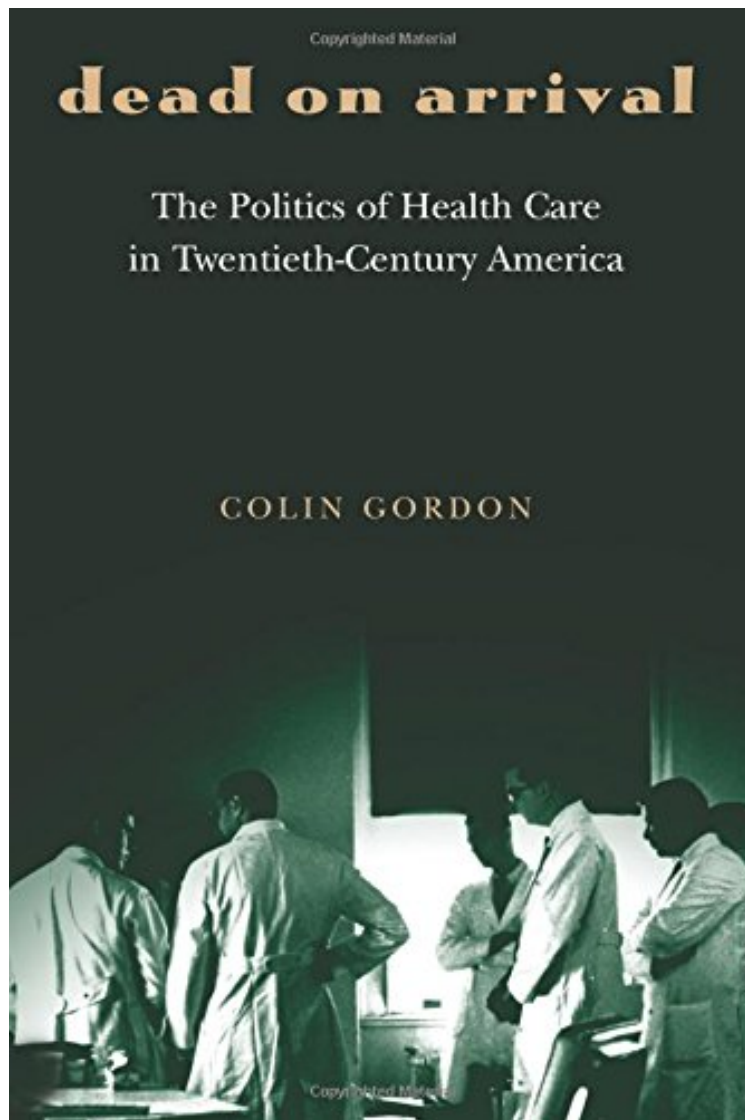


[Download ebook] Dead on Arrival: The Politics of Health Care in Twentieth-Century America (Politics and Society in Modern America)

Dead on Arrival: The Politics of Health Care in Twentieth-Century America (Politics and Society in Modern America)

Colin Gordon

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Colin Gordon : Dead on Arrival: The Politics of Health Care in Twentieth-Century America (Politics and Society in Modern America) before purchasing it in order to gage whether or not it would be worth my time, and all praised Dead on Arrival: The Politics of Health Care in Twentieth-Century America (Politics and Society in Modern America):

1 of 1 people found the following review helpful. Scholarly, objective, detailed

By doug korty

Dead on Arrival is a scholarly, objective, detailed and well documented history of why the U.S. has not had universal health insurance. Anyone seriously interested in this issue will want to read this book carefully. The importance of race, unions, the AMA, Southern politics and a number of other factors are clearly described. The racial issue is particularly important and very well discussed in a 37 page chapter "Health Care in Black and White". Gordon makes it very clear that universal health care programs were antithetical to widespread segregation and especially Southern politics. In a 45 page chapter, "Bargaining for Health", Gordon discusses unions complicated role in opposing universal programs. "Through the formative years of the private welfare state, the core CIO unions chose security over solidarity and increasingly viewed universal health programs as a threat to the experience rates, preferential tax treatment, and employer financing enjoyed by job-based group insurance. By any measure, labor bet on the wrong horse..." This is a unique and very valuable book. Other good books on related issues:Midwest Independent Research, educational websites. Improving health, mwir-improvinghealth.blogspot. There are book lists.

