

The Rockefeller Foundation and the British National Health Service

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Established on 5th July 1948, the British National Health Service (NHS) provides free-at-the-point-of-use universal health care to Great Britain's entire population.¹ Though most industrialized countries now ensure some form of comprehensive medical coverage, the British system is structurally unusual in several ways: it does not require any form of health insurance; the government owns the overwhelming majority of the U.K.'s hospitals and clinics; and it employs a vast pool of employees comprising the world's fifth largest workforce. The service is also culturally and socially unique. It is celebrated as "the closest thing the English have to a religion" and regularly tops polls of what makes people "most proud to be British."² Yet, the institution's acclaim and longevity is striking considering its scarce resources, uneven health outcomes, and the dismantling of nationalized enterprises across the world.³ My research asks why the NHS has survived for nearly seventy years, and, in doing so, highlights specific endurances to a postwar social democratic ethic in health care.

My doctoral dissertation is structured into six chapters. The first deals with the establishment of the service after the Second World War in the face of an ambivalent or sometimes hostile public. Chapter Two considers how, despite these difficult beginnings, communal medical norms became embedded in general practice and hospital medicine. Chapters Three and Four assess the place of British nationalized medicine within wider networks of medical activism at a moment of global postwar medical reform. These two chapters argue that trans-

Atlantic dialogues over the NHS facilitated a growing sense of exceptionalism back in Britain among medical professionals and the wider public that proved crucial to its longevity. Chapter Five examines the NHS's relationship to the private health insurance market and attempts to replace the service with the latter under the premiership of Margaret Thatcher in the 1980s. My final chapter assesses the NHS's relationship to pioneering work in hospice care in Britain from the 1960s to the present. In ending with palliative medicine, I argue for a reflexivity within social democratic approaches to health when faced with stark epidemiological shifts threatening to undermine the service's founding logic.

The Rockefeller Archive Center

The records contained at the Rockefeller Archive Center (RAC) provide insight into the transnational significance of the NHS in the decade after its establishment in 1948. The inception of the NHS coincided with the decline of the Rockefeller International Health Division (IHD), wound up in 1951 under a cloud of confusion regarding its purpose and facing competition from new international health bodies such as the World Health Organization.⁴ However, despite these changed circumstances, the Rockefeller Foundation (RF) continued to support various health initiatives in the postwar years. These sustained efforts extended to Europe. Scholars have recently turned to the relationship between American foundations and European welfare states, demonstrating the reach (and limits) of U.S. power and money on the other side of the Atlantic.⁵ However, little work exists that discusses these foundations' engagement in Britain or the NHS in the years after 1945.

Britain's system of universal health care attracted sustained international attention throughout the postwar period, and represented an important site of interest for many overseas visitors. A wide spread of politicians, medical experts, journalists, economists, actuaries, social scientists, and other figures besides, travelled to the U.K. to study the NHS. Their opinions typically reflected their views on medical reform back home. In a well-known example, the American Medical Association (AMA) – fighting President Truman's attempts to enact national health insurance in the U.S. – used their own field studies of the NHS to reinforce a nightmarish vision of “socialized medicine.”⁶

The RF facilitated many of these international studies of the NHS through its extensive travel fellowship program. These visits often represented a far more productive engagement with the NHS than the AMA case might suggest. Foreign visitors regularly took inspiration from the British example. Dr. Gustavo Molina Guzmán – a Chilean pioneer in social medicine – visited the U.K. on an RF travel fellowship in 1950 as part of a wider tour of medical services that included the U.S., Finland, and Sweden.⁷ Typical of these visits, the RF recommended Guzmán to their contacts within the British Ministry of Health who then, in turn, shepherded him on tours of hospitals, clinics, and rehabilitation centers. The Chilean was impressed by the NHS and, much to the RF's satisfaction, “made an extremely good impression” wherever he went.⁸

As part of a trans-Atlantic exchange in both directions, British medical professionals working in the NHS also journeyed to the U.S. under RF travel grants. This practice extended the significant support provided by the organization to British medical and scientific experts in the interwar period.

Between 1918 and 1939, Britain received by far the most RF funding of any European country.⁹ Dr. Charles Mann Fleming – Principal Medical Officer in the Scottish Department for Health – visited the U.S. on an RF travel grant in 1952 for three months to observe general practitioner services.¹⁰ Similar to Americans visiting the U.K. to observe the NHS, the RF provided Fleming with a tour arranged through their contacts among the American medical profession. In a schedule that bore similarity with that undertaken by many others, the Scot observed clinics belonging to the Health Insurance Plan in New York City, visited the medical schools at Cornell and Johns Hopkins, met officials in Washington D.C. at the U.S. Public Health Office, and spent time in the South in New Orleans, Jackson, and Chattanooga.

