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History and Structure of Social Insurance Systems in the United States

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The New Deal legislation of the 1930s saw the involvement of the legislative branch in creating the modern regulatory state, in which new agencies, programs and policies were created by the federal government, usually under the expanded powers found by the Supreme Court under the Commerce Clause. One of the most significant and enduring components of this legislation was the passage of the Social Security Act in 1935. There is perhaps no piece of federal legislation and regulation that has a greater direct impact upon the largest number of persons than this Act, both through its original purposes and the amendments to it over the course of more than eighty years. The basic purpose of the Act was to provide old-age pensions, a role that continues to the current day, but the legislation has expanded to provide other benefits, including benefits for persons with disabilities.

Understanding the basic provisions of Social Security as well as those components that are intended for persons having a disability, therefore, should be included in any discussion related to disability law. One such component of Social Security is the disability insurance program, providing benefits for individuals who have been deemed unable to perform work that they would otherwise be capable of performing due to medical or psychiatric conditions. Another similar insurance program, administered almost exclusively at the state level, is Workers' Compensation. These programs provide medical benefits, indemnity for lost wages, and certain other benefits for persons who are injured while performing their jobs. The purpose of this chapter is to provide an overview of the Social Security Act and its provisions, with particular emphasis on those parts of the law that relate to disability-related issues, as well as general principles of Workers' Compensation law.

Development of Social Insurance Programs

Poverty is an unfortunate and enduring aspect of the human condition, with much of it caused by inevitable or unforeseen events such as aging, death, unemployment, sickness, and disability. Throughout recorded human history there have been different reactions to these events, often with indifference, but also with encouragement of support from extended family, charitable giving, personal action through private insurance or participation in such organizations as benevolent societies, and formal government action. Beginning in the late nineteenth century these efforts began to coalesce into the construction of governmental schemes to provide some type of social insurance to sustain persons who suffer potentially ruinous events (Social Security Administration, n.d.). Social insurance grew in European nations from the tradition of social welfare, with the first program established in the German Empire in 1889. By the time that Social Security was established in the United States in 1935 nearly forty other nations had established similar programs of social insurance (Liu, 2001).

In the United States efforts to alleviate suffering from poverty have been attempted since colonial times, but with the coming of the Industrial Revolution, the movement of persons from agrarian settings to cities, increased life expectancy from improvements in medical science, public health and sanitation, and the fading of the support of the extended family dramatically changed demographic and social conditions and intensified consideration of new and more specific schemes for governmental involvement in provision of relief. State pension plans, pension plans from a limited number of private employers, and a variety of concepts for state or national level social insurance programs were put into place, attempted or proposed during the second half of the nineteenth century and the early twentieth century. The final precipitating factor that led to nationalized social insurance in the

United States, however, was the Great Depression. The Social Security Act was finally passed in 1935 (Social Security Administration, n.d.).

The advent of the Industrial Revolution was also the catalyst for another form of protection that can be considered as social insurance, workers' compensation. The move from agrarian to industrial economies shifted populations from rural to urban and employment from agricultural to industrial. In the early industrial environment, the worker was exposed to working conditions that were frequently not only openly inequitable and exploitative but dangerous or even lethal. Those injured had only the recourse provided through tort law to recover damages for these injuries. However, three common law principles often barred those injured in the course of employment from obtaining indemnification from their employers.

The first of these principles was Assumption of Risk. The general rule states that if an individual knows of a inherent danger and chooses to face the danger they cannot recover for damages sustained should the danger actually cause them harm. In the workplace, this came to be applied to known dangerous working conditions. For example, in *Lamson v. American Axe and Tool Co.*, 58 N.E. 385 (Mass. 1900), a worker had the job of painting the heads of axes that were placed on a rack above him. A new rack was installed by the employer that was ineffective in holding the axes in place with the vibration of the plant's machinery. The worker, after complaining of the condition, was told, in essence, that he could accept the new work condition or leave employment. As the worker feared, the rack collapsed on him and he was severely injured. The worker was denied recovery by the court because he had assumed the risk. Holmes, C.J., stated, "The plaintiff ... appreciated the danger more than anyone else ... He stayed and took the risk ... He did so nonetheless that fear of losing his place was one of his motives." *Lamson* at 585-86.

