose any attempts to impose political conformity on the medical profession or any of the scientific professions because such conformity is fatal to scientific progress," Reynolds said. "I cite the example of Germany in which medical science –," he continued, before being cut off. But Reynolds managed to interject a few minutes later: "I want to point out in Germany doctors were so degraded they vivisected human beings."⁴⁹ Invoking the Hippocratic Oath's clause on patient confidentiality, Reynolds ended his testimony by telling HUAC that he could talk no further about medical activities, lest he wish to violate it.⁵⁰

Several other witnesses extended the doctors' rhetoric, linking the doctors' plight to violations of doctor-patient trust and the sanctity of the medical profession. In a lengthy, testy, and often sarcastic exchange with HUAC's Tavenner, another physician, Jacob Druckman, explained why he refused to answer questions about the CP "medical cell," emphasizing his professional status and what he saw as its implied privileges. HUAC, Druckman argued, was an affront to the exalted doctor-patient relationship, and harmful to both of its parties: "I said that as a citizen-physician, that in answering any question of the nature propounded, I would be giving up my rights of free speech and association; and in doing so, that my patients would have no confidence in me, because they could not trust me."⁵¹ The integrity of doctor and patient, and the need for it to remain free from any outside disruption, surfaced again in the testimony of many others, like Edwin Goodlaw, who stated that the "confidential relationship of doctor and patient must be maintained. . . My objections, sir in this one point, is that to turn

47 *Medical Freedom* 1, no. 3 (July 1, 1952) in Box 22, Folder 240, Physicians Forum Papers.

48 HUAC, *Communist Activities Among Professional Groups in the Los Angeles Area - Part 3* (Washington, D.C.: U.S. Government Printing Office, 1952), 4040-71; HUAC, *Communist Activities Among Professional Groups in the Los Angeles Area - Part 4* (Washington, D.C.: U.S. Government Printing Office, 1952), 4109-66.

49 HUAC, *Communist Activities Among Professional Groups in the Los Angeles Area - Part 3*, 4054.

50 *Ibid.*

51 *Ibid.*, 4061.

informer and cooperate with this committee makes that doctor incapable of retaining the confidence of his patient.”⁵²

When the hearings ended, there was a momentarily celebratory mood among some of the physicians. Publicly, they had conveyed a clear message of dual physician and patient interests under attack, and they had worked in polemical disquisitions about HUAC’s legitimacy into their testimonies.⁵³ Still, the dismissed doctors were never reinstated. And in their regular meeting two weeks later, Committee for Medical Freedom members noted that not much had changed to prevent more firings in the future.⁵⁴ Events of December 1952 confirmed this. Four more doctors at Cedars, Fred Reynolds, Simpson Marcus, Joseph Hittelman, and Jacob Druckman, each of whom had testified in the HUAC hearings, lost their positions at Cedars in the same manner as the original three.⁵⁵ If anything, after a year, actual outcomes were minimal, despite national and local support.

One of the original Cedars doctors, Richard Lippman, continued to suffer especially badly. Throughout 1952, he had worked desperately to salvage his research career. When the Cedars dismissals occurred, Lippman maintained a post at Cedars’s Institute for Medical Research, where he could not be dismissed because of a prior contract. But while on a spring trip, Lippman learned that Cedars had turned away his most recent USPHS grants, which soon resulted in the agency’s suspending all previous ones as well.⁵⁶ In the fall of 1953, Lippman moved to New York City, where he had finally located a post at Montefiore Hospital only to discover that it required him to appear before HUAC and take a loyalty oath, which he refused to do. Writing to his sympathetic and former supervisor at Cedars, Lippman claimed that the Cedars administrations had approached the Federation of Jewish Charities in New York and the USPHS to sabotage his new post. According to Lippman, the USPHS had told Montefiore that if he were hired, “the institution would never receive another penny of USPHS funds.” Lippman returned to Los Angeles, where he learned that his brother-in-law Tom Perry had since been dismissed by Los Angeles Children’s Hospital.⁵⁷ In a despondent private letter to Linus Pauling, he wrote: “As a result of the current situation, we have been torn loose from our home, our possessions, and our standard of living.”⁵⁸

