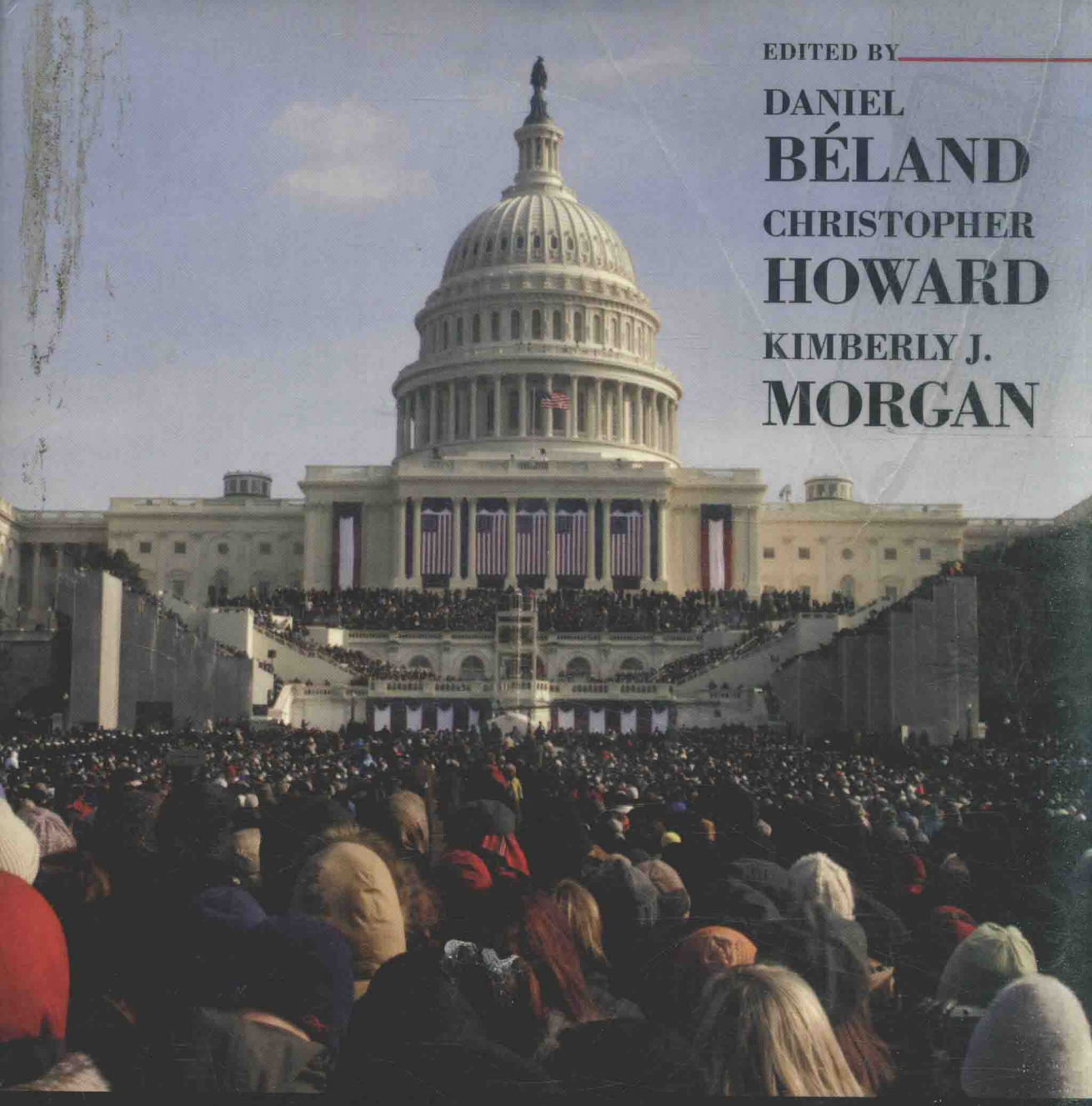

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The Oxford Handbook *of* U.S. SOCIAL POLICY