23 of 25 people found the following review helpful. Your Money and Your Life

By pnotley@hotmail.com

American politicians like to pride themselves on their pragmatism: Colin Gordon provides the valuable tale of how "pragmatism" got the United States Health Care system into an ungodly mess. By 1990 the United States spent 13% of its GNP on health care, while no other OECD country spent more than 9%. And yet at any given time at least 15% of Americans lack proper health insurance, while much of the insured's coverage is spotty and sacrificed to insurer profits. The generous system of remuneration practically breeds health care inflation. As one public relations consultant warned medical conservatives in 1961, the United States was the only major country not to have some form of national health insurance. He pointed out that if such a system was the high cost, low quality mess the AMA claimed it was, why hadn't conservatives in the 59 countries that had adapted successfully convinced people to change their minds and adapt the American system? A good question, but the AMA, the insurers, the hospitals and major employers have been alarmingly successful at keeping common sense at bay. Why is this the case?Colin Gordon notes contrasting explanations such as American ideological opposition to government assistance, the institutional weaknesses of governmental welfare structures, and the power of anti-welfare capital. He points out the weakness of the first argument: national health insurance has always been popular in opinion polls. And the American government has improved its bureaucratic capacity over the years. The real problem is that, thanks to the nature of American politics and past mistakes, the forces supporting national health insurance have been weakened and fragmented and have never been able to match the influence of the powerful health care lobbies. Gordon's book is very well researched. It relies on 74 sets of private papers and oral histories, including in-depth use of the Johnson and Nixon presidential libraries. He starts with an overview of the various attempts to achieve health insurance during the Progressive Era and the New Deal, and the thwarted attempts to achieve something under Truman, Johnson, Nixon and Clinton. He then discusses the way labor unions tried to create a private welfare state, and then discusses how reformers got themselves into endless muddles by trying to use the metaphors of contractual insurance. He then discusses the ideological themes of national health care insurance's opponents, then the way racism has hampered the health care debate. Finally he looks at the way the opponents of health care insurance successfully mobilized, while the health care reformers were always checkmated. The result is a fascinating portrait of selfishness. We see the AMA and its Republican allies successfully redbait national health care insurance as Communist, Nazi or even tied to the Kaiser. (One propagandist went so far as to argue the Holocaust wouldn't have happened if Bismarck hadn't socialized medicine.) We see British doctors, Canadian bankers and The Economist bemused at the AMA's distortion of British and Canadian medicine. (The AMA responded by preventing local medical societies from investigating British medicine for themselves). We see Republicans complaining that if the government could provide free health care, why not free toupees? Racism, sexism, misogyny all play their parts in the private health care's arguments. We see how they argue that they shouldn't have to pay the cost of keeping African-Americans well. Their illness and poverty are, of course, their own fault, not that of the doctors who refuse to treat them or the society that seeks to degrade them. We learn how health care, like welfare, is divided into "deserving" and "undeserving" citizens and services. We also learn how Johnson's officials faced the challenge of segregated and grossly unequal hospitals and promptly ran away. More important, we also learn about the failed logic of reform. While there is an understandable constituency of doctors to make as much money as possible privately, there are understandably fewer doctors willing to do what is best for their patients. In other countries political parties and trade unions would take up the slack, but not in the United States. As Gordon points out political parties are notoriously difficult to influence in the public interest. Both parties prefer limited political mobilization, low voter turnout and interest-based organization, rather than make the sustained mobilization national health insurance would require. For the Democrats, reform was hampered until the sixties by the strength of their authoritarian and reactionary Southern base. After the sixties the party moved to the right and relentlessly tried to flatter business to support them. Gordon is particularly good about the failure of the Clinton Health Plan. For once, doctors, hospitals, insurers and employers had different interests. But instead of choosing one group, Clinton and his colleagues tried to soothe them all. They threw away their best asset, popular support for national health insurance and appeals on grounds of universality and equity, for a technocratic solution that could mobilize no-one. But it was not possible to satisfy everyone since their interests

conflicted, and the attempt to do so either annoyed some groups or weakened their lukewarm support. Gordon goes on to discuss how unions, group health advocates, and people concerned about black health care could have hypothetically pushed for national health insurance. But unions were too weak to influence a Democratic party hampered by Jim Crow. In supporting their own private welfare state, they undercut support for universal health care, made further reform more difficult and ultimately put their trust in a system that would be ravaged by deindustrialization and deunionization. The same problem occurred with group health, maternal health and black health advocates, as they supported short-term measures that made fundamental reform impossible. If the story of liberal reform is one of compromise, Gordon tells the tale of how reformers compromised themselves to death.

Why, alone among industrial democracies, does the United States not have national health insurance? While many books have addressed this question, *Dead on Arrival* is the first to do so based on original archival research for the full sweep of the twentieth century. Drawing on a wide range of political, reform, business, and labor records, Colin Gordon traces a complex and interwoven story of political failure and private response. He examines, in turn, the emergence of private, work-based benefits; the uniquely American pursuit of "social insurance"; the influence of race and gender on the health care debate; and the ongoing confrontation between reformers and powerful economic and health interests. *Dead on Arrival* stands alone in accounting for the failure of national or universal health policy from the early twentieth century to the present. As importantly, it also suggests how various interests (doctors, hospitals, patients, workers, employers, labor unions, medical reformers, and political parties) confronted the question of health care--as a private responsibility, as a job-based benefit, as a political obligation, and as a fundamental right. Using health care as a window onto the logic of American politics and American social provision, Gordon both deepens and informs the contemporary debate. Fluidly written and deftly argued, *Dead on Arrival* is thus not only a compelling history of the health care quandary but a fascinating exploration of the country's political economy and political culture through "the American century," of the role of private interests and private benefits in the shaping of social policy, and, ultimately, of the ways the American welfare state empowers but also imprisons its citizens.

From Publishers Weekly
The United States is alone among industrial democracies in having no national health insurance system, even as polls show large majorities of Americans favoring one. This comprehensive and convincing academic study illuminates this great American political conundrum. Gordon, a historian and author of *New Deals: Business, Labor and Politics in America, 1920-35*, examines reform efforts from the First World War to the Clinton health plan fiasco, and critiques scholarly explanations of the failure of more ambitious national healthcare initiatives. He explores America's idiosyncratic conception of healthcare as quasi-contractual social insurance and consumer commodity, not a right of citizenship, and its legacy in our ungainly system of private employment-based insurance. He traces the abandonment of national health insurance by its natural allies in the labor movement, which concentrated on protecting its private benefits, and among reformers, who settled for piecemeal programs that serve a portion of the population but undermine the rationale for universal coverage. Most of all, he points to the subservience of the American political system to economic interests. Time and again, he finds, the private healthcare industry has used its financial clout to "throttle" popular reforms through bare-knuckled lobbying, political donations, and PR campaigns associating national health insurance with Communism and vilifying successful Canadian and European systems. The result is a muddled system driven by the contradictory demands of doctors, hospitals, insurers and employers, one that generates the world's highest medical bills while leaving millions uninsured. Gordon synthesizes an enormous amount of scholarly research into a readable and compelling account of the debate over healthcare policy, one that poses larger questions about the failings of American democracy. Copyright 2003 Reed Business Information, Inc. "This is a sophisticated, impassioned, and well-documented analysis of the failures of twentieth-century American health reform efforts."--David Rosner, *Business History* "[A] brilliantly recounted, thoughtful, and persuasive argument, not for simple explanations, but for a complex, on-the-ground discussion of what it was in the United States that made universal health insurance 'dead on arrival.' . . . [This book] is impeccably and impressively researched, drawing extensively on governmental and private archives."--Rosemary A. Stevens, *Bulletin of the History of Medicine* "Another autopsy of the failure to implement a US national health plan? Yes, but *Dead on Arrival* is more interesting, informative, and compelling than others. Its strength lies in the integration of multiple social, economic, and political perspectives within a historical context to address the question, why no national health insurance?"--Bernard S. Bloom, *Journal of the American Medical Association* "A welcome addition to a large literature on the modern United States medical system. . . . [It] illuminates the political deadlock and the institutional rigidity of the American system and offers a cogent explanation for why reform has been so intractable in health care throughout the last hundred years."--Declan O'Reilly, *Enterprise Society* "A treasure trove of information for anyone seriously wishing to tackle this issue."--Tom Gallagher, *San Francisco Bay Guardian* "At a time of renewed popular and scholarly debate over America's exceptional welfare state, students of American public affairs will find much of value in Gordon's timely book."--Jacob S. Hacker, *Political Science Quarterly* "From the Inside Flap" "This is a bold, clearly written, and engaging analysis of the place of universal health insurance in the American welfare state. It represents a serious

argument about the American political arena, presents a plausible argument for its position, and backs that up with a standard of scholarship I respect."--Ted Marmor, Yale University, author of *The Politics of Medicare*