Editors’ Note: We have recently reviewed two books that emphasize the increasing tendency to organize medical care on a commercial model – Allyson Pollack’s *NHS:plc* and now this book by Richmond and Fein. We are mindful of our mission as a global public health journal, nonetheless we believe these two books on medical care in industrial countries, suggest just how difficult it is likely to be to preserve or achieve medical service systems that put the health of the population ahead of commercial interests.

Julius Richmond, a distinguished physician who has made important contributions to health care and to health care policy and Rashi Fein, a medical economist with a significant experience in health care policy, have written a book that may well serve as the long-awaited “road map” to a universal health care system in the United States.

If a knowledge of the history of a problem is essential for solving it, the authors carefully trace the history of health in America – a fascinating story that by itself makes the book worthwhile. The authors’ guiding paradigm is that public policy is made by the confluence of three elements: (1) The knowledge base; (2) social strategy; and (3) political will. All three of these factors are explored. Readers will find the historical analysis enlightening – older readers who may have forgotten how we got here or perhaps had not thought about it, and younger readers who will discover some interesting events in our health history.

For example, how many times have American Presidents proposed national health insurance – Truman, Kennedy, Clinton – and why did their plans fail? In contrast, how did President Johnson succeed in legislation for Medicare and Medicaid, and what will be the role of
these programs in our future universal health care system? How many know of the prophetic study and recommendations of the 1930s prestigious Committee on the Costs of Medical Care? Among their recommendations were group practice of physicians and prepayment; comprehensive health care centers, and public participation. During this period pioneer prepaid groups developed – in every case opposed by “organized medicine”.

Among the many developments in health care, the authors describe the energizing events of the 1960s. In 1964 the Civil Rights Act was passed, followed by the Elementary and Secondary Education Act of 1965. The “War on Poverty” established by the Economic Opportunity Act created the Office of Economic Opportunity (OEO). OEO, in turn, produced the Head Start Program with its important health care components; and the Neighborhood Health Centers, known now as community health centers, which today are models for comprehensive family-centered care.

In their historical review the authors might also have mentioned the exciting Farm Security Administration (FSA) health care programs during the “New Deal” of Franklin D. Roosevelt. The Great Depression of the 1930s hit both farmers and rural physicians hard. However, following the election of FDR in 1932, the passage of Social Security in 1935 sparked a series of health care and public health programs. Chief among these was the FSA program in which farmers unions and rural physicians created medical cooperatives providing comprehensive care. At its peak, there were 1200 plans in 41 states serving 650,000 people. In 1938, the Saturday Evening Post commented “...the FSA has staged a gigantic rehearsal for health insurance... Friends and foes of socialized medicine alike will be surprised...” As the economy improved, the plans were phased out, some as late as 1945. The FSA, at the time, also established migrant health centers some of which still exist (1).

The role of the American Medical Association is explained. One of the landmark events in American medicine occurred in 1943 when the Supreme Court found the AMA and the District of Columbia Medical Society guilty of violation of the Sherman Anti-trust Act in their treatment of the Group Health Association of Washington DC, one of the early prepaid groups. The authors point out that the AMA has become “marginalized” as a deciding factor in American medicine because of its generally negative attitude toward proposals