By April of 1953, attendance at Committee for Medical Freedom meetings dwindled, according to its records, “because the organization had shrunk considerably and

52 HUAC, *Communist Activities Among Professional Groups in the Los Angeles Area – Part 4*, 4141.

53 Pennes, speech, 8 October 1952 in Box 2, Folder 1, Pennes Papers.

54 Meeting minutes, CMF, 13 November 1952 in Box 1, Folder 1, Pennes Papers.

55 Meeting minutes, CMF, 18 December 1952 in Box 1, Folder 1, Pennes Papers; “Four More Doctors Dismissed From Cedars’ Staffl,” ca. Dec 1952-early 1953 in Box 1, Folder 12, Pennes Papers.

56 Lippman to Pauling, 9 May 1952 in Box 217, Folder 5, Pauling Papers; Pauling to A.L. Raymond, 16 October 1952 in Box 217, Folder 5, Ava Helen and Linus Pauling Papers, Special Collections, Valley Library, Oregon State University, Corvallis, OR [hereafter referred to as Pauling Papers].

57 Untitled leaflet on Tom Perry dismissal, ca. early 1953 in Box 1, Folder 18, Pennes Papers; Perry interview, 30; Meeting minutes, CMF, 2 April 1953, 16 April 1953 in Box 1, Folder 1, Pennes Papers.

58 Lippman to Harry Goldblatt, 24 January 1953 in Box 217, Folder 5, Pauling Papers; Lippman to Pauling, 26 January 1953 in Box 217, Folder 5, Pauling Papers.

because it had become ineffective and at a point of stalemate for sometime."⁵⁹ Some conversation occurred about possibly pooling together resources for a new community clinic that would give dismissed doctors a place to work and provide low-cost services, but the proposal did not lead to anything.⁶⁰ The Committee's last activities surrounded the construction of Mt. Sinai, a new hospital that eventually merged with Cedars. In meetings with Mt. Sinai administrators, Committee members hoped to pressure it into adopting more forceful founding language on the inappropriateness of political screening in hiring practices.⁶¹ It was their last recorded activity.

APPARATUS: THE ANATOMY OF STATE REPRESSION AND PROFESSIONAL POWER

The Committee for Freedom's activity may have quieted. But the events that occurred after its demise revealed new information on the dynamics of power operating within the medical world of Los Angeles. Throughout most of the Cedars incident, the AMA's state- and local-level medical societies had remained curiously silent. In the eyes of the dissenting doctors, the directionality of power seemed straightforward enough; a state action in the form of HUAC was followed by a reaction from a professional arm: the hospitals themselves that feared stigma they might endure if political undesirables remained on their staffs.

Late in the Cedars campaign, hints surfaced that a more complex web of reinforcing forces might be at work. Just days before the HUAC testimony in October 1952, a short statement appeared in the Los Angeles Times from Lewis Alesen, the president of the California Medical Association (CMA), the state's medical society and analogue to the AMA.⁶² Alesen declared that the CMA stood "in hearty accord with the objectives of the duly constituted and authorized Congressional committee in seeking out and exposing those who, by any means, would give aid and comfort to enemies of America."⁶³ But other events revealed a far more pro-active professional organization. A year after the fall 1952 HUAC hearings, the county-level medical society, the Los Angeles County Medical Association (LACMA), introduced new amendments to its by-laws that explicitly screened its membership and political applicants' politics. A section on membership bluntly stated that "membership in the Communist Party or in any organization which advocates overthrow of the government by force and violence" was