The second principle was known as the Fellow Servant Rule. Under this rule the injuries to an employee that were the result of the negligence of another employee could not be used to hold the employer liable. The reasoning was that this was that there was an implied contract between the employer and the employee, not the employer and another employer. The rule was established in the United States in *Farwell v Boston & Worcester R.R. Corp.*, 45 Mass. 49 (1842), in which an engineer was not permitted to recover against the railway when a switchman negligently threw a switch on the railroad line causing the engineer to lose his hand. This rule had roots in assumption of risk, and while it was clarified and limited by courts in other jurisdictions over the next several decades, it remained a controversial defense available for employers in workplace injury claims (Epstein, 2008).

The final principle was that of Contributory Negligence. This rule stated that if the employee was negligent in even the slightest sense for their injuries that the employer could be held faultless. An example of the application of this rule to workplace injury was *Beems v. Chicago, Rock Island and Peoria R. R.*, 12 N.W. 222 (Iowa 1882). The defendant was a brakeman who was killed by being run over by rail cars when he attempted to move between them to uncouple them. The facts indicated that the train was rolling more quickly than it should have and that the defendant had entered between the cars, realized they were moving too quickly to uncouple, and signaled to the other employees to slow the train. He then immediately reentered between the cars without waiting to see if the train slowed and his foot was caught in the rail, trapping him and causing him to be ran over. The judgment of the court was that he was unable to recover due to his negligence in entrapping his own foot. Contributory negligence was applied to any tort situation but has since been modified to a standard of comparative negligence in most jurisdictions (Epstein, 2008).

The early response to increased injury was the passage of state Employer Liability Statutes. These statutes did not create a form of social insurance, but rather, shifted a certain part of the liability for workplace injury on the employer. Usually, this meant holding employers responsible for injuries to their employees through their negligence, or through the negligence of their employees (negating to some extent the Fellow Servant Rule). However, these early laws did little to alleviate the circumstances that workers and employees faced. Workers were still left with little recourse if injured other than relief through private charity (Williams & Barth, 1973). Employers, especially small employers, also faced ruin if a worker was successful in a suit for a devastating injury, the damages of which

could bankrupt an employer of little means. Therefore, while employees had the greatest risk, both physically and financially, from workplace injury, there was risk to both parties.

The solution that was eventually found was the passage of Workers' Compensation laws by each of the states and the federal government. Like other forms of social insurance, Workers' Compensation had its origins in Germany in the 1880s (Weed & Field, 2012). President Theodore Roosevelt referred to the plight of the injured worker in the United States as a disgrace in an address to Congress in 1908, prompting the federal government to pass the first Workers' Compensation law that year. Over the next several years several states began to pass their own statutes; however, they were often fragmentary, voluntary rather than compulsory, and sometimes limited only to work that was considered hazardous in nature. The early laws were generally considered radical by the courts and were often stricken based on constitutional grounds such as deprivation of property without due process or failure to provide a trial by jury. Wisconsin created the first state Workers' Compensation law that passed judicial muster in 1911, and all 48 contiguous states then in the union eventually passed laws, the last being Mississippi (1948) (Williams & Barth, 1973). The United States Supreme Court ruled that compulsory Workers' Compensation laws were constitutional in 1917 in *New York Central Railroad Co. v. White*, 243 U.S. 148 (1917). The Court here held that a common law scheme of suit for negligence could be replaced with a statutory scheme by a state legislature as a reasonable use of the police power of the state in protecting the public health, safety, and welfare, and so long as the terms of the scheme were reasonable there were otherwise no constitutional flaws.

Each state jurisdiction and the federal government have instituted workers' compensation laws. These laws have the effect of serving as the so-called exclusive remedy for workplace injury, meaning that they replace the former common law scheme and instead institute a form of insurance for workers and employers (Markely, 1987). Workers' compensation insurance removes that rights of workers to bring civil suit against their employers for injuries incurred in the course of their employment while performing their assigned duties. They are entitled to receive certain benefits such as medical treatment and therapy, indemnity for lost wages, and in some jurisdictions services such as vocational rehabilitation to assist in return to gainful employment (Weed & Field, 2012). Employers are relieved of the threat of these suits, but the burden of funding of the insurance scheme is passed to employers either in large part or in total. Premiums are adjusted according to the experience of the employer's employees in filing claims and the cost of those claims, and on the general risk associated with the work that is performed; for example, steeplejacks who work in high places and where the risk of very serious injury or death is greater would require higher premiums than an accounting firm where physical activity is limited and risk of injury is slight. Shifting the burden of expense to the employer has the effect of incentivizing increased workplace safety with the goal of reducing injuries and thus reducing workers' compensation premiums.

The Social Security Act

Social Security is perhaps one of the most complicated laws in the United States Code and the Code of Federal Regulations. This is largely due to its expansion from a social insurance and retirement program to the inclusion of several titles that cover a wide variety of unfortunate circumstances that individuals might experience, including provisions for persons who have disabilities. The basic program, Retirement Insurance Benefits (and survivors' benefits), were the primary focus of the initial Social Security Act of 1935 (Pub.L. 74–271) (detailed in Title II of the Act). Survivor and dependent benefits were added in amendments to the Act in 1939 (Pub. L. 76-379), and disability benefits (Social Security Disability Insurance or SSDI) in 1954 (Pub. L. 83-761).

These three programs are often abbreviated OASDI (old age, survivors, and disability insurance) and form the core of the Social Security program. These programs are funded through payroll deductions from workers under the Federal Insurance Contributions Act (FICA; codified at 26 U.S.C. 21). Eligibility for the basic program is not an entitlement. To be eligible workers must earn forty credits. Under the current scheme, up to four credits may be earned in a year for each $1,320.00 earned. Benefits

to be earned for retirement are based on earnings and contributions over the course of the worker's employment, and can vary according to the age at which the worker retires.

Other major programs that are included in Social Security Legislation include Medicare, the provision of health benefits to persons over the age of 65, and Medicaid, a joint state-federal program to provide health coverage to impoverished persons (codified as Sections XVIII and XIX of the Social Security Act in the Social Security Act Amendments of 1965, Pub. L. 89-97); Temporary Aid to Needy Families (TANF), a welfare program to provide payments to families with needy children that was included in the original 1935 legislation as Aid to Dependent Children and which assumed its current name and rules through the Personal Responsibility and Work Opportunity Act of 1996 (Pub. L. 104-193); and Children's Health Insurance Program (CHIP), providing health benefits to children of families with incomes that while low are above the limit for Medicaid eligibility, becoming law as part of the Balanced Budget Act of 1997 (Pub. L. 105-33). A final major program, Supplemental Security Income (SSI), was created through the Social Security Act Amendments of 1972 (Pub. L. 92-336) and codified in Title XVI of the Act. SSI is a welfare program for impoverished persons and individuals (especially children) with disabilities and while administered by the Social Security Administration it is not funded through earmarked payroll deductions, but through the general treasury. SSDI and SSI will be discussed in detail because of their significance as benefit programs for persons with disabilities.

Social Security Disability Insurance

Beginning in 1954 individuals who became disabled as defined by the Social Security Administration in the Code of Federal Regulations were eligible for benefits if they had failed to reach full retirement age (at that time, 65; currently, 67). These benefits would continue until the recipient died or reached the full retirement age, at which time they would become an old age pension recipient. The definition of disability, under current regulations, states:

> Basic definition of disability. The law defines disability as the inability to do any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. To meet this definition, you must have a severe impairment(s) that makes you unable to do your past relevant work . . . or any other substantial gainful work that exists in the national economy. If your severe impairment(s) does not meet or medically equal a (disability found on a specific list), we will assess your residual functional capacity as provided in (these regulations). (. . .) We will use this residual functional capacity assessment to determine if you can do your past relevant work. If we find that you cannot do your past relevant work, we will use the same residual functional capacity assessment and your vocational factors of age, education, and work experience to determine if you can do other work. (. . .) We will use this definition of disability if you are applying for a period of disability, or disability insurance benefits as a disabled worker, or child's insurance benefits based on disability before age 22 or, with respect to disability benefits payable for months after December 1990, as a widow, widower, or surviving divorced spouse. 20 C.F.R. § 404.1505(a).

