2007


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Recommended Citation
Available at: https://scholarworks.wmich.edu/jssw/vol34/iss3/14
The healthcare crisis in the United States is one of the most serious problems facing this nation, and the problem will only grow in severity if healthcare costs escalate unchecked and increasing numbers of Americans find themselves unable to afford insurance plans. Presently, many businesses and even government agencies are struggling to provide healthcare coverage for workers and pensioners in the face of escalating premium costs and pressures to reduce operating costs by reducing or eliminating benefits. These pressures are resulting in many middle-class Americans struggling to maintain health care coverage while the working poor are left with inconsistent or no healthcare coverage. Without adequate medical attention, many of the nation’s working poor live with untreated conditions that result in a vicious cycle of compromised work productivity and increased poverty from medical debts incurred due to lack of coverage. The authors argue that switching to a universal, single-payer system of healthcare based on preventative care, as opposed to the present system which primarily relies on employer based benefits, will be the most likely method to ensure a system of care that provides for all Americans and thus does not risk leaving working poor Americans shut out from health care.

The authors base their argument on a tri-city study they conducted in Chicago, San Antonio, and Boston amongst minority, working-poor families who lived under different state welfare systems but who all experienced a lack of adequate health care coverage through employment based insurance, Medicare, and the State Children’s Health Insurance Program (SCHIP). Their data is presented in eight chapters. Chapter
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1 opens with a case study that exemplifies the typical health care struggles of a female-headed working poor family and discusses the methodology used in the study upon which the book is based.

Chapter 2 examines the interconnected nature that sporadic health care coverage has with work instability, childcare, transportation, and family health problems. Chapter 3 examines the often inadequate health care coverage provided to the working poor via Medicare and SCHIP, as many of the working poor do not have access to employer provided health insurance. Chapter 4 discusses the obstacles recipients of publicly funded health care experience due to bureaucratic hurdles that limit program accessibility, a lack of medical providers who accept Medicare, and reliable transportation to access services. Chapter 5 examines the consequences of welfare reform on health care accessibility, showing how low-paying service sector jobs raise wages slightly above welfare eligibility limits while simultaneously offering no health care coverage, thus leaving many families with no health coverage at all. Chapter 6 discusses the racial dimensions of poverty and its consequences for health care access. Chapter 7 explores the incomplete coverage net welfare reform has resulted in, often allowing children in working poor families to obtain some care while parents are left with no coverage. Chapter 8 closes the book with the argument that a single-payer system is the most rational model for controlling health care inflation and ensuring that the poor are not excluded from the health care system.

While it is likely true that universal preventative coverage is the most likely means to check escalating costs and ensure that America’s working poor receive needed health care, universal health care coverage alone likely will not ensure accessibility of treatment for the working poor.

The authors do not take into consideration that the provision of health care alone does not guarantee utilization. While the provision of health care benefits is central to accessing health care services, care seeking behaviors also are influenced by such factors as the provision of sick pay, a benefit associated with better paying jobs. As some of the case studies the authors discussed suggested, the working poor who did have
some coverage often did not seek out care until their conditions worsened. For universal coverage to contain health care costs and be maximally accessible to the working poor, workers must be afforded some of the same income protections that workers in better paying jobs take for granted, such as sick pay. Still, the argument the authors make is a compelling one. The strength in the book lies in its elucidation of the consequences that welfare reform, coupled with a low-wage service-sector market with few worker protections, has had on poor people and their health. The book’s strength also lies in its frank discussion of the future racial tensions that may arise between a largely Caucasian baby-boomer generation and a younger and increasingly minority workforce if the present methods for healthcare financing are not addressed.

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Robin Einhorn, American Taxation, American Slavery. Chicago: University of Chicago Press, 2006. $35.00 hardcover.

Can a book about tax policy in the United States between the colonial period and the Civil War inform us about contemporary discussions about taxation? Robin Einhorn, a professor of history at the University of California-Berkeley, thinks so. In American Taxation, American Slavery, she argues that the institution of slavery explains much about colonial and ante-bellum tax policy and links the anti-tax ideology of Southern slaveowners to today’s allocation of taxes to the federal and state and local governments. The anti-tax ideology that has permeated American history is traced to disputes about the taxation of slaves as persons and property. Einhorn contrasts the tax policies of the Northern and Southern colonies and attributes the differences to the varying importance of slavery and to slave owners’ fears that taxation would threaten the institution of slavery.

This book is one of a number of recent works on the early history of the United States that fundamentally challenge our