However, postwar British visitors to the U.S. viewed American arrangements through an explicit comparison with conditions now operating under the NHS. In a report of his trip the following year, Fleming detailed his favorable impressions of the facilities and equipment he had encountered in North America. “The first experience I had of a waiting-room belonging to a New York group,” he confessed, “made me feel I was in the lounge of a luxury hotel.”¹¹ New examination couches, short-wave diathermy machines, ultra-violet ray lamps, X-Rays and dark rooms all offered stark contrast to the older appliances back home in a country still subject to austerity and rationing. Nonetheless, the centrality of fees in American medicine troubled Fleming. While general practitioners (GPs) enjoyed an expanded role in the U.S., problems lay in how they might provide services purely “for financial gain.”¹² This temptation would not exist under the NHS where direct payment was prohibited, asserted Fleming. Making moral distinctions between

the two systems along the lines of payment only became more common as the British service matured.

Given the impassioned sentiments that surrounded British nationalized medicine, the RF took pains to emphasize a balanced approach to its own published study of the NHS, “A Study of the National Health Service of Great Britain” (1951).¹³ Authored by Dr. Osler L. Peterson (1912-2001), a progressive American advocate for social medicine and greater government intervention in the field of health care, the report nonetheless stressed how, “Every attempt has been made to be objective about the health service.”¹⁴ Peterson published this report during a two-and-a-half-year period from 1950 to late 1952 while stationed at the London School of Hygiene and Tropical Medicine as the RF’s primary British representative. He had interacted with the NHS before this point, though, while working with the RF’s central European office in Paris in the aftermath of the Second World War.

Quickly recognizing the NHS’s novel features and ability to inspire other reformers across Europe and the wider world, Peterson sought to provide a detailed account of the service’s origins and structure, alongside describing its advantages and flaws. In terms of the latter, he criticized the tripartite administrative divide within the NHS between hospitals, general practice, and public health, and the capitation system of payment for GPs. The American underpinned his findings with other published material, extensive personal interactions with clinics, hospitals, research laboratories, and meetings with doctors and civil servants. Fitting the expert-orientated approach of medical sociology at the time, Peterson provided little space in his report to the attitudes

or thoughts of patients. Nevertheless, in his conclusion, he did express his belief that the NHS “seems to have been a genuinely popular step.”¹⁵

As this comment suggested, despite the claims of objectivity and the detailing of problems, Peterson offered a defense of the NHS from its critics. The focus on the service’s unexpected costs were, to him, an “excessive preoccupation.”¹⁶ Similarly, after showing how the demand for hospital beds was much less severe than others suggested, Peterson dismissed such a claim “an assertion usually of greater emotional than logical content.”¹⁷ He also defended the British government’s prioritization of building new homes for the population, rather than replacing the stock of antiquated hospitals that the NHS inherited in 1948. “From the point of view of the health of the nation,” argued Peterson, “the present policy is undoubtedly correct.”¹⁸ Such claims suggested a desire to give the NHS more of a fair hearing than its critics – particularly in America – usually allowed.

Peterson’s superiors in the RF approved of his study. Dr. John B. Grant – the Associate Director of the Division of Medicine and Public Health who styled himself as “a bit of a medical Bolshevik” – thought it “the best thinking which I have seen for one that desires really to study the workings of the Act.”¹⁹ Other agencies and experts also used it, including the Canadian Parliamentary Commission on Health Insurance in the early 1950s.²⁰ Three hundred copies were mimeographed and circulated to medical schools and centers of public health across the U.S., suggesting the desire among American medical professionals to learn more about the British scheme.²¹

Perhaps of equal value to the RF – or at least to Peterson, considering he continued to live in the U.K. for another year – the British medical press praised the report. *The Lancet*, combining both fatigue with the seemingly endless supply of critical American opinions on the NHS and a tendency to patronize foreigners, thought Peterson had finally produced, “The Intelligent American’s Guide to the N.H.S.”²² Drawing on ideas of the British as a pragmatic nation, the journal thought that the report provided a “reliable guide to the complex structure of interlocking committees, boards, and councils which our national taste for compromise called into being in 1918.” *The Lancet* particularly liked how he accepted the NHS as a fact, rather than debate if it had represented the best course of action for Britain. “Herr Baedeker does not waste time discussing whether it was sensible to build Chartres Cathedral, and, if so, whether it was wise to choose the Gothic style of architecture,” the journal quipped.

The RF engaged with the NHS, then, on a serious basis. Officers recognized its global significance and sought to learn lessons that could be applied to the organization of medical services back in the U.S., elsewhere in Europe, and the wider world. We can only see these productive engagements between experts and activists at this postwar moment if we look beyond the antagonistic attitudes of the American Medical Association that so often stole the headlines and consequently dominate existing historical accounts. Nonetheless, as the records of the Rockefeller Archive Center reinforce, participants in this Anglo-American dialogue started to draw lines of national distinction in ever sharper terms through their comparison of medical systems. These were distinctions based not just on numbers of hospital beds or the square footage of doctors’ offices, but questions of morality and ideas of national character. The sense of these

differences provided an important buttress to the NHS settlement when they spilled out into the public arena over the coming decades.

