

BOOK REVIEW

From Crisis to Catastrophe: Care, COVID, and Pathways to Change

Paul Lazar, MD

AUTHOR AFFILIATION:

McLaren Bay Regional Family Medicine
Residency, Bay City, MI

HOW TO CITE: Lazar P. From Crisis to Catastrophe: Care, COVID, and Pathways to Change. *Fam Med.* 2024;56(X):1–2. doi: [10.22454/FamMed.2024.306922](https://doi.org/10.22454/FamMed.2024.306922)

PUBLISHED: 21 May 2024

© Society of Teachers of Family Medicine

Book Title: From Crisis to Catastrophe: Care, COVID, and Pathways to Change

Editors: Mignon Duffy, Amy Armenia, Kim Price-Glynn

Publication Details: Rutgers University Press, 2023, 272 pps., \$35.95, paperback

From Crisis to Catastrophe attempts to synthesize the recent world literature on the inadequacy of structures supporting care for children, the elderly, and other dependent adults. As many have written, even before COVID-19, severe shortages existed in supplies of nurses, home health workers, nurse aides, day care workers, and others able to provide similar care, largely due to inadequate payment and cultural norms belittling the value of what had been considered “women’s work.” This book explores the ways the pandemic exposed those deficiencies and exacerbated them to the point of collapse, pointing out the especially high burden borne by “low-skilled” care workers of color, including personal illness and death of caregivers. Essays by authors from Europe, Asia, Africa, and Latin America add a global perspective, illuminating different policy milieus and responses to the pandemic and how those responses, to varying degrees, ameliorated the crisis.

The editors are sociologists whose scholarship has been focused on caregiving and care work. For this volume, they brought together authors from diverse disciplines, including political science, public health, health policy, economics, organizational psychology, and those from countries around the globe to present short review articles describing the impact of the pandemic on paid and unpaid caregivers, mostly using studies published elsewhere as a basis for their comments. The editors approach the subject from an avowedly feminist perspective, and many of the essays also take what some would consider a socialist point of view.

The book argues that, although day cares, home care programs, and schools reopened and the unpaid caregivers who replaced them returned to the workforce as the pandemic eased, the need for care work continues to far exceed the supply of available caregivers, paid caregivers remain underpaid, and the next pandemic will move us again from crisis to collapse. As far as solutions to the problems, the editors seem most encouraged by the progress toward unionization of care workers, described in the articles by Ravenswood (Ch. 19) and Kashen (Ch. 20). This leaves the issue of affordability, which might at some point be reduced by the implementation of robotic technology, if some of the challenges posed by Dickinson and Smith (Ch. 18) can be overcome.

Academic geriatricians, medical sociologists, and others interested in writing about caregiving will need to refer to some or all the essays. Those not deeply familiar with the subject will appreciate several essays such as those describing the impact of the pandemic on migrant care workers and their recipients, and on the economic impact of the temporary absence of home care for the aged, childcare, and care for students in primary education.

Despite its breadth, this book may be less applicable to a generalist physician audience. To anyone who has made nursing home rounds or taken care of a patient with dementia, the deficiencies in available support are self-evident, as is the lack of progress on the policy front. The quality of writing is uneven; some of the essays appear to suffer from poor translation, and others overuse jargon that might confuse those who are not experts in the field. A second edition, if undertaken, would benefit from addressing these areas for improvement.

