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Esyllt W. Jones. Radical Medicine: The International Origins of Socialized Health Care in Canada (Winnipeg: ARP Books 2019)

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[Aller au sommaire du numéro](#)

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gender shaped the creation and deployment of relocation policies. Loo's own evidence suggests that concepts of gender were very much at play in relocation programs. For example, Loo notes that Inuit craft programs that emerged as part of community development in the Arctic were designed to account for gendered concepts of work. Loo offers several examples of husband and wife teams whose research or other engagement was intended to address gendered considerations, and her characterization of the activism of Strathcona's Shirley Chan as "strategic flirtation" (160) hints at how gender was part of state—and community—strategizing. While Loo's work does not offer a sustained gendered analysis, it hints strongly at the potential utility of such an approach for understanding relocation specifically, and the nature of the post-war state in Canada more generally.

Tina Loo's *Moved by the State* is a meticulously researched and engagingly written book. It asks important questions of the nature of "the state" to demonstrate the complex factors that shaped not just post-war relocation initiatives but the wider expansion of the state in Canada.

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Esyllt W. Jones. *Radical Medicine: the international origins of socialized health care in Canada* (Winnipeg, MB: ARP Books 2019)

RADICAL MEDICINE attempts a fundamental questioning of the origins of Canadian Medicare. A close reading of the book, however, reveals not so many radical aspects about medicine, health care, and their history in Canada. The reader will find plenty of qualifiers denoting "radical" and its derivatives, but most of them add little meaning to agents, events, or ideas. What is indeed radical

about this history of health politics is a revisionist approach adopted by Esyllt Jones. Jones proposes to unravel the myth surrounding a historical development of Canadian Medicare by relating a so-called transnational story of leading advocates for an improved fair access to health care. Surprisingly enough, Jones' narrative is more regional and local than one would expect from the catchy title. It is evident in the book's thesis, as Jones "argues that the ideas and people that came together in Saskatchewan in the 1940s and early '50s to build the CCF health program were part of a transnational, and on occasion explicitly internationalist, movement for greater health equality that percolated in the context of war, pandemic, and the October Revolution, then moved across the Atlantic world, reaching its apex at the close of World War II" (16). Despite being rather long and convoluted, this argument foregrounds how one province in Canada serves as a focus of discussion on the development of socialized systems of health care somewhat interconnected through time and space. This still begs the question as to whether sketches of regional policymaking prompted by certain political agendas, and biographical accounts of several historical figures may be necessary and sufficient to include the whole of Canada in a transnational movement for greater health equality.

This book makes a notable contribution to the history of grassroots engagement in health care movements. Surveying grassroots health advocacy during the interwar period in the Soviet Union, Great Britain, New Zealand, Australia, and Canada, Jones evaluates the proposition that a health-centred model of reform has become a gold standard for health proponents on the political left. Accordingly, the book's narrative traces how the idea of "socialized" or "state" medicine metamorphosed and took certain forms in the above countries due to historical

contingencies. Jones outlines the health reformist movements internationally mainly to historicize the Saskatchewan experience of developing a program influenced considerably by socialist ideals of equality and solidarity in the health care provision.

As we know, the Canadian health insurance system evolved from the prototype in Saskatchewan, and Jones suggests that this prototype had transnational roots. It may be the case for Saskatchewan, but one cannot extrapolate the international origins of Medicare in one province to the successive development of socialized health care in Canada. Also, the scope of *Radical Medicine*, from the mid-1930s to the mid-1950s, would not allow Jones to adduce enough evidence for this overstatement. Even in Saskatchewan, the plan for a “fully socialized medicine” transformed into a practical implementation of the health insurance model shaped by regional currents of thought.

Saskatchewan stood to benefit from the confluence of international and local forces that exerted their influence on the fledgling healthcare initiatives in the province. In many respects, the prairie province proved to be an experimental ground for testing specific policies by a new social-democratic government aiming to bring about a socialist health care system. This happened in Saskatchewan because the newly elected government led by Tommy Douglas were visionaries who had novel schemes and ideas on how to introduce changes in the political, economic, and social domains. In *Tommy's Team: The People Behind the Douglas Years*, Bill Waiser and Stuart Houston, convincingly argued that the Premier of Saskatchewan turned to reputable experts from the United Kingdom and the United States to devise innovative policies in major sectors of economy, including health care, to avoid political countercurrents undermining this enterprise. Although

Jones gives a nod to this argument, she projects these important figures as representatives of a transnational movement for socialized medicine, which apparently induced some health reforms in Saskatchewan. This line of reasoning just does not hold water, since the burden of evidence indicates that local agents masterfully steered the imposed “radical” innovations to a collectively acceptable format.