Disability determination first considers if an individual has a medical condition from a list found in an appendix to the section in which the basic definition of disability is found. Approval of SSDI as a result of these conditions is referred to as a Compassionate Allowance, and the conditions are of such a nature that extreme disability or death is inevitable. Included in this list are certain cancers, conditions affecting the brain and cognitive capacity, and a number of rare disorders that are often incurable and/or untreatable (Social Security Administration, n.d.). In these cases, approval of disability benefits is expedited upon verification of diagnosis of a listed condition, speeding the delivery of benefits to the afflicted person. For those who have conditions that are not listed, disability determination is usually a more lengthy and typically more complicated matter. SSA will examine not only the applicant's medical diagnosis but also consider the extent of the disability, the past relevant work history (work performed in the previous 15 years), the education and age of the applicant, and then de-

termine if the claimant has skills and functional capacity to perform some type of substantive gainful activity The SSA regulations state:

> Substantial gainful activity is work activity that is both substantial and gainful:
>
> (a) Substantial work activity. Substantial work activity is work activity that involves doing significant physical or mental activities. Your work may be substantial even if it is done on a part-time basis or if you do less, get paid less, or have less responsibility than when you worked before.
>
> (b) Gainful work activity. Gainful work activity is work activity that you do for pay or profit. Work activity is gainful if it is the kind of work usually done for pay or profit, whether or not a profit is realized.
>
> (c) Some other activities. Generally, we do not consider activities like taking care of yourself, household tasks, hobbies, therapy, school attendance, club activities, or social programs to be substantial gainful activity. 20 C.F.R. § 404.1572.

Applicants who are performing or a deemed capable of performing their past relevant work (work performed in the past fifteen years) are not eligible for disability benefits. Similarly, if the applicant is eligible to perform work in the national economy of some type that would be considered substantive gainful activity, the applicant is not disabled. Determination of skills that are transferable and work that could be performed using those skills involves considering the worker's age, education, work experience and level of physical impairment. Generally, as a worker ages, has less education, has worked in skills requiring lesser skill levels, and has greater impairments, the less likely that the applicant will be deemed to be capable of performing substantive gainful employment. 20 C.F.R. § 404.1560-1569a. Furthermore, any work that is found to be appropriate for the applicant given their circumstances must also be available in the national economy:

> Work exists in the national economy when there is a significant number of jobs (in one or more occupations) having requirements which you are able to meet with your physical or mental abilities and vocational qualifications. Isolated jobs that exist only in very limited numbers in relatively few locations outside of the region where you live are not considered "work which exists in the national economy". We will not deny you disability benefits on the basis of the existence of these kinds of jobs. If work that you can do does not exist in the national economy, we will determine that you are disabled. However, if work that you can do does exist in the national economy, we will determine that you are not disabled. 20 C.F.R. § 404.1566(b).

The Disability Determination Process. The adjudicative process for determining disability is explained at 20 C.F.R. 404.1520. An applicant files the application and the SSA will review it according to these criteria. If the application is denied, the applicant may request a reevaluation of the information that was submitted. If the application is still denied, the applicant can request a hearing with an administrative law judge, and if still denied, an administrative appeal. The final step in the process is to request a hearing in a United States district court.

If there is medical improvement of a nature that recipient's condition has improved to a degree that they would now be deemed capable of performing sustained remunerative activity, disability benefits can be discontinued. Disability benefits can also be discontinued for other reasons, including failure to cooperate with SSA, return to substantive gainful activity, fraud or mistake in the application process, or failure to follow prescribed medical treatment. 20 C.F.R. § 404.1579. Recipients are eligible for trial work periods, allowing them to attempt to return to work for a period of time, generally nine months. 20 C.F.R. 404.1592 (e). Special provisions also are included for provision of public vocational rehabilitation services for those determined to be disabled under SSA regulations. 20 C.F.R. 404.2104.

Supplemental Security Income

Supplemental Security Income (SSI) is a transfer payment from general treasury funds rather than the Social Security Insurance trust fund, yet is administered by the SSA. The purpose of the program is to provide a basic income to persons of very limited means, including limitations in both income and personal assets, described in 20 C.F.R. 416 subparts (K) and (L).

Eligibility (and certain conditions of ineligibility) are described by the SSA in 20 C.F.R.

416.202: Who may get SSI benefits. You are eligible for SSI benefits if you meet all of the following requirements:

(a) You are—

(1) Aged 65 or older;

(2) Blind; or

(3) Disabled.

(b) You are a resident of the United States, and—

(1) A citizen or a national of the United States;

(2) An alien lawfully admitted for permanent residence in the United States;

(3) An alien permanently residing in the United States under color of law; or

(4) A child of armed forces personnel living overseas as described in (this section).

(c) You do not have more income than is permitted.

(d) You do not have more resources than are permitted.

