GIMEDIA REVIEW

New Deal Medicine: The Rural Health Programs of the Farm Security Administration. BY MICHAEL R. GREY. Baltimore, Md: Johns Hopkins University Press, 1999. 260 pages; \$42.50.

As a generalist physician, I've appreciated coming across books that shed light on the larger forces at play in my daily medical work. These have included *The Social Transformation of American Medicine* by Paul Starr, *Primary Care* by Barbara Starfield, and *Understanding Health Policy* by Bodenheimer and Grumbach. Though more limited in scope, *New Deal Medicine* by Michael Grey is a welcome addition to this list.

Grey, the director of the primary care internal medicine residency program at the University of Connecticut, has been fascinated since medical school by the history of a little-known New Deal agency: the Farm Security Administration (FSA). His book is the result of many years of researching historical archives and interviewing former FSA administrators, physicians, and nurses. It is unusual that a practicing physician would have spent so much time delving into the events of 50 years ago. Yet in that focus and depth is the beauty of this book.

Created in 1935 in response to the economic desperation of 1.7 million farm families, the FSA began with low-interest loan initiatives, but soon, after discovering that poor health status was a significant factor in farmers' defaulting on loan payments, the FSA added a series of medical programs. These included a system of prepaid medical cooperative plans eventually enrolling more than 650,000 poor rural farmers. The focus of such plans was general physician care coupled with prevention and health education. The FSA also established a network of migrant farmworker camps and migrant health programs with acute care, hospitalization, and preventive services. On a smaller scale, the FSA experimented with statewide health insurance plans and countywide plans with comprehensive services not restricted to low-income clients. While Roosevelt's New Deal reformers failed to enact National Health Insurance, the FSA's health programs actually created such insurance for rural populations.

Underlying these programs was a belief in the efficacy of primary care and preventive medicine. The programs were a boon to rural general practitioners who had watched their collection rates fall during the early years of the depression. At the same time, organized medicine on both the local and national level was wary of any programs that would create an "opening wedge" for "socialized medicine," and was also fighting the creation of third party payers. The FSA, by negotiating with local physician groups, improving the status of rural physicians, and allowing free choice of physician and voluntary participation, was eventually viewed as less threatening than national health insurance. The medical programs were therefore allowed to develop as "emergency measures" until the onset of the Second World War, when improving economic conditions decreased the impetus for the programs and physician opposition strengthened, leading to the demise of the FSA in 1946.

Grey portrays the history of the FSA as an ongoing struggle between the program's administrators and the forces of organized medicine, even as the program fought for survival against competing New Deal priorities. He concludes that the fortunes of health programs such as those of the FSA, which target the poor, have "risen and fallen according to the strength of the Federal government's advocacy." The book also suggests that when conditions become bad enough for medical practitioners, organized medicine may allow government to play a more active role in health care delivery.

Though some have dismissed the innovative FSA programs as an historical fluke, Grey shows how they influenced the formation of the national health system of Canada, the United Mine Workers of America's medical delivery program, and the programs of the Office of Economic Opportunity. He stops short, however, of drawing many direct parallels to current conditions, such as migrant farmworker health services or the possibility of national health insurance reemerging as a political issue in this country. The reader is therefore left to wonder: At some point will there be a renewed federal commitment to the health of the poor and uninsured? Are physicians again facing sufficient hardships, not from unemployment and uncollected bills, but from the pervasive intrusions of managed care, to allow increased government involvement in medical care issues such as legislation mandating hospital length of stay for mastectomies? If so, where might this trend lead? *New Deal Medicine* reminds us that even in the forward-looking world of medicine, the past has much to teach us.—**PETER M. RABINOWITZ, MD, MPH**, Occupational and Environmental Medicine Program, Yale University School of Medicine, New Haven, Conn.

JGIM solicits reviews of new books from its readers. If you wish to review a book, please submit a letter of interest that identifies the book in question (title, author, and publisher) to Eric Bass, MD, Editor, JGIM, JHU Division of General Internal Medicine, 1830 East Monument St., Room 8068, Baltimore, MD 21205; telephone (410) 955-9868; fax (410) 955-0825; e-mail jgim@jhmi.edu