

Chronic Politics: Health Care Security from FDR to George W. Bush. *By Philip J. Funigiello*. Lawrence: University of Kansas Press, 2006. xii + 395 pp. Index, notes, bibliography. Cloth, \$39.95. ISBN: 0-700-61399-4.

Reviewed by Rick Mayes

Decade after decade, America's patchwork system of health care continues to attract the attention of a wide variety of scholars—historians, political scientists, economists, sociologists, anthropologists, and even physicians—who seek to explain how such an illogical, dysfunctional, and expensive system has come to exist alongside the country's extraordinary advances in medicine. These scholars frequently try to answer the perennial question, Why is the United States the only Western nation that has not achieved some form of universal health coverage? Or, to put it another way, Why has comprehensive national health reform failed time and again in the United States?

In order to answer these questions, scholars are usually required to provide a historical survey of health-policy and reform efforts back to at least FDR's attempt to include national health insurance in his Social Security Act of 1935. In *Chronic Politics*, Philip Funigiello, a professor emeritus of history at the College of William & Mary, provides a solid, exhaustively researched synthesis of primary sources and the massive literature on health-care reform in America. Anyone new to the subject would, by reading this book, learn about the events that make up the story, both major and minor, and become acquainted with the enormous array of characters who joined the elusive quest for national health insurance.

The evolution of American health care has been told in different ways at different times, but the basic storyline includes the same protagonists ("reformers," "Progressives") and "villains" (the American Medical Association, the health insurance industry) who make up the cast of characters of any dramatic narrative (Greek tragedies, Hollywood gangster films, cold-war novels). Funigiello documents the fact that, in the second decade of the twentieth century, the American Medical Association (AMA) was initially receptive to the idea of state-level public health insurance in New York,

Massachusetts, and New Jersey. But World War I intervened before any legislative initiatives could come to fruition. After the war, the AMA changed its stance and became implacably hostile to just about any form of health-care financing other than private, fee-for-service insurance. Funigiello demonstrates how the AMA's opposition was sufficient to thwart efforts by Presidents Roosevelt and Truman and various pro-reform groups to enact either national health insurance or comprehensive health reform from the early 1930s to the early 1960s. Along the way, Congress did manage to pass programs that facilitated a major expansion of the hospital industry (the Hill-Burton Hospital Construction Act), biomedical research (the National Institutes of Health), and disability insurance.

Funigiello's account of the eventual toppling of organized medicine's opposition to public health insurance—with Medicare and Medicaid's seminal passage in 1965—reflects his extensive analysis of archival records, presidential personal papers, and the voluminous literature written on the subject to date. His account of the “politics of incrementalism” that took place from the early 1950s to the early 1960s is also impressive. Funigiello even includes a brief description of an often overlooked impact of Medicare's implementation in the South, where the program served as a relatively effective civil-rights mechanism through its offers of financial incentives to hospitals that agreed to desegregate.

An omission is an account of the impact of the National Labor Relation Board's ruling in 1948 that compulsory collective bargaining could include health insurance as a fringe benefit (and the Supreme Court's confirmation of the NLRB's ruling the following year in the *Inland Steel* case). As numerous scholars have noted, this ruling led to fringe benefits becoming organized labor's primary focus in negotiations with employers in the 1950s and formed the core of its strategy for recruiting and retaining members. Fringe benefits, under the Wagner and Taft-Hartley Acts, were considered tax exempt, a factor that over time proved to be enormously consequential. The growth of employer-provided, tax-subsidized private health insurance skyrocketed and quickly became the dominant financing arrangement in American health care; it also strongly influenced every debate over health-care reform from the 1950s on. Private health insurance

provided by businesses through employment has remained the cornerstone of U.S. health care financing to this day, making the absence of any discussion of the topic an oddity.

One of the book's weaknesses, ironically, is the flip side of what the author contends is its main strength: the fact that it is a political history *without* explanatory models. Funigiello argues in his introduction that previous books on the subject have "often been flattened out by the focus on institutionalist or state-structure models that dominate welfare state literature today." His historical-survey approach, he maintains, "reminds us of the importance of key individuals, the real haggling that goes on in Congress just to get a bill together, and the clash of political personalities and agendas that determines the fate of any given bill." Consequently, the book emerges as a very well-written, thoroughly researched chronology of every health-care reform effort from 1910 to the passage of Medicare reform legislation in 2003 (which included a new prescription-drug benefit). The problem with this strategy, however, is that it has a numbing effect on the reader, who must proceed "memo by memo," "day by day," and "player by player" through an extensive series of events that has not been given narrative shape. Without a set of guiding questions, and lacking even chapter subheadings, it is easy to become disoriented by the continuous parade of people, events, and legislative skirmishes that are each allotted roughly an equal amount of descriptive space.

The inability to see the forest for the trees is a common characteristic of monographs by academic historians, so a newcomer to the history of health-care reform must struggle to discern which events, developments, and individuals were more consequential than others, and why. Moreover, Funigiello does not claim to have come up with any new insights or to have uncovered previously unknown events. Thus his book does not carry much of an advantage over the profusion of articles and books that exist on the subject. The best ones—including Paul Starr's *The Social Transformation of American Medicine*—conduct a sweeping survey of health policy as the framework for rich political detail. They are also supported by an analytical narrative, and they pose questions, attempt answers, and suggest a thesis or two in order to keep the reader engaged, even if they do not manage to persuade their audience. Nevertheless, *Chronic Politics* is a very useful book that expands our understanding of the uniqueness and peculiarity of U.S. health care.

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