THE OXFORD HANDBOOK OF

U.S. SOCIAL POLICY

Edited by

DANIEL BÉLAND, CHRISTOPHER HOWARD

and

KIMBERLY J. MORGAN

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Contents

List of Contributors *ix*
Acknowledgments *xiii*

PART I INTRODUCTION

1. The Fragmented American Welfare State: Putting the Pieces Together 3
   Daniel Béland, Christopher Howard, and Kimberly J. Morgan

PART II HISTORICAL DEVELOPMENT

2. Social Provision before the Twentieth Century 23
   Laura S. Jensen

3. The Progressive Era 41
   David Brian Robertson

4. The Great Depression and World War II 59
   Andrew Morris

5. From the Fair Deal to the Great Society 76
   Jennifer Klein

6. The U.S. Welfare State Since 1970 95
   Alex Waddan

7. A Cross-National Perspective on the American Welfare State 112
   Julia F. Lynch

PART III THEORIES

8. Cultural Influences on Social Policy Development 133
   J. Taylor Danielson and Robin Stryker

9. Political Institutions and U.S. Social Policy 151
EDWIN AMENTA AND AMBER CELINA TIERNEY

10. Political Parties and Social Policy 169
JEFFREY M. STONECASH

11. Interest Groups 187
TRACY ROOF

12. Constituencies and Public Opinion 206
ANDREA LOUISE CAMPBELL AND MICHAEL W. SANCES

13. Race and Ethnicity in U.S. Social Policy 222
ROBERT C. LIEBERMAN

14. Gender 239
ELLEN REESE, STEPHANIE D'AURIA, AND SANDRA LOUGHRIN

PART IV PROGRAMS FOR THE ELDERLY

15. Social Security 261
EDWARD D. BERKOWITZ AND LARRY DEWITT

16. Private Pensions 279
TERESA GHILARDUCCI

17. Medicare 296
JONATHAN OBERLANDER

18. Long-Term Care for the Elderly 315
MADONNA HARRINGTON MEYER AND JESSICA HAUSAUER

PART V PROGRAMS FOR THE POOR AND NEAR-POOR

19. Medicaid 337
COLLEEN M. GROGAN AND CHRISTINA M. ANDREWS

20. Temporary Assistance for Needy Families 355
R. KENT WEAVER

21. The Politics of Supporting Low-Wage Workers and Families 373
DANIEL P. GITTERMAN

22. Food-Assistance Programs and Food Security 393
CRAIG GUNDERSEN

23. Public Housing and Vouchers 413
ALEX SCHWARTZ

PART VI PROGRAMS FOR THE DISABLED

24. Social Security Disability Insurance and Supplemental Security Income 433
JENNIFER L. ERKULWATER

25. Workers' Compensation 451
LESLIE I. BODEN AND EMILY A. SPIELER

PART VII PROGRAMS FOR WORKERS AND FAMILIES

26. Unemployment Insurance 471
STEPHEN A. WOODBURY

27. Care and Work-Family Policies 491
SONYA MICHEL

28. Homeownership Policy 510
PETER DREIER AND ALEX SCHWARTZ

29. Private Health Insurance: Tax Breaks, Regulation, and Politics 530
JAMES A. MORONE

30. Pension and Health Benefits for Public-Sector Workers 549
LEE A. CRAIG

31. Social Programs for Soldiers and Veterans 565
MEREDITH KLEYKAMP AND CROSBY HIPES

PART VIII POLICY OUTCOMES

32. Poverty 585
David Brady and Lane M. Destro

33. Inequality 603
Stephanie Moller and Joya Misra

34. Citizenship 623
Suzanne Mettler and Alexis N. Walker

Index 641

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PART I

INTRODUCTION

CHAPTER 1

THE FRAGMENTED AMERICAN WELFARE STATE:

Putting the Pieces Together

DANIEL BÉLAND, CHRISTOPHER HOWARD,
AND KIMBERLY J. MORGAN

1 Introduction

The welfare state has long been a source of controversy and struggle in the United States and other advanced industrialized nations. Contemporary politics in this country and others is often dominated by the contentious questions of who gets what from government, and who pays for it. The distributive choices that emerge from these struggles have major consequences for individuals, societies, and politics. Social policy thus offers a crucial window on the workings of government, making it important for scholars and informed citizens alike to understand the origins of social programs, their politics, and their impact on society. In the United States, that means delving into a complex and fragmented system of social provision that has emerged over the past hundred years, but the roots of which reach back to the early American Republic. It also requires us to understand the array of economic, social, and political forces that have produced this fragmented system of social provision and to put the pieces of the jigsaw puzzle together so as to understand its real-world effects. This is the purpose of this volume.

The objective of this chapter is to provide a short, synthetic introduction to the American welfare state while offering an overview of the entire *Oxford Handbook of U.S. Social Policy*. This introduction mirrors the basic structure of our handbook, as it moves from a historical and comparative overview of the American welfare state to a discussion of key theoretical perspectives on social policy development and, finally, to a discussion of current policy issues and challenges.

2 Comparative and Historical Perspectives

Social policy refers to programs that redistribute resources across society and often seek to cushion people against life's socioeconomic risks. These programs usually take the form of cash transfers or in-kind benefits such as medical care. Taken together, social programs constitute the *welfare state*, a term that implies uniformity and coherence but in fact often conceals a tremendous amount of variation in terms of programmatic design and political dynamics.

In this handbook "social policy" and "welfare state" are used interchangeably. The concept of "welfare regime," which is discussed below, is broader than "welfare state," as it refers to the relationships among governments, markets, and families in the provision of welfare (Esping-Andersen 1990, 1999). Modern social programs span a multitude of policy areas, including programs for the unemployed, retirees, the sick, the disabled, the poor, and families with children (Béland 2010). All of these policy areas are explicitly analyzed in this handbook. Some, such as retirement pensions and health care, are represented by several chapters each, a reflection of the programmatic complexity and fragmentation of the American welfare state.

Importantly, as Esping-Andersen (1990) and many others have recognized, "private" benefits offered by employers play a key role in the world of social policy, which adds to the sheer complexity of social programming. This is particularly true in the United States, where employers and other private providers have long been prominent social policy actors, a situation promoted by large tax subsidies and contracting out for the delivery of social services (Esping-Andersen 1990; Hacker 2002; Howard and Berkowitz 2008; Klein 2003; Morgan and Campbell 2011). Further exacerbating policy complexity, the public and private realms tend to overlap, and the public-private mix is now a major feature of social policy research in the United States and elsewhere (for an overview, see Béland and Gran 2008). Consequently, this handbook pays close attention to both public and private benefits, for example, devoting entire chapters to private health insurance and pension benefits.

Public-private interactions and the above-mentioned policy area fragmentation do not fully account for the complexity of the American welfare state, because the United States is also a federal polity (Finegold 2005). Although more centralized in some respects than countries like Canada and Switzerland (Obinger, Leibfried, and Castles 2005), the United States features major regional inequalities and, especially, jurisdictional and institutional overlaps that exacerbate complexities in policy design and implementation. This level of policy complexity varies from one policy area to another, which becomes clear after reading the chapters devoted to particular programs and policy areas. On the one hand, as the chapters on Social Security and Supplemental Security Income (SSI) make clear, public pensions for the disabled and older people constitute

a relatively centralized policy area in which the national government is dominant. As the chapters on Temporary Assistance for Needy Families (TANF) and Unemployment Insurance show, benefits for the unemployed and those on public assistance are much more decentralized because the states are heavily involved. Finally, as the chapters on Medicare and Medicaid suggest, some policy areas like health care feature national social programs (Medicare), which coexist with much more decentralized measures (Medicaid). In a field such as health care, these territorial and political-institutional complexities are exacerbated by the role of nongovernment providers in the allocation of public and private benefits. This is true in the case of Medicare because private intermediaries participate in the delivery of publicly funded benefits (Morgan and Campbell 2011).

Federalism, the public-private mix, and distinctions among policy areas are not the only sources of welfare state complexity and fragmentation in the United States. As far as public social programs are concerned, it is common to draw an analytical line among three main types of programs: social assistance, social insurance, and universal benefits and services (Esping-Andersen 1990; O'Connor 2002; Olsen 2002). Typically financed through general tax revenues, social assistance programs offer means-tested benefits. An example is TANF, which is discussed extensively in one chapter and mentioned in several others. In contrast, social insurance benefits are mainly financed through payroll taxes. Workers become entitled to benefits largely based on their contribution history, rather than on need, as is the case for social assistance provisions. The two most prominent social insurance programs in the United States are Medicare and Social Security, which are each featured in separate chapters and mentioned in several others. Finally, universal benefits and services are derived from citizenship or residency. These benefits and services may be considered social rights and are mostly financed through general tax revenues. Canada's Medicare system is an example, as it covers the entire population as a matter of right (Maioni 1998). In the strict sense of the term, there are no large-scale, national universal benefits in the United States, as public social policy in this country has long been characterized by the institutional and ideological dichotomy between social assistance and social insurance programs (Fraser and Gordon 1992; Steensland 2008).[1]

Discussing these three types of social programs, Gøsta Esping-Andersen (1990, 1999), one of the leading scholars of comparative welfare states, created a well-known typology of "welfare regimes." These regimes overlap, and there is great internal diversity within each regime and even within each country, as social policy arrangements vary from one policy area (or even one specific program) to another (1990, 28). With this in mind, we can turn to his three welfare regime types and see where the United States fits.

First, the social democratic regime (e.g., Denmark, Norway, and Sweden) is characterized by the dominant role of government in the allocation of welfare and the existence of large universal benefits and services, creating strong citizenship rights. Second, the Bismarckian regime (e.g., Belgium, France, and Germany) is grounded in large and fragmented social insurance systems, whose main goal is income and status maintenance rather than citizenship equality. For Esping-Andersen (1990), this regime also places a large welfare burden on the family, especially women, who are traditionally

encouraged to stay at home to take care of their children or aging relatives. Finally, the liberal regime (e.g., Canada, the United Kingdom, and the United States) gives a central role to market forces and private benefits, which means that government plays a residual role in the provision of welfare. In other words, government tends to intervene only when the market is perceived to have "failed." Thus, Esping-Andersen (1990) is using "liberal" in the European sense of the term, which refers to promarket and individualistic ideas and institutions. In this context, the liberal regime leaves much room for private benefits, which are a main source of social protection for workers and their families.

Esping-Andersen's work has been widely criticized for his relative neglect of gender (Lewis 1992; Mahon 2001; Orloff 1993; Sainsbury 1999), as well as for the way he classifies specific countries or entire regions of the world, such as Southern Europe (Ferrera 1996) and Oceania (Castles 1993). That said, few scholars would challenge the idea that the United States belongs to the liberal welfare regime, at least as far as its reliance on (government-subsidized) private social benefits is concerned. For instance, unlike Canada and the United Kingdom, the United States does not have a universal, public health-care system. Instead, it relies on a mix of private and public insurance, which has not led to universal coverage (even if fully implemented, the 2010 Patient Protection and Affordable Care Act will leave tens of millions of U.S. residents without coverage). Nor does the United States offer paid parental leave. However, the "liberal" label only goes so far in capturing what is distinctive about the U.S. welfare state. As Lynch notes in her chapter for this volume, the U.S. welfare state is also notable for its wide geographic variability, the degree to which deservingness criteria are employed in awarding benefits, and its tilt towards support for seniors over younger people.

Based on the above discussion about the American welfare regime in comparative context, it is clear that the widespread reliance on private benefits (and on government regulations and tax incentives tied to them) exacerbates policy fragmentation. In fact, programmatic diversity, federalism, and complex public-private interactions have transformed the American welfare state into a complex regime that does not work all that well as far as reducing poverty, insecurity, and inequality, or even controlling costs[2] (Béland 2010; Hacker 2006; Howard 2007). The chapters on poverty, inequality, and social citizenship at the end of our handbook document the successes and flaws of this welfare state.

Although it is relatively easy to describe the key characteristics, and even the main shortcomings, of the American welfare state, explaining why it developed that way is a crucial intellectual challenge. Before we turn to theoretical perspectives directly addressing this challenge, which are discussed in Part II of the handbook, the basic historical narrative offers some insights.

Formulated in Part I, this narrative covers about four centuries, