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Fortune Tellers is very clearly written, and each chapter can be profitably studied on its own, as well as part of a larger whole. The book introduces business historians to a new and important segment of the knowledge-intensive service sector. It demonstrates that the proven methods of business history work well in this novel context. It also underlines the fact that, even today, for all the data and techniques available to economists, no one knows for sure how the economy really works. Despite significant technical advances, those who earn their living by claiming to see the future are still, it would seem, operating in the realms of sorcery rather than science.

Mark Casson is professor of economics at the University of Reading, U.K. He is coauthor (with Catherine Casson) of *The Entrepreneur in History* (2013) and coeditor (with Nigar Hashimzade) of *Large Databases in Economic History* (2013).

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Health Care for Some: Rights and Rationing in the United States since 1930. By Beatrix Hoffman. Chicago: University of Chicago Press, 2012. xxxv + 319 pp. Photographs, illustrations, glossary, bibliography, notes, index. Cloth, \$30.00. ISBN: 978-0-226-34803-2.

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Reviewed by Christy Ford Chapin

In *Health Care for Some*, Beatrix Hoffman probes the themes of rights and rationing to understand how Americans have navigated access to health care throughout the twentieth century. Employing a leitmotif of health care studies, Hoffman laments that because the United States has never officially defined medical care as a right, the country lacks a centrally managed, universal health care system. The author also seeks to demonstrate that while citizens frequently become exercised over explicit rationing, performed by government officials or insurance executives who decline to pay for certain services and procedures, they often overlook implicit rationing, which occurs because of high prices and the inability of patients to afford care.

Exploring the subjects of rights and rationing allows Hoffman to expand the standard health care narrative to reveal forgotten political episodes, such as the Civilian War Assistance program, created during World War II to supply disability payments to noncombatants who were considered important to mobilization efforts. Hoffman examines legal cases that upheld the ability of hospitals to refuse patients; Congress responded to these rulings by passing legislation, including

Hill-Burton and Medicare amendments, to make it increasingly difficult, although not impossible, for institutions that received federal funding to reject ailing individuals. We learn that the language of health care “rights” emerged during debates surrounding 1930s federal reform proposals. This rhetoric flourished throughout the 1960s as welfare, African American, Latino, women’s, and consumer groups organized to challenge the existing medical system and its inability to serve all of the nation’s residents. Hoffman also develops the more recent history of health care, surveying the 1986 Emergency Medical Treatment and Active Labor Act (EMTALA) and the 1990 Ryan White Comprehensive AIDS Resources Emergency Act (CARE).

As Hoffman weaves the story of health care rationing into the broader narrative, she shines a spotlight on voices from below. For example, the author unearths the story of Lucy Priggs, a Medicaid patient who waited for hours at D.C. General Hospital to obtain needles for her diabetic treatments while she watched privately paying patients drop by and obtain their supplies with little difficulty. As Hoffman relates these stories, she provides engaging details, such as the number of ambulances in Chicago during the 1930s (thirty-three); how local Red Cross chapters hosted “home nursing” courses to prepare housewives for a domestic shortage of medical practitioners during World War II; consumer exposure to insurance industry advertisements, including a turbaned character, “Second Sight Sam,” who broke into his son’s piggybank to pay for mounting medical bills; and a meeting between President Kennedy and African American physicians who objected to federal funding for hospitals that segregated patients based on race.

However, exactly how Hoffman conceives of rationing and its effects are not always clear. At times, she categorizes any negative characteristic of the health care system as rationing. The author asserts that rationing is inextricably linked to the proliferation of commercial insurance policies; an excessive number of hospital beds; and clinics that specialized in one type of medicine, such as tuberculosis or venereal disease. Yet Hoffman fails to fully illustrate these connections. Moreover, whether discussing insurance policy deductibles and exclusions or government program limitations, she asserts that fuller coverage would drive down costs rather than increase them. However, she does not provide the economic logic or evidence for this contention. Hoffman’s narrative founders upon these details because she lacks a comprehensive economic framework to help her evenly and consistently evaluate both rationing and rights.

Despite this weakness, Hoffman has served the history of health care well by asking readers to consider developments at the grassroots level.

One wonders if her narrative marks a turning point in the literature—a moment when scholars will begin to marshal the tools of social historians to more rigorously examine the medical-care and health-insurance stories of individual doctors, patients, and their families.

Hoffman opens her book with former Alaska Governor Sarah Palin's infamous commentary on "death panels" and the power of government officials to determine who would receive medical services under President Obama's health care reform program. Hoffman then ends her tale with an analysis of the 2010 Patient Protection and Affordable Care Act (PPACA). Although she sympathizes with the President and the political roadblocks he faced while promoting the reform package, Hoffman bemoans the fact that in failing to achieve universal care, the PPACA—like numerous legislative acts before it—neglects the vision of health care as a right. Observing that "an obligation to purchase insurance is not the same thing as a right to access health care," Hoffman leaves her audience disheartened but—and just as we should be—wondering how the policy will play out among the "little people" (p. 219).

Christy Ford Chapin is an assistant professor in the history department at the University of Maryland, Baltimore County (UMBC). Her book, Ensuring America's Health: The Public Creation of the Corporate Health Care System, is forthcoming with Cambridge University Press.

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The Great Escape: Health, Wealth, and the Origins of Inequality. *By Angus Deaton.* Princeton: Princeton University Press, 2013. xvi + 360 pp. Illustrations, tables, notes, index. Cloth, \$29.95. ISBN: 978-0-6911-5354-4.

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Reviewed by Marc Egnal

Just as satellite imagery provides fascinating views of the earth's surface, so Angus Deaton's book provides a global overview of economic change. Deaton is a Princeton professor who has worked with the World Bank on issues of poverty. The hard-hitting closing chapter emerges from those activities and focuses on the futility of foreign aid. Still, that discussion stands as a loosely connected addendum to a book that deals with issues of growth and well-being. *The Great Escape* has no clear thesis. But if one were to be teased out from Deaton's material, it would be that since 1850 the world has grown richer and healthier, although profound inequalities persist within and between nations. Deaton's book is