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Volume 24  
Issue 1 March - Special Issue on Asian  
American Experiences

Article 11

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March 1997

**Review of *Readings in American Health Care: Current Issues in Socio-Historical Perspective*. William G. Rothstein (Ed.). Reviewed by Terri Combs-Orme, University of Tennessee.**

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**Recommended Citation**

Combs-Orme, Terri (1997) "Review of *Readings in American Health Care: Current Issues in Socio-Historical Perspective*. William G. Rothstein (Ed.). Reviewed by Terri Combs-Orme, University of Tennessee.," *The Journal of Sociology & Social Welfare*: Vol. 24 : Iss. 1 , Article 11.  
Available at: <https://scholarworks.wmich.edu/jssw/vol24/iss1/11>

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long-term care systems are operating in a less than optimal manner. The authors are also as one in cautioning that, due to fiscal/political reasons, the government cannot be expected to reform/financially increase/support these systems. They claim that increased government support can cause a moral hazard problem and therefore would not produce better services to more people. The fact that these fields of service have tremendous externalities makes them more difficult to study from economic point of view and adds little to their political or financial viability.

In sum, *Individual and Social Responsibility: Child Care, Education, Medical Care, and Long-Term Care in America* is a text for advanced readers that can be used in doctoral courses of social policy. Although this volume has no consistent theme that weaves its chapters into a coherent whole, it does present an original and thought-provoking review of four human-service domains from the perspective of distinguished economic scholars. As such, we believe *Individual and Social Responsibility*, edited by Victor R. Fuchs, deserves the attention of social workers and social welfare scholars concerned with the issue of individual and social responsibility in America.

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William G. Rothstein (Ed) *Readings in American Health Care: Current Issues in Socio-Historical Perspective*. Madison, WI: University of Wisconsin Press, 1996. \$49.95 hardcover, \$17.95 papercover.

Social work courses and the textbooks used in courses about health and health care are often limited to discussions of the psychosocial effects of and treatments for various diseases, along with issues related to social work practice within a medical setting. Social workers are thus often lacking in knowledge and appreciation for the broader issues that have shaped health care in this country. This lack of context certainly hampers their

understanding of current controversies, such as the move toward managed care and the call for basic reform. Indeed, the profession's general neglect of such areas has resulted in a leadership vacuum that continues to place social work "one down" to other professions in medical settings.

This book uses mostly previously published articles to provide a broad look at a number of subjects related to health care. Part 1 provides interesting historical perspective on several isolated areas, such as rural medical practice, public health, services provided by industries, and the health practices of persons in one small community. Though limited in applicability for social work practice, the accounts are interesting and lively.

Part 2 provides basic information with which all social workers should be familiar, particularly those who practice in a health setting, such as twentieth century trends in mortality, "disease" as a social construct, and recent advances in medical treatments. These subjects are usually not covered well in social work health texts, but are important for going beyond narrow disease to the broader concept of health.

Part 3 covers several important exemplars of public health, such as fluoridation of water, cigarette smoking, and AIDS. Social workers who are active in the treatment and prevention of AIDS and advocacy efforts on behalf of AIDS sufferers would do well to learn from the lessons of previous public health successes and failures found in this section.

Part 4 covers the development and status of several allied health professions, such as nursing and podiatrists and midwives. This part and Part 8 on medical education, though interesting, may be the least useful sections for social workers.

Part 5 presents important historical information about health care organizations, including Health Maintenance Organization. This section and the ones on financing (Part 7) and current issues (Part 9) probably are most critical to the current evolution of the system within which health care workers practice. No answers are presented, but the questions and background are well presented in the broad context of health care, rather than from the narrow perspective of social work or medicine. Part 6 provides history about mental health policy and treatment; it provides valuable information that many social workers already may have.

As an adjunct to material that provides information about the social factors inherent in good health and participation in the health care system, this book of readings would provide an interesting addition. It has the added advantage of including reading lists and questions for each article, as well. Perhaps most attractive is the fact that discussions are data-based, rather than swimming in rhetoric, but still nontechnical and highly readable.

The major disadvantage of the book is that although it purports to provide breadth, it omits much important information about the role of social work in the health care setting and about some of the issues that most concern social workers. For example, the social work profession has played an active role in advocacy and programs on behalf of disadvantaged mothers and children, and these important efforts are not included, despite a discussion of barriers to prenatal care. Likewise, modern institutions such as community health centers and hospices are not discussed within the broad issue of the impact of poverty on health and health care. These omissions are certainly understandable given the vast number of available subjects, but it would be important for social work educators to call their students' attention to them.

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Paul T. Phillips, *A Kingdom on Earth: Anglo-American Social Christianity, 1880–1940.* University Park: Penn State Press, 1996. \$55.00 hardcover, \$16.95 papercover.

“Social Christianity” was a loosely associated body of doctrines and organizations that aimed to reform industrial capitalism by Christian ideals of social harmony and justice. It was allied with many diverse secular humanitarian proposals and movements for reform, in education, health and public health, penal and correctional institutions, city planning, esthetic culture, and political/economic legislation. It appealed to many leaders in the dominant churches in England and North America—Anglican, Presbyterian, Methodist, Unitarian, Quaker, Baptist. Social Christians were prominent supporters of the sentiment and advocacy that, by the 1940s, ushered in the “welfare state.”