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Book Review

Radical Medicine: The International Origins of Socialized Medicine in Canada
Esyllt W. Jones, Winnipeg: ARP Books, 2019. ISBN 9781927886168 (soft cover). pp. 378.

Radical Medicine examines the pre-history of Canadian Medicare, looking at the circulation of ideas about socialist medicine as they made their way from Europe, via Britain, and ultimately into North America. The author persuasively argues that, in order to understand the intellectual origins of Canadian Medicare, we need to de-localize the novel initiatives of the Douglas government in 1940s Saskatchewan by placing them in a broader transnational perspective. Jones focuses, in particular, on the idea of 'health equality' as central to left-wing/socialist discourses in the three decades following the First World War. As she points out, there emerged an international network of left-wing doctors who sought to replace traditional medical liberalism with a new structure of government-run health care. Central to these ideas was the realization of the health centre, a unit including a multi-disciplinary group of health care practitioners, working together and on salary, balancing preventive and curative medicine, and subject to local democratic decision making.

The first chapter explores the Soviet experiments of the 1920s and how they provided inspiration to key figures in interwar North America, such as the famous Canadian doctors Banting and Bethune. These lauded medical practitioners were amongst the thousands of observers who travelled to the Soviet Union and were deeply impressed by the experiments going on in that war-ravaged country. The Soviet system of localized health clinics would prove influential to left-wing politicians and intellectuals in interwar Britain which was already in the midst of significant transition in the role of the state in the provision of health care following the National Insurance Act of 1911. During the 1920s, for example, the British Labour party debated various models, embracing localized, multidisciplinary clinics with salaried doctors, nurses and dentists as the preferred path towards 'health equality'. However, the Beveridge Report (1943) would opt for universal health insurance that involved both the nationalization of hospitals but also the continuance of some private medical care.

The deep cultural and political ties between Anglophone Canada, the United States, and Britain in the interwar period resulted inevitably in the circulation of these left-wing ideas of 'radical medicine' throughout the dark times of 1930s North America. Particular applications could be seen in the New Deal medical plans for poor and migrant farm workers in rural United States, as managed by the Farm Security Administration (FSA). The FSA pioneered pre-paid plans for hundreds of counties and hundreds of thousands of people in the United States during the Depression. This gave one of its senior administrators, Frederick Mott, an unparalleled experience with the policy of comprehensive medical plans for poor and dispersed communities. By the end of WWII, however, U.S. political opinion was turning against the perceived communist sympathies of the FSA; however, the experience made Mott an ideal candidate to shepherd the new CCF plans in Saskatchewan, when that province saw its first elected 'socialist' government in 1944.

The groundwork for Mott's work north of the border had already been laid by two people. The Swiss-American medical historian Henry Sigerist, who had made a name for himself in the late 1930s championing socialist medicine in the US, travelled from Johns Hopkins to Saskatchewan to lead a provincial health survey, one that exposed

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the challenges of providing medical care to poor and often isolated Saskatchewan communities. At his side was Mindel Cherniak Sheps, a graduate of Manitoba who channeled her family's left-wing politics to the early months of Saskatchewan's Health Services Planning Commission. She and her husband (Cecil Sheps) worked closely with Sigerist for the Commission in the first year of the CCF government, conceptualizing a local, democratic health care system in the various regions of the province. But, in a manner not dissimilar to what happened in Britain, ideal was sacrificed at the altar of expedience. Douglas marginalized the Sheps and brought in Mott who navigated a hospitalization and indigent insurance system. Although hugely popular, hospitalization insurance weighted administrative and financial resources towards tertiary care, moving away from the localized models of health centres and preventive medicine that had been at the heart of early socialist thought.

In the eyes of advocates of socialist medicine, the advent of hospitalization insurance was, in some respects, the distortion of a dream. Jones explains how advocates drew an important distinction between socialist medicine (government-run programs of universal access based upon salaried multi-disciplinary teams that focussed on preventive care as much as curative interventions) and the construction universal health insurance, which, for critics, was really just a way of *funding* medicine without changing the fundamental nature of medical care or addressing the real social determinants of ill-health. It was, for some, an imperfect and disappointing compromise that, while placating doctors temporarily, continued the problematic role of charitable and religious organizations while also failing to recognize health care as a fundamental human right.

Radical Medicine reframes the early Douglas years as a lost opportunity, a failure to embrace the principles of socialist medicine enunciated by its early proponents. This is a novel and refreshing perspective, particularly in light of the self-congratulation heaped on Saskatchewan by many authors for 'leading the way' towards that most cherished of Canadian social policies. Several chapters provide excellent detail and critical analysis of the early years of the influential Health Services Planning Commission as well as the fascinating work, south of the border, of the FSA. With its focus on only Saskatchewan, however, the book does tend to reinforce (rather than decentre) the Prairies as the crucible of Medicare. And as a consequence, other compelling alternatives to providing medical care to the rural poor at mid-century – such as the Newfoundland cottage hospital system -- are sidelined. Nevertheless, this is an important contribution to Canadian medical history, but not necessarily related to the putative title of the book. For the real take-home message is not the 'international' origins of Canadian Medicare, but rather the comprehensive examination of the *American* origins of Canadian Medicare. From Sigerist to Mott, from Rosenfeld to Roemer, Americans would act as midwives to the birth of universal health insurance in Canada. This is surely a lingering irony of history, particularly in light of the centrality of Medicare to Canadian identity and the current American debates over 'Medicare for All'.

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