

## Book Reviews/Comptes rendus

RONALD J. ANGEL, LAURA LEIN, and JANE HENRICI, *Poor Families in America's Health Care Crisis*. Cambridge: Cambridge University Press, 2006, xi + 254 p., index.

*Poor Families in America's Health Care Crisis* makes a compelling case for the need to radically change the American system of health insurance. The authors present findings from an impressive mixed methods study based in the Boston, Chicago, and San Antonio areas. The book is primarily an analysis of the daily struggles that millions of Americans endure, including their efforts to secure stable employment in the low-wage service sector and their difficulties in securing health insurance, primarily through Medicaid. The book is well written and would be of particular interest to sociologists working in the areas of health inequities and the structure of health care systems, but would also be useful to researchers working on issues of poverty, race and ethnicity, social welfare, or public policy.

The book gives readers a detailed and deeply personal account of what it means to live on the margins of the US poverty line. Importantly, the authors are able to achieve this with a combination of quantitative and qualitative data, noting that "...the national statistics on the number of Americans without health insurance are disturbing in and of themselves, but they cannot convey the complexity and urgency of the real-life situations that poor and working-class families face as a result of the instability of their medical care coverage and the resulting variability in their access to health care" (111-112). The authors are successful in their attempts to convey this complexity by presenting narratives rich in ethnographic detail interwoven with descriptive findings from their surveys in the three cities.

The challenges faced by poor Americans in obtaining and maintaining health insurance coverage is the primary focus of the book. Rather than framing the issue as a distinction between having insurance and not having insurance, the authors note that for many people, the battle is one to maintain continuous coverage (for both themselves and their dependent children). The narratives emphasize the fact that Medicaid does not provide block family coverage; each member has to be certified and re-certified independently of others. For the families in this book, this often meant having to miss work (many of the families relied on public transportation, and often had to spend an entire day traveling across the city to attend their appointments). For workers in low-wage/low-security service sector jobs,

this sometimes resulted in having to choose between keeping a job or being able to meet the bureaucratic requirements of Medicaid.

More generally, the book also gives readers an important perspective on contemporary American identity. Indeed, readers from outside of the United States will be reminded of the perspective many Americans hold with respect to the state. The authors note that “unlike the citizens of Europe, Americans do not receive, and for the most part do not expect, free higher education, state-mandated vacations, family allowances, or guaranteed health care as basic citizenship rights” (37). This philosophy can be implicitly seen in many of the experiences analysed in the book; for the poor, the experience of having to constantly apply for certification under Medicaid was a reminder that they were asking for too much. Angel et al. write: “... reliance on public programs is stigmatizing. Rather than receiving health care as a citizenship right or as an employment benefit, those families that rely on Medicaid must reaffirm their pauper status on a regular basis in order to continue to receive services. As our interviews revealed, the recipients of publicly funded social services, including health services, live with that daily reality of sanctions, rejection, and humiliation” (98). This constant reminder of deprivation and social exclusion, according to the authors (and congruent with current research on the social determinants of health), is a significant barrier to achieving optimal levels of health.

The authors frame the situation of health insurance in the United States as a “crisis” partly because of the expanding reach of the problem. They note that “...a growing fraction of the working poor and even members of the middle class find it difficult to obtain and afford adequate and continuous family coverage. What we illustrate with detailed survey and ethnographic data is that for the working poor the nature of work and the nature of health care contribute in an interactive manner to economic instability and to frequent cycling in and out of poverty” (21). Importantly, the authors suggest that this may lead to a solution: “Increasingly, instability in health care coverage, like instability in employment, is moving up the job hierarchy and affecting more working and middle-class families. If there is any hope for change in the system, it arises from the fact that the poor are no longer the only victims” (126). Significant passages in the book examine this “hope” for change; a timely discussion, given the prominent role that health care is bound to play in the upcoming US Presidential elections.

Poor Families in America’s Health Care Crisis also makes important contributions with respect to research on poverty. Beginning with a thoughtful discussion of the extent to which medical debt lies behind the financial troubles of millions of Americans, the authors also combat the victim-blaming ethos behind recent welfare reform efforts. Angel et al. write: “...today researchers who study poverty are in much the same situation as their progressive-era predecessors of over a century earlier. They face the challenge of shifting the focus of research away from a concern with the characteristics and behaviors of poor individuals and

families and onto the nature of the economic system that seems to make poverty inevitable” (13). Their analysis on this issue is particularly strong, and emphasizes the difficulties experienced by poor Americans in balancing family needs with the requirements of frequently inflexible work schedules. According to the authors, “Our interviews also showed that parents in low-wage jobs face a serious dilemma in reconciling work and the need to get medical care for their children. When their children are ill and need medical attention, at the very least they lose badly needed income. Some, however, face the very real risk of losing their jobs because of excessive absences” (73).

Underlying the book is the notion of discrimination; the authors correctly assert that “the fact that minority Americans find themselves at particularly high risk of poor health with no health care coverage is no accident” (74). Notably, there is a very interesting methodological tension in the book with respect to race and ethnicity. For the authors, racial and ethnic divisions structure the very cities which they study and influence the lives of their respondents in significant ways. However, the majority of their respondents disagreed: “...few of our respondents talked much about race or ethnicity at all. Some even rejected a racial or ethnic attribution for their problems...” (139). This book would have been improved with elaboration of this tension, which is acknowledged but not sufficiently explored by the authors. To what extent is this a form of false consciousness? What are the responsibilities of an ethical researcher in the case where respondents do not agree with the analysis generated from their interviews? Should respondent validation be taken more seriously? On this point, the book could be used quite effectively to generate discussion in courses on sociological research methods. The authors conclude by noting: “...our observations have been that individuals who grow up in poverty, especially if they are members of stigmatized groups, spend much of their lives embedded in a symbolic world in which those symbols clearly differentiate the rich from the poor and the powerful from the weak and at every turn remind one that he or she is not one of the rich or powerful. When the color distinctions are as stark as they continue to be in the United States, the impact of race and ethnicity on the experience of poverty cannot be ignored, even if in a post-civil rights era the nation has lost interest in the topic” (133).

Poor Families in America’s Health Care Crisis concludes with an engaging discussion of policy implications. The authors provide a succinct summary of some of the major recent attempts to change the US health insurance system, including the failed reforms put forward by the Clinton administration. Based on their ethnographic and survey data, they forcefully reject market-based solutions to the problems of health care: “Market mechanisms are not likely to provide all of the health care that low-wage workers need at a price they can even begin to afford. As medical inflation outstrips increases in general inflation by many times over, the situation for these families can only worsen” (29).

There is an optimism underlying much of the book. Despite its focus on devastating experiences of poverty and suffering, readers of the book are likely to come away from it with a sense of hope. For the authors, "...there is reason to believe that the forces that impelled the Clinton administration to attempt radical rather than piecemeal reform will in the not too distant future again move us in the direction of a more universal and coordinated system of health care financing and delivery" (194). There is a tremendous contrast between this optimism and some of the empirical data presented in the book – a contrast that could be used very effectively in classroom discussion, both at the undergraduate and graduate levels.

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