(e) You are disabled, drug addiction or alcoholism is a contributing factor material to the determination of disability, and you have not previously received a total of 36 months of Social Security benefit payments when appropriate treatment was available or 36 months of SSI benefits on the basis of disability where drug addiction or alcoholism was a contributing factor material to the determination of disability.

(f) You are not—

(1) Fleeing to avoid prosecution for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which you flee (according to most state laws);

(2) Fleeing to avoid custody or confinement after conviction for a crime, or an attempt to commit a crime, which is a felony under the laws of the place from which you flee (according to most state laws); or

(3) Violating a condition of probation or parole imposed under Federal or State law.

(g) You file an application for SSI benefits. *(References omitted).*

Persons eligible for SSI are also eligible for other federal assistance, perhaps most notably Medicaid coverage for health issues. Disability determination is essentially the same as for SSDI. In addition, children are eligible for benefits due to disability, whereas with SSDI only adults are eligible for disability benefits (with the exception of certain survivor's benefits.

Both SSDI and SSI are very complicated programs, with voluminous regulations. This section provides only an overview of the program, and a basic outline of eligibility rules and definitions of the most pertinent terms in the law. There are many specific rules, special exceptions, and other considerations contained in the relevant sections of the *Code of Federal Regulations.* Individuals who anticipate working with persons who are applying for these benefits are urged to fully read the full texts of 20 C.F.R. 404 and 20 C.F.R. 416.

Workers' Compensation

Unlike Social Security programs, workers' compensation is not a single program. Rather, each state and territory, and the federal government, has its own separate program with its own rules, regulations, and other characteristics. Because of this, the discussion of worker's compensation laws cannot provide information on the multitude of programs provided across each of the states. Rather, general characteristics and principles that are (largely) uniform across jurisdiction are discussed.

However, like Social Security, workers' compensation is an insurance system. As described in the opening section of this chapter, it is an exclusive remedy doctrine, meaning that workers do not have a right to sue the employer (with certain exceptions), while employers pay the cost of the program. Premiums paid for workers' compensation are based upon the *experience* of the employer, or the history and costs of injury in the workplace. Employers pay these premiums, although economically the costs may be passed to consumers of the employer's products or services, or by the employees themselves, by the effects on lowering wages (Willborn, Schwab, Burton, & Lester, 2007).

Basis for a Workers' Compensation Claim

Four elements must be present under most state workers' compensation statutes that allow a claim from an employee to be recognized:

1) A personal injury

2) that is the result of an accident

3) that arises out of employment (i.e., the accident related to the employee's job); and

4) occurs in the course of employment (usually meaning at the employer's premises and during regular working hours). (Willborn et al., 2007).

Concerning the definition of what constitutes a personal injury, there are two special cases. Mental illnesses are recognized by some states as personal injuries while other states do not recognize them or indicate that they must be secondary to a physical injury. In addition, occupational diseases (for example, black lung disease in coal miners) do not occur as the result of an accident but as the result of a disease process developing over a prolonged period of time. State workers' compensation laws now recognize these circumstances as compensable workplace injuries. (Willborn et al., 2007).

As explained, in situations involving workplace injury, workers' compensation provides the exclusive remedy. Employees must apply for benefits within a statutory period of time, and private medical insurance should not be used as compensation for a legitimate workplace injury. The worker likewise cannot bring suit against the employer for the injury sustained, but there are exceptions to this rule. Depending on the state, employers shield from suits can be pierced by injured employees in cases of intentional injury, reckless conduct on the part of the employer making it virtually certain that injury was likely to occur, fraud in defense of the claim on the part of the employer. (Wilborn et al., 2007). In circumstances such as these, courts have permitted private suits by the employee against the employer to move forward.

Benefits Available to the Injured Worker

Once a claim has been made and approved, workers' compensation provides a number of benefits to workers. The two broad categories of benefits are medical benefits and cash benefits. There are several forms of cash benefits that might be paid to injured employees or their survivors based upon the circumstances of their injury and future employment endeavors.

Medical Coverage. Coverage of medical care related to the injury itself is paid for through workers' compensation. This includes services such as physical therapy, and in most states injured employees are not required to pay deductibles or other supplementary out-of-pocket costs for care. (Wilborn et al., 2007). Medical coverage can continue indefinitely for the injury, depending on its nature, but usually is most intensive during the period in which the injured worker is in an acute phase of treatment.

This acute phase usually ends at the time when the worker has improved the fullest extent that medical care can provide. This point is referred to as maximum medical improvement (MMI) or maximum medical recovery (MMR) (Weed & Field, 2012).