59 Meeting minutes, CMF, 16 April 1953 in Box 1, Folder 1, Pennes Papers.

60 Meeting minutes, CMF, 19 March 1953; 2 April 1953 in Box 1, Folder 1, Pennes Papers.

61 Meeting minutes, CMF, 28 May 1953, 2 April 1953 in Box 1, Folder 1, Pennes Papers.

62 Although the CMA and AMA were mostly united politically, especially on the matter of NHI, it is worth noting some deviations between the two that became pronounced in the late 1940s. The AMA's California delegation had played a key role in ousting *Journal of the American Medical Association* (JAMA) editor Morris Fishbein in 1949, largely over his criticisms of voluntary prepayment plans, including after the AMA itself had embraced it. When it came to its overall political inflection and position over the ranks of left-wing doctors in its ranks – the subject of this – the stances of medical societies from the national to the local were largely the same. For an account of this, see Christy Chapin, *Ensuring America's Health: The Public Creation of the Corporate Health Care System* (New York: Cambridge University Press, 2015), 72-3.

63 "Doctors Back Inquiry to Find Reds," *Los Angeles Times*, 3 October 1952.

“incompatible” with LACMA. This built upon the organization’s recent requirement, introduced in 1951, that all members take loyalty oaths.⁶⁴ A new “Committee on Indoctrination” would now also “investigate, interview and peruse the candidate’s previous record as a physician and any other matter pertaining to his moral, ethical and professional standards,” three qualities that allowed for broad interpretation.⁶⁵

By the end of 1953, a new phase of anti-communism in Los Angeles medicine had begun. In December of that year, LACMA’s executive board wrote directly to the California Legislature’s Senate Fact-Finding Committee on Un-American Activities (CUA), a state level version of HUAC, to request its assistance.⁶⁶ Founded in 1941, California’s CUA was one of the most aggressive of these state boards, known for high-profile dragnets of union organizers and raucous hearings. In 1949, its new chairman, Hugh Burns, attempted to ramp up the activities even more, periodically introducing a bill that required loyalty oaths of all licensed professionals and tightening its support of the FBI’s surveillance activities.⁶⁷ LACMA’s 1953 letter to CUA stated that it “would appreciate an investigation by your committee [CUA] to determine the extent of infiltration into the ranks of the profession by persons whose loyalty towards the United States is questionable.” Further, it offered its “full cooperation in this project” and promised to “assist you in every possible way should this request be granted.”⁶⁸ The letter represented a sharp turning point from a year earlier, when California Medical Association President Lewis Alesen had merely welcomed HUAC’s presence in his *Los Angeles Times* statement. The fruits of this extraordinarily overt collaboration between a professional body and an arm of the state became fully apparent on December 6 and 7, 1954, when CUA held hearings to examine “Communist Infiltration of the Medical Profession.” For the next two days, testimonies from LACMA officials book-ended those of left-wing physicians, many of whom had been previously called before HUAC.

What were the reasons for LACMA, and by extension, the CMA and AMA’s sudden interest in Los Angeles? The considerable publicity from the Cedars campaign and the 1952 HUAC hearings provide one answer. During those 1952 hearings, several physicians, all of whom HUAC had more or less associated with the CP, mentioned that they were CMA and LACMA members. In disclosing their membership publicly at a HUAC hearing, these physicians explicitly (and very publicly) linked their stigmatized names with the AMA and its adjunct medical societies, thus threatening to smear the

64 LACMA Minute Books, 21 June 1951 in LACMA Minute Books, Manuscripts Collection, Huntington Library, San Marino, CA.

65 Proposed Amendments to the Bylaws of the Los Angeles County Medical Association,” *Bulletin of the Los Angeles County Medical Association* 83, no. 20 (October 15, 1953), 1071.

66 On this committee’s early years see Edward L. Barrett, *The Tenney Committee: Legislative Investigation of Subversive Activities in California* (Ithaca: Cornell University Press, 1951) and Kevin Starr, *Embattled Dreams: California in War and Peace, 1940-1950* (New York: Oxford University Press, 2013), 303-7. On Burns, see Seth Rosenfield, *Subversives: The FBI’s War on Student Radicals, and Reagan’s Rise to Power* (New York: Farrar, Straus and Giroux, 2012), 40-43.

67 Rosenfield, *Subversives*, 40-43.

68 Paul D. Foster, Verne C. Crowl, Ewing L. Turner to R.E. Combs, 12 December 1953 quoted in *Eighth Report of the Senate Fact-Finding Committee on Un-American Activities* (Sacramento: Senate Fact-Finding Committee on un-American Activities, 1955), 76-7.

organizations' image with Communist red. LACMA's request for an investigation, which culminated in the December 1954 hearings, thus may have been an attempt from the AMA and CMA's most local branch to demonstrate that it was indeed doing its part to ferret out political undesirables. J. Philip Sampson, LACMA's president-elect, publicly declared that LACMA had become "increasingly aware" of a Communist presence and knew that "while all professions were targets for their endeavors, the medical profession was the leading one." LACMA wished, he continued, "to clean our skirts completely and to be sure that there were no Communists in our group, and if there were Communists in our group, to expose them so that all might now who they are." Asked by the CUA's R.E. Combs about how LACMA had reacted to the discovery that the three Cedars physicians were themselves LACMA members, Sampson recalled that it posed a "grave concern."⁶⁹

How deeply and for how long had this interest on the part of the medical societies run? The nine former or current officials of the CMA and LACMA at CUA provided many blunt details. Two of them indicated that LACMA had closely monitored the Cedars campaign. Both recalled attending the February 25, 1952 "Clinic for Democracy" and gave detailed descriptions of what they claimed had occurred. While testifying, one of them offered CUA his copy of a pamphlet that had promoted the rally.⁷⁰ Other testimony indicated that LACMA's leaders had been aware of many Los Angeles doctors' left-wing political associations for some time. Joseph de los Reyes recalled seeing Tom Perry, Richard Lippman's brother-in-law, at a July 31, 1951 CASP meeting at Los Angeles's Clark Hotel. Reyes also discussed the 1950 city-wide survey on Los Angeles hospital discrimination that Perry, along with Lippman and others, had helped conduct, before denying its findings.

LACMA officials brought to the fore other issues, beyond just the Cedars physicians and those in their immediate orbit. Ben Frees, LACMA's 1949 president, recalled an ad hoc organization called the "Emergency Medical Committee for the Defense of Professional Licensure," which had formed that same year to protest the possibility of LACMA's instituting a loyalty oath. Frees stated to CUA that he had attended a meeting of the organization after learning that the "group was looked upon as being representative of the leftist element." At the meeting, he felt that "loyalty to our country was certainly displaced by a feeling that our country amounted to very little." Frees had grown especially concerned when two members of this Emergency Medical Committee ran for LACMA offices in 1950 and received 20% of the vote. "It was then felt," he added, "that this could not be combated by the association itself and that we had to ask for help."⁷¹ Lewis Alesen responded affirmatively to a question about whether he was aware of "so-called front organizations" in Los Angeles County, then stated that he recognized a number of organizations, including the medical division of CASP.⁷² Another notable organization he mentioned was the city's Community

69 *Eighth Report*, 78-9.

70 *Ibid.*, 105-9, 127-28.

71 *Ibid.*, 115-17.

72 *Ibid.*, 91.