The reader of *Radical Medicine* would be confounded not to find any discussion of a quite significant transnational development at the time—cancer care. Saskatchewan was put on the world health map thanks to the introduction of provincially funded hospital care for cancer patients in 1930. By propagating the idea of government-subsidized cancer care, key figures in the provincial and federal medical circles (e.g. Drs. Frederick Munroe, Alfred Bazin, John McEachern) prepared a fertile soil for the grafting of socialized health care onto welcoming platforms. Although this topic has distinctly international overtones, Jones omits it without justification, given that the Sigerist Report of 1944 had a section dedicated to cancer care. Throughout the book, there are just two passing mentions of cancer care (314 and 323) in the context of the Department of Public Health of Saskatchewan during the 1950s.

There are some minor drawbacks, structurally, which could have been avoided if the book had been published by an academic press. A list of abbreviations would be useful, given the frequency of initialisms. The text has multiple mistakes—in spelling, grammar, and syntax—which might be distracting for the reader who has meticulous standards (see 28, 37, 83–84, 182, 198, 241–243, 257, 325, 348). The reader would have appreciated a list of figures, and endnotes at the end of the book, rather than after each chapter. Copy editing apparently has not been a

priority in this publication because even the image on page 138 does not correspond to the caption, both in content and time.

Ultimately, Jones overplays the role of the few Americans (Fred Mott, Milton Roemer, Leonard Rosenfeld), imported into Canada owing to political reasons, who helped to organize the Saskatchewan health care system. Without clearly accounting for contributions of dozens of other agents instrumental in this collective effort, one cannot claim that “Canadians have been schooled in a quasi-nationalist notion that they have had nothing to learn from the US on health care” (329). Exaggerations of this sort may not be acceptable to the reader. This point aside, *Radical Medicine* has a diverse thematic range: Drs. Frederick Banting and Norman Bethune’s impact on the popularization of socialized medicine, London’s borough health centres and the challenges of the National Health Service in the UK, private health insurance plans in the US and the Farm Security Administration. This book could be of interest to readers skeptical of shared values associated with the historical identity-building around Medicare in Canada, and Jones’ history has a potential to prove those skeptics wrong.

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Jack Reid, *Roadside Americans: The Rise and Fall of Hitchhiking in a Changing Nation* (Chapel Hill: University of North Carolina Press 2020)

Linda Mahood, *Thumbing a Ride: Hitchhikers, Hostels, and Counterculture in Canada* (Vancouver: University of British Columbia Press 2018)

TWO RECENT BOOKS explore the history of hitchhiking in North America. Jack

Reid’s *Roadside Americans: The Rise and Fall of Hitchhiking in a Changing Nation* provides an American perspective, while Linda Mahood’s *Thumbing a Ride: Hitchhikers, Hostels, and Counterculture in Canada* gives a Canadian one. Both explore the practice from its beginnings in the late 1920s to its demise in the late 1970s and 1980s.

In the absence of a historiography of hitchhiking, Reid borrows from Robert Putnam’s *Bowling Alone: The Collapse and Revival of American Community*, to argue that the disappearance of hitchhiking is symptomatic of the decline of trust. By the 1980s, says Reid, “(i)deas of social trust simply carried less weight than in previous decades.” (189) Tim Cresswell’s *The Tramp in America* and Todd DePastino’s *Citizen Hobo: How a Century of Homelessness Shaped America* also inform Reid’s work, but whereas both authors concern themselves with working-class demographics, *Roadside Americans* is largely about a middle-class phenomenon.

Hitchhiking first appeared in the 1920s with the emergence of mass vehicle ownership. Americans viewed the practice largely as “the frivolous hobby of young elites.” (16) During the Great Depression its legitimacy increased. A 1938 poll indicated that 43 per cent of Americans approved the practice. (21) It gained further popularity with America’s entry into the war. Millions of uniformed US military personnel relied on it to get to and from base. (45) With gas and tire rationing, hitchhiking bordered on patriotic. A government poster of the time showed a lone driver with the outline of Hitler in his passenger seat. The caption in part read, “When you ride alone, you ride with Hitler.” (48-49) Postwar prosperity led to a dramatic decline in hitchhiking. More Americans than ever before purchased their own cars. Family vehicle ownership rose from 50 per cent in 1948