Cash Benefits. The amount and type of cash benefits available to injured workers vary according to the state, although generally these are limited to two-thirds of the average weekly wage of the employee and also bounded by state-derived minimums and maximums. The type of benefit to be received by the injured worker depends upon the circumstances of the injury, the state of medical recovery, and the vocational outcome the injured worker experiences. The basic forms of cash benefits are temporary total disability, temporary partial disability, permanent partial disability, permanent total disability, and in cases where the injury results in death, survivors' benefits.

Temporary Total Disability (TTD). Temporary total disability benefits are paid during the period in which the injured worker is completely incapacitated from employment due to the injury but when this is still believed to be a temporary circumstance. These benefits are often received when the worker has not received maximum medical recovery from their injury. Temporary total disability usually begins after a statutory waiting period of some days or weeks (Willborn et al., 2007; Weed & Field, 2012).

Temporary Partial Disability Benefits (TPD). These benefits are usually paid when a worker is capable of returning to work in some capacity but not to their former employment. The injured worker might return to work for limited hours or limited duties, or to a different occupation entirely. This is still believed to be a temporary circumstance and the worker may not have achieved maximum medical recovery. Benefits are usually two-thirds of the difference between the injured workers' average weekly wage prior to the injury and the amount of wages received during TPD.

Permanent Partial Disability Benefits (PPD). Permanent Partial Disability benefits are provided to injured workers whose injury is considered to be permanent but not completely incapacitating in regard to employment. Most states recognize injuries as being scheduled or nonscheduled. Scheduled injuries usually involve a list of body parts, the total loss or total loss of use of which is compensated with a certain number of weeks of benefits according to a statutory schedule. Nonscheduled injuries include those injuries for which a total loss or total loss of use of is not present; often these involve soft tissue injuries, and the determination of their severity can be complicated, with different states having different schemes for its determination (Willborn et al., 2007; Weed & Field, 2012).

Permanent Total Disability Benefits (PTD). Permanent total disability benefits are provided to those injured workers who have sustained maximum medical recovery yet are deemed incapable of performing any type of employment for a permanent or indefinite period of time. This can be determined through medical and/or vocational assessment of the worker, or can involve a statutory provision in which the injured worker is granted PTD upon the loss or loss of use of two major members (arms, legs, eyes). As implied these benefits generally continue for life, although in some states they may be limited to a certain period of time or until Social Security retirement age (Willborn et al., 2007; Weed & Field, 2012).

Survivors' Benefits. These benefits are available to widows, widowers, and children of workers who die as a result of a workplace injury. Burial costs are included in this category of benefit, but cash benefits are paid to survivors in different amounts according to the state. Duration of the benefits may be lifelong for widows or widowers and usually until the age of majority for children of workers who are killed on the job. (Wilborn et al., 2007, Weed & Field, 2012).

The benefits listed above do not cover all potential benefits available to injured workers in all states. For example, vocational rehabilitation benefits to assist injured workers in returning to employment are available in some states, with limitations to benefits present according to jurisdiction. Some states may also provide benefits such as reimbursement for legal assistance. The laws governing workers' compensation can be complicated and varied because of differences between jurisdictions. However, the spirit of the original law, that of the exclusive remedy doctrine, remains the same as when these laws began to appear some one hundred years ago in the United States.

Conclusion

Principles of social justice and the desire for a society in which persons are not left utterly destitute because of age, disability, or other factors have caused the creation of schemes for social insurance such as those found in Social Security laws and workers' compensation statutes. Social Security in particular has expanded to include provisions for general welfare benefits, health care, and other benefits intended to improve basic living conditions for citizens. Workers' compensation laws, although designed for an industrial era, have not only provided clarity and justice for workers who sustain injuries in the course of their employment but also have had the collateral effect of making workplaces safer by shifting the burden of costs to employers, giving incentive for healthier work environments. In the era of information-based economies, these provisions are still available although the types and character of injury have changed.

This article has attempted to provide an overview of social insurance systems in the United States. However, the statutory and regulatory provisions of social insurance are far too broad and varied to cover in only one chapter of a book that concerns itself with basic disability law. Readers are encouraged to learn more about social insurance, because is perhaps the one area of disability law that every person in the United States is likely to have dealings with in some capacity, and for human service workers, it is most likely to become a concept to consider in service planning and provision.

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