

même souhaitable? Non, répond Martin Breugh (chap. 5), car cela priverait la démocratie de son ressort essentiel : le conflit. L'indétermination et la «division originare du social» (C. Lefort) caractérisent les régimes démocratiques et c'est précisément ce qui les distingue des totalitarismes, lesquels prétendent mettre un terme à l'incertitude et rétablir l'ordre social une fois pour toutes. En ce sens, la démocratie est beaucoup plus qu'un régime politique, explique M. Abensour dans une perspective arendtienne, c'est «d'abord une action, une modalité de l'agir politique» (chap. 8). La démocratie ne peut se réduire au fonctionnement des institutions et du gouvernement, car c'est avant tout une expérience sociale qui engage le peuple tout entier. Comme le dit W. Godwin cité par M. Abensour au terme de son article, «le gouvernement est l'éternel ennemi du changement» (192), alors que le peuple est au fond son seul vrai ami.

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National Health Insurance in the United States and Canada: Race, Territory, and the Roots of Difference

Gerard W. Boychuk

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Boychuk's contribution seeks to explain the divergent evolution of health care in Canada and the United States. Contrary to previous comparative health politics books rooted primarily in political culture, historical institutionalism and political institutions, Boychuk argues that these approaches fail to acknowledge a crucial element in each country, race in the United States and territorial politics in Canada. As a result, two different explanations are introduced. Throughout the book, the author also provides a challenging critique of existing interpretations. From a theoretical perspective, Boychuk indirectly raises an interesting question. Should the role of race and territorial politics complement or replace existing interpretations?

This book is divided into four parts. The first part includes a discussion as to why race (in the US) and territorial politics (in Canada) ought to be considered more closely in a comparative analysis of health policy. Of utmost interest is the second chapter, which highlights a lot of similarities between both countries in early efforts made by British Columbia and California to introduce public health insurance. Their failure is primarily attributed to a lack of financial resources prompting the need for a federal involvement in this state/provincial jurisdiction.

The second part of this book discusses the evolution of health insurance in the United States through the prism of race. As stated by the author in the introduction, there is a gap in the literature concerning health and race in the US. This section clearly addresses that gap. Historical developments are well articulated and the author mainly attributes the failure of a universal health insurance to its linkage with the civil rights movement. Key is the role played by Southern Democrats whose power was enhanced by political institutions (House and Senate). While this section reveals that race plays a role in the politics of health insurance, it also raises important questions. For example, is the defense of state rights always a position made to disguise segregationist or racist policy preferences in the South? The author makes an implicit assumption that this is the case. Also, the failure to expand public health care after the adoption of Medicare and Medicaid is caused primarily by a lack of financial means to achieve it (73–77). This could also explain partially why the successes of the civil rights movement did not result in an expansion of public health insurance. Clearly, fiscal pressures play a vital role in the development of public health insurance. This is acknowledged throughout the book, particularly when it comes to state/

provincial alternatives, but it could have been addressed more directly in theoretical discussions.

The third part of this book tackles the Canadian case. The politics of public health insurance is dominated by “territorial politics,” which involves the interplay between Canadian provinces and the federal government. With territorial integration being the key aim sought by the federal government, a strong emphasis is placed on Quebec’s role in expanding public health insurance (with the elimination of extra billings as a clear example), but also in restraining the powers of the federal government in its recent attempts to reinvigorate its role. The evidence is strong to support that ethno-linguistic considerations are prominent in recent times, but it is less convincing for the period preceding 1984. The importance of the English-speaking provinces is at times minimized and/or not addressed making it difficult to assess the argumentation advanced by the author. For example, only Quebec is discussed as the key source of opposition to the federal social insurance proposals of 1945 (100). However, the opposition coming from Ontario (mentioned very briefly in a footnote) seems as important. The opposition was also widespread among other provinces prompting the then Saskatchewan premier, Tommy Douglas, to tell Mackenzie King at the Dominion–Provincial Conference on Reconstruction in 1945 that “it looks like we are the only two liberals here” (T.H. McLeod and I. McLeod, *Tommy Douglas: the Road to Jerusalem*, Toronto, Fifth House, 2004, 173). With such opposition, the claim that Saskatchewan made a strategic miscalculation by assuming an agreement with Ottawa when it launched its health insurance program in 1947 (105–06), based on a single secondary source, needs stronger empirical support especially since it also contradicts the evidence provided by key members associated with the Douglas government who emphasized the importance of the 1948 election for its early implementation (see A.W. Johnson, *Dream No Little Dreams: A Biography of the Douglas Government of Saskatchewan, 1944–1961*, Toronto, University of Toronto Press, 2004; McLeod and McLeod, 2004). Moreover, the evidence presented strongly suggests that Ontario was as problematic as Quebec, if not more, for Ottawa. Would have the role of Quebec been as crucial in the development of a Canadian welfare state in the 1960s (133) without the previous agreement between the federal government and Ontario in the late 1950s (112)?

The fourth part of the book demonstrates clearly that the Canadian and American health care systems are in fact quite similar along multiple dimensions and the author revisits its main arguments and ventures into future prospects for reform in the conclusion. This book represents a solid contribution for anyone interested in understanding the evolution of health insurance in the United States and Canada.

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Quand les images prennent position. L’œil de l’histoire, 1

Georges Didi-Huberman

Éditions de Minuit, collection «Paradoxe», Paris, 2009, 268 pages

Survivance des lucioles

Georges Didi-Huberman

Éditions de Minuit, collection «Paradoxe», Paris, 2009, 141 pages

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Dans ces deux ouvrages, le philosophe et historien de l’art Georges Didi-Huberman poursuit ses recherches sur les images en étudiant leurs modes d’articulation au savoir et à la création de possibles politiques. En pensant les relations entre pratiques artistiques et pensées politiques en termes de politiques de l’imagination, il rend compte