

to all aspects of asylum life, including treatment. This resulted in a skewed portrayal of the history of the hospital. I firmly believe that the sensationalism of this documentary detracted from its overall educational value and that a more balanced account remains to be presented.

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Review of the Kaiser Permanente Medical Care Oral History Project website, <http://bancroft.berkeley.edu/ROHO/projects/kaiser/index2.html>

The Kaiser Permanente Medical Care Oral History Project website showcases an important set of primary sources on the largest health care delivery system in the United States. The earliest version of Kaiser Permanente (KP) dates back to 1933 when aqueduct construction workers in southern California paid surgeon Dr Sidney Garfield and his colleagues a nickel a day in return for guaranteed health care. In 1938 the industrialist Henry J. Kaiser contracted with Garfield to offer prepaid health care to his workers who were building the Grand Coulee Dam. The key to the plan was preventive medicine, which kept the costs of health care down for both the workers and the insurer. At the end of the Second World War, Kaiser opened up the plan to the public. Attacked in the 1940s and 1950s by the American Medical Association as a form of socialised medicine, KP became the prototype health maintenance organization. In order to understand current and former debates about American health care reform, it is essential to understand the history of KP. The KP Medical Care Oral History Project website gives a voice to this vital history.

The website is sponsored by the Regional Oral History Office (ROHO) at the University of California at Berkeley, one of the oldest oral history programmes in the USA. The project's principal investigator is Dr Richard Cándida Smith, a well-respected oral historian who directed ROHO from 2001–12. As the site carefully explains, 'though funded by (a grant from) KP, this project was designed and is being executed as an independent scholarly research project; individual interviewees are covered by UC Berkeley Committee for the Protection of Human Subjects guidelines that provide for sealing portions of interview transcripts at the discretion of the interviewee'. The oral histories are not corporate; they are independent and follow the highest standards of oral history protocol. Several interview subjects chose to have their interviews sealed until the 2020s, and thus, just their names, not the interviews or brief biographies, are listed on the site. Each time a viewer wants to see an interview transcript, he or she must first read an explanation of oral history and the permission guidelines for quotations.

The focus of the site is 48 interviews with KP physicians, nurses, health educators, board members, attorneys, and health care administrators. The site builds on a previous set of 22 interviews, mostly conducted in the mid-1980s, with KP's pioneers; the transcripts of these interviews are included on the site. The latest interviews, conducted between 2005 and 2010 and the majority by lead interviewer, Dr Martin Meeker, focus on KP from 1970 to the present. They are in-depth, with most lasting from two to ten hours. Many of the transcripts are more than 100 pages long. In each year of the project, the interviews concentrate on a different and important theme in American medicine. The

largest number of interviews examines KP's 'core values' and diversity in the workplace and in the provision of health care.

KP's 'core values' or 'genetic code' – that is, what made KP unique – include prepayment, group practice, voluntary enrolment, and preventive medicine. The set of interviews focusing on this theme reveals conflicts over these values, especially in the 1990s during the public's backlash against managed care. In a video with a panel of health care scholars, UC Berkeley's Professor James Robinson argues, after reviewing the oral histories of two KP leaders, that KP 'has not been able to understand its own genetic code and therefore reproduce itself outside of a number of core areas', and even 'more serious, no one else understands its DNA and hasn't been able to reproduce it either'. If Robinson is correct, then these interviews are essential to understanding the DNA of KP so that it can be reproduced (or depending on your viewpoint, to assure that it is not reproduced).

As the site explains, KP has a long history of providing care to a racially and culturally diverse population using racially and culturally diverse providers. In the 1940s, because Kaiser hospitals did not segregate by race, they provided a rare opportunity for African-American physicians to practice. Following this historical pattern, the site's interview subjects come from a variety of backgrounds, and they discuss the diverse population they serve. Michael Allerton, a gay white man from the Bay Area, began working for KP as a lab technician for KP in 1976, about a year after graduating from college, and then worked his way up to health educator and eventually HIV Operations Policy Leader after getting a graduate degree in medical ethics. An early advocate at KP of HIV education for health professionals, he tells a powerful story about Walnut Creek Medical Center's first AIDS patient who had a 'horrible experience' since 'he's now fighting for his life in a hospital that doesn't know how to deal with this disease because he's literally the pioneer'. Allerton cries while explaining that the patient's sister, who initially wouldn't visit her brother because her parents would disown her 'if she went to California and brought that disease back with her', did not make it to the hospital before he died. From that point forward, Allerton was on 'a mission' to be sure that HIV/AIDS patients had the support they needed.

The website is easy to navigate. It is divided into six sections: About the Project, Interviews, Project Themes, KP Founding Generation, Multimedia, and Relevant Resources. The transcripts are in PDF format and downloadable. The site would benefit from an overview of the history of KP on the About the Project page. The Project Themes section provides some useful background information, as does the nearly two-hour video, in the Multimedia section, titled 'Managed Care in the 1990s: Politics, Policy, and Oral History Perspectives', but a viewer who does not know the basics about KP, including its significance, has to work on his or her own to piece that information together.

The site offers medical historians an invaluable resource to understand a major player on the American health care landscape for more than seventy years. It makes the history of Kaiser Permanente come alive.

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