¹ The leading historical monographs on the NHS include, Geoffrey Rivett, *From Cradle to Grave: Fifty Years of the NHS* (London, King's Fund, 1998); Charles Webster, *The National Health Service: A Political History* (Oxford: Oxford University Press, 2002); Rudolf Klein, *The New Politics of the National Health Service* (Oxford: Radcliffe Publishing, 2010).

² Nigel Lawson, *The View from No. 11: Memoirs of a Tory Radical* (London: Doubleday, 1992), 613; "NHS Tops the Pride of Britain List," *Opinium* <https://www.opinium.co.uk/nhs-tops-the-pride-of-britain-list/> (Accessed December 3 2018).

³ For the latter, see the burgeoning literature on the historical development of neoliberalism: Wendy Brown, *Undoing the Demos: Neoliberalism's Stealth Revolution* (Cambridge, MA: MIT Press, 2015); Quinn Slobodian, *Globalists: The End of Empire and the Birth of Neoliberalism* (Cambridge, MA: Harvard University Press, 2017); Michelle Murphy, *The Economization of Life* (Durham, NC: Duke University Press, 2017).

⁴ John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)* (Oxford: Oxford University Press, 2004), 267-283. For the World Health Organization, see Nitsan Chorev, *The World Health Organization Between North and South* (Ithaca, NY: Cornell University Press, 2012).

⁵ Klaus Petersen, John Stewart and Michael Kuur Sørensen eds. *American Foundations and the European Welfare States* (Odense: University Press of Southern Denmark, 2013).

⁶ Andrew Seaton, "The British National Health Service and the Fight for Universal Health Insurance in the United States," *New York Academy of Medicine Blog*, April 11 2018 <https://nyamcenterforhistory.org/2018/04/11/the-british-national-health-service-and-the-fight-for-universal-health-insurance-in-the-united-states/> (Accessed December 3 2018).

⁷ Rockefeller Archive Center, Rockefeller Foundation, RG 10.1 (FA244), Box 122, "Molina Guzman, Gustavo, 1950, 1949."

⁸ Rockefeller Archive Center, Rockefeller Foundation, Officers' Diaries, RG 12, M-R (FA393), Box 376, Peterson, Osler L. (1950), Entry for April 20 1950.

⁹ William H Schneider ed. *Rockefeller Philanthropy and Modern Biomedicine: International Initiatives from World War I to the Cold War* (Bloomington: Indiana University Press, 2002), 5.

¹⁰ Rockefeller Archive Center, Rockefeller Foundation, RG 1.2 (FA387), Series 405: Scotland, Box 1, Folder 1 National Health Service - Fleming, Charles Mann (Travel Grant).

¹¹ Rockefeller Archive Center, Rockefeller Foundation, RG 1.2 (FA387), Series 405: Scotland, Box 1, Folder 1 National Health Service - Fleming, Charles Mann (Travel Grant), "General Practice in America: Some Observations and Comparisons" (1953).

¹² Rockefeller Archive Center, Rockefeller Foundation, RG 1.2 (FA387), Series 405: Scotland, Box 1, Folder 1 National Health Service - Fleming, Charles Mann (Travel Grant), "General Practice in America: Some Observations and Comparisons" (1953), 17.

¹³ O. L. Peterson, "A Study of the National Health Service of Great Britain" (New York: Rockefeller Foundation, 1951).

¹⁴ Peterson, "A Study of the National Health Service of Great Britain," i.

¹⁵ Peterson, "A Study of the National Health Service of Great Britain," 83.

¹⁶ Peterson, "A Study of the National Health Service of Great Britain," 21.

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- ¹⁷ Peterson, “A Study of the National Health Service of Great Britain,” 27.
- ¹⁸ Peterson, “A Study of the National Health Service of Great Britain,” 37.
- ¹⁹ Farley, *To Cast Out Disease*, 279; Rockefeller Foundation, General Correspondence, RG 2, 1952-1957 (FA425), Box 6, Folder 29, Peterson, Osler L. (1952), Letter from John B. Grant to Osler Peterson, January 10 1952.
- ²⁰ Rockefeller Foundation, General Correspondence, RG 2, 1952-1957 (FA425), Box 6, Folder 29, Peterson, Osler L. (1952), Letter from John B. Grant to Osler Peterson, January 28 1952.
- ²¹ Rockefeller Foundation, General Correspondence, RG 2, 1952-1957 (FA425), Box 6, Folder 29, Peterson, Osler L. (1952), Letter from A. J. Warren to Hilda B. Lynn (1952).
- ²² “The Intelligent American’s Guide to the N.H.S.,” *The Lancet*, May 3 1952, 910-911.