Medical Center, a collectively run clinic staffed mostly by left-wing doctors, including Pennes, that offered services under a low-cost pre-paid plan. It was the kind of pre-paid group practice that the AMA and LACMA had long fought, the latter having recently published a series of articles denouncing expansion of the Kaiser Plans in Southern California – and group practice in general.⁷³

CUA interrogators of the left-wing physicians, most of whom had never testified before, queried them about the alleged affiliations and received a string of Fifth Amendment responses in return. Respondents who stepped outside the constraints of the questions continued to make by now familiar references to the integrity of doctor-patient relationships and professionalism under attack. Some doctors were questioned on meetings they allegedly had attended as early as the mid-1940s, suggesting that surveillance may have stretched far beyond the time of the Cedars firings. The most interesting testimony came from Richard Lippman, who appeared for the first time before an Un-American activities committee. During his testimony, he offered new speculation on why Cedars had dismissed him. The blame, he claimed, went beyond the Cedars board, which he suggested had merely been “forced into the position by the policies of the medical association.”⁷⁴

If Lippman was correct in his speculation, LACMA played a key role behind Cedars, even if it seemed not to take a very public role. But was he correct? The testimony towards the end of the day from Louise Light, who had first appeared before HUAC in 1951 as an ex-CP member claiming knowledge of the CP medical cell, added another detail for consideration: her contact with the FBI.⁷⁵ This piece of information was significant because the FBI and the AMA had very publicly announced their intention to cooperate with each other in 1950. That year, the AMA had invited FBI director J. Edgar Hoover to write a guest editorial in its *Journal of the American Medical Association* (JAMA). In it, Hoover wrote, “The physicians of America, like other citizens, can best help in the protection of the nation’s internal security by reporting immediately to the FBI any information of this nature which might come into their possession.”⁷⁶ In 1953, LACMA’s President published a similar article in the County’s *Bulletin* entitled “How M.D.’s Can Fight Communism.” It encouraged members to approach the FBI if they “[came] in contact with a Communist or communist doctrine.”⁷⁷

The FBI had indeed also closely monitored left-wing Los Angeles physicians, long before the Cedars incident. Murray Abowitz’s FBI file contains hundreds of references

73 *Ibid.*, 115; Paul Foster, “Let’s Keep the Ball Rolling,” *Bulletin of LACMA* 83, no. 18 (Sept. 17, 1953), 951; Paul de Kruijff, “One Man’s Experience. . . With the Kaiser Plan,” *Bulletin of LACMA* 83, no. 16 (Aug. 20, 1953), 834-835. On attacks against Kaiser specifically, see Rickey Hendricks, “Medical Practice Embattled: Kaiser Permanent, the American Medical Association, and Henry J. Kaiser on the West Coast, 1945-1955,” *Pacific Historical Review* 60, no. 4 (November 1991): 439-473.

74 *Eighth Report*, 226.

75 *Ibid.*, 285.

76 J. Edgar Hoover, “Let’s Keep America Healthy,” *Journal of the American Medical Association* 144, no. 13 (November 1950), 1094-95.

77 J. Philip Sampson, “How M.D.’s Can Fight Communism,” *Bulletin of LACMA* 84, no. 20 (October 21, 1954), 1189.

to alleged periodical subscriptions, group memberships, and attendances at rallies and meetings dating from the mid-1940s through the late 1960s. It fixates heavily on his work with the Civil Rights Congress. One report filed, however, suggested, though by no means conclusively, a possible relationship between the FBI and Cedars. In it, the report's author described an Assistant Special Agent in Charge's phone call to an official at Cedars, in which he stated there were "rumors that the hospital heads are stating that they had access to FBI information." The Cedars official, in turn, replied by saying there was "absolutely no truth" to the rumors, and the author of the FBI report wrote that he considered it "very doubtful" as well. The report also mentioned a *Time* magazine reporter who had called the FBI wishing to write a story on Cedars and who had been "emphatically told [by the FBI] that the heads of the hospital had no access whatever to information in the FBI files."⁷⁸ But the FBI's very public attempt in 1950 to reach out to the medical profession, with Hoover's JAMA article, and its decades-long monitoring of Abowitz and his circle, suggest that such denials about information-sharing may have been largely pro forma. Indeed, elsewhere in the same FBI report, its author described a special agent who received a call from a Cedars trustee ("a long-time friend of the Bureau's"). The trustee informed the agent that Richard Lippman had been fired because of a newspaper article that stated he was the physician of Bernadette Doyle. Doyle was a woman on trial for violating the Smith Act, the 1940 federal law that outlawed "simply talking about overthrowing the government 'by force and violence.'"⁷⁹ The trustee had asked the Agent if the FBI possessed any information that would help in "establishing" Lippman's subversive activities.

Enough clues exist to suggest, then, that when the state and medical societies in Los Angeles publicly admitted to cooperating in December of 1954, it was but one manifestation of a tight relationship between various arms of the government and the medical profession that had existed for some time. Deep FBI collusion with medical institutions would hardly be an outlier. Ellen Schrecker and David Price, the latter through extensive use of FBI files, have uncovered systematic FBI cooperation with professional associations, including the American Association of University Professors and the American Anthropological Association, respectively. Likewise, Jessica Wang, in her study of the scientific establishment in the immediate post-WWII years, has located FBI files that indicate members of the Federation of Atomic Scientists provided information about politically suspicious colleagues to the Bureau, which in turn distributed the information to other federal agencies or bodies like HUAC – and vice versa.⁸⁰ That similar dynamics existed among professional associations and institutions in the medical sector is highly likely.

78 "Director, FBI, SAC, Los Angeles (100-30726)," 20 February 1952 in Murray Abowitz FBI file (Los Angeles Field Office File No. 100-20663, Bureau File No. 100-418381/100-273376).

79 Schrecker, *Many are the Crimes*, 97-8.

80 Schrecker, *No Ivory Tower: McCarthyism and the Universities* (New York: Oxford University Press, 1986), 254-62, 276-79; David Price, *Threatening Anthropology: McCarthyism and the FBI's Surveillance of Activist Anthropologists* (Durham: Duke University Press, 2004); Wang, *American Science in an Age of Anxiety*, 58-84.

LEGACY: THE LANDSCAPE OF POLITICAL REPRESSION IN THE MEDICAL PROFESSION

The Los Angeles case was only the tip of a larger phenomenon in mid-century American medicine. The relationship between medical professional power and state repression, both at their apex in the late 1940s to the early 1950s, surfaced in varying ways throughout the country. In New York City, Edward Barsky, a physician and member of the Abraham Lincoln Bridge who had fought in the Spanish Civil War, appeared before HUAC because of his association with the Joint Anti-Fascist Refugee Committee (JAFRC), an organization that provided medical assistance to refugees from the Franco regime and that had appeared on an Attorney General's list of subversive organizations. When Barsky refused to turn over JAFRC records, Congress held him in contempt, and he subsequently lost his license after the Board of Regents, which oversaw licensing, invoked an obscure statute authorizing suspension if a physician was convicted of a crime.⁸¹

A series of court decisions, culminating in a Supreme Court case, upheld the state board's action while greatly expanding the discretionary autonomous powers of professional licensing boards to discipline members, all with virtually no government guidelines to ensure due process. This led the leading Justice Hugo Black to raise the concern, in his dissent, that a profession "might discipline a doctor for wholly indefensible reasons, such as his race, religion or suspected political beliefs, without any effective checks on their decisions."⁸² Justice William Douglas, also dissenting, noted how the case would never have occurred in the first place without the broader repressive political milieu. He concluded: "When a doctor cannot save lives in America because he is opposed to Franco in Spain it is time to call a halt and look critically at the neurosis that has possessed us."⁸³

Elsewhere, the Association of Internes and Medical Students (AIMS), which several of the Los Angeles physicians helped form in its early years, rapidly collapsed after the national group began associating with the International Union of Students (IUS), a Prague-based organization with a significant pro-Soviet orientation among its affiliates.⁸⁴ Soon after the AMA publicized this connection in the pages of JAMA, AIMS ceased publication of its regular journal, *The Interne*, after advertisers fearful of political stigma pulled their funding. By the mid-1950s, the organization had ceased to exist.⁸⁵ Then there were the travails of physicians and health scientists who lost federal funding, consultancies, and employment for suspected political associations. John Peters and Allan Butler, briefly mentioned here, were only two of untold numbers called before federal loyalty program boards. In a recent essay, Jane Brichtman has identified

81 State of New York, Sub-Committee on Grievances, Board of Regents, "Minutes of Formal Hearings" in Box 4, Folder 1, Edward Barsky Papers, Tamiment Library and Robert F. Wagner Labor Archives, Bobst Library, New York University, New York, NY.

82 *Barsky v. Board of Regents* 347 U.S. 442 (1954), Opinion of Hugo Black, 459-60, 463.

83 *Ibid.*, Opinion of William Douglas, 473-74.

84 Philip G. Altbach, "The International Student Movement," *Journal of Contemporary History* 5, no. 1 (1970), 162-64.

85 Charlie Nugent to Walter Lear, 19 September 1950 in AIMS Papers; "Report of Council on Medical Education and Hospitals," *Journal of the American Medical Association* 143, no. 11 (July 1950), 992-94.

several other cases of physicians targeted for international solidarity work, particularly around anti-fascism in Spain.⁸⁶

Future scholars will measure the precise toll of the phenomena here: in the exact number of physicians who lost licenses because of political affiliations; the ranks of medical personnel who were flushed out of federal agencies or lost research funding because of loyalty hearings; and the consequences from other individual Cedars-like firings throughout the nation. Dozens of physicians appeared before the HUAC and CUA hearings, each with largely unearthed stories to tell. It is clear, though, that medical McCarthyism occurred on many interlocking planes: private and public, local, state, and national. Historiography centered on the AMA-NHI theme only chips at the surface of these dynamics.

By beginning our analysis at the micro-historical level with a single incident, then moving outward, we see how state structures – like HUAC, CUA, and the FBI – interacted with powerful private medical institutions, in this case a hospital and powerful medical societies, to constrain left-wing physicians in Los Angeles. From the defensive rhetoric that the targeted physicians deployed, we learn much, too, about mid-century American medical culture. Despite the pitched nature of the conflicts that unfolded in Los Angeles, the protesting physicians invoked conspicuously traditional – some might even say parochial – tropes of medical prestige, physician autonomy, and physician-patient relations. Those opposed to the dominant medical profession's conservatism thus still conformed to its ideological logic, even as they suffered from the power that it wielded (with the crucial aid of state repression).

The legacy of political repression in the medical profession is more ambiguous. A decade after such repression reached its peak, the United States saw the passage of legislation providing for government-financed health care, principally in the form of Medicare and Medicaid, along with new parallel funding for neighborhood health centers and other initiatives. We might thus see the political repression of the 1950s as a last hurrah of a medical conservatism that began fracturing in subsequent decades. But even as AMA dominance has declined, it has been superceded by what some liberal and radical commentators called the "medical-industrial complex," a constellation of financial interests with high monetary stakes in the business of medicine that have undercut many physicians' autonomy enormously, no matter what their political orientations. And the fundamental policy architecture of federal health initiatives, from Medicare to Medicaid to the Affordable Care Act, remains far more constricted and less generous than counterparts in both the industrialized and developing world.⁸⁷ The bigger question, then, is what alternative perspectives and fresh initiatives might have arisen from the efforts of those felled by political repression – and what our health care system might have become without their suppression.

86 Jane Pacht Brickman, "Medical McCarthyism and the Punishment of Internationalist Physicians in the United States" in Theodore Brown and Anne-Emmanuelle Birn, eds., *Comrades in Health: U.S. Health Internationalists, Abroad and at Home* (New Brunswick: Rutgers University Press, 2013), 82-100.

87 Christy Chapin, "The American Medical Association, Health Insurance Association of America, and Creation of the Corporate Health Care System," *Studies in American Political Development* 24, no. 2 (2010), 143-167 identifies some of these long-term health policy boundaries, particularly the entrenchment of private insurance.