

Son los registros populares, en cada momento, los que van informando de la adquisición de una conciencia ciudadana en la que la atención médica se configura como un derecho, lo que, a través de la movilización y del activismo, por diversas vías, consigue mayor o menor impacto en la acción del gobierno. Y, en efecto, hay que observar una precoz, aunque inconsecuente aceptación de dicho derecho desde la Presidencia de los EE.UU. y otros niveles de gobierno. Los cambios en positivo, esto es, a favor de la aceptación práctica de este derecho mediante disposiciones y medidas efectivas, ocurren, según la visión de la autora, cuando se unen tres elementos: voluntad política al nivel más alto, amplia movilización popular en apoyo a dichas iniciativas y habilidad para negociar con los enemigos de la reforma, lo que es más fácil cuanto mayor o más estrecha es el respaldo popular. El caso paradigmático es el de la puesta en marcha de *Medicare* por el Presidente Lyndon B. Johnson en 1965 —imagen presidencial que sale tremendamente reforzada en este libro como el gran reformista contemporáneo en los dificultosos terrenos de los Derechos civiles y la atención médica pública—, compensación interna del error a apostar por la guerra en Vietnam y su agresiva política pronuclear.

Para lectores españoles al día de la fecha, estamos, como he dicho, ante un pasado que se anuncia como nuestro futuro, pues los horrores que Beatrix Hoffman documenta y analiza están en camino de ocurrir en nuestro país de continuar esta deriva de privatización del Sistema Nacional de Salud. Cuando en el país que se quiere adoptar como modelo critican las insuficiencias, las injusticias y las disfunciones que produce su sistema y se preocupan por acercarlo a los modelos europeos de sanidad universal, aquí estamos dispuestos, al menos lo está el partido que gobierna, a importar sus rasgos más odiosos y más ineficaces. ■

Esteban Rodríguez Ocaña

Universidad de Granada

■ **Keith Wailoo. How Cancer Crossed the Color Line.** New York: Oxford University Press; 2011, 264 p. ISBN: 9780195170177. \$ 27,95.

The great African American sociologist, historian and activist W.E.B. Dubois (1868-1963) identified the «color line», the continuing segregation between blacks and whites, as the defining problem of the twentieth century, not only in the United States. Keith Wailoo, in this very readable book, adopts the term to address the

ways in which differences framed in terms of race have shaped the history of cancer. This is not an easy task, as the meanings of both race and cancer changed significantly by the end of the twentieth century.

At the beginning of the twentieth century, cancer was a white disease. Above all, it was a problem of civilised, white women, «caused by white women's modernity» (p. 15). Cancer affected those who had become vulnerable because of individual choices they had made, above all by having fewer or no children. Drawing on a number of literary sources, Wailoo shows how in the public imagination cancer was associated with middleclass values. In the context of eugenics, many believed that cancer among whites was a consequence of choosing civilisation over biological destiny. But while at the beginning of the century, «primitive» negroes were widely thought to be immune to this scourge, by the 1920s it was obvious that cancer was also common among black Americans. Here, too, contemporary commentators believed that it was civilisation that caused it. But where the white cancer experience was individualised, cancer in blacks was discussed as a matter of type; it was widely viewed, as Wailoo demonstrates, as a consequence of the black masses leaving their rural lives in the American South and migrating to the industrial cities of the North.

After the Second World War, both racial categories and understandings of the epidemiology of cancer shifted. What emerged was a more differentiated picture, of different cancers among different groups in different locations. A US Public Health Service report in 1955 on cancer morbidity adopted the term «nonwhites», as used by the Census Bureau. This category included, besides black Americans, those with Asian or native American background (it did not include Hispanics, who were classed as white). This choice of categories was associated with a shift away from biological explanations and towards the analysis of social difference. Cancer was turning into a democratic disease that could affect anybody. A ground breaking epidemiological study undertaken in the late 1960s by a group of researchers at Howard University, a historically black university in Washington, D.C., demonstrated that black Americans were, in fact, more susceptible to cancer than whites and thus supported readings of cancer as a metaphor for racial segregation, for «diverging life chances and the American color line» (p. 136). But commentators disagreed about how the differences could be explained. Were they due to the different genetic makeup of ethnic groups, to a growing «cure gap» because of unequal access to medical services, or to underreporting and thus unreliable data? Or was differential exposure to health hazards such as alcohol or tobacco, or environmental toxins to blame? All these possible explanations came with political implications attached.

In the public imagination the archetypal cancer patient of the 1950s was still a white middle-class woman. Hollywood presented a somewhat distorted image of cancer and race: «Popular health awareness erased ethnicity, sanitized unpleasantness, and played down ethnic differences in favour of a generic, “de racialized” whiteness» (p. 87). By the late 1960s Wailoo finds that cultural representations of cancer had shifted. More angry men were among the protagonists of plays, movies and novels, some of them black, and some affected by cancer. Coverage in newspapers and magazines increasingly individualized African American cancer experiences, such as that of the soul singer Minnie Riperton, who was diagnosed with breast cancer in 1977 and died in 1979. In the 1990s, as Wailoo shows in the final chapter of the book, old racial stereotypes re-emerged in new guises, in debates about the incidence of prostate cancer among black men, cervical cancer among Asian women, and breast cancer among the affluent women of Marin County, California.

While this is an important book, not all of its parts are equally good. Some sections seem a bit rushed. It is an excellent idea to combine literary sources with findings from scientific publications and data from administrative archives, but there are places in the book where Wailoo seems to get carried away by his engagement with novels and fictional accounts. The chapter titles are catchy, but occasionally misleading: while breast examination features in chapter 3 (The Feminine Mystique of Self Examination), for example, it is by no means as central as the title suggests. And the story of «krebiozen» in chapter 5, a controversial cancer medicine, does not do anything for the argument. The book is strongest where it unpacks the shortcomings of epidemiological approaches to cancer by reading them in the context of popular culture and political debates. Why is this relevant for European readers? Scientists, politicians and cultural commentators, as Wailoo argues, «used the disease to create narratives of difference» (p. 181). The same may apply where cancer data is employed to create narratives of difference between European cultures: the healthy diet of the Mediterranean peoples and the high cancer mortality of the Brits come to mind. Let's start unpacking! ■

Carsten Timmermann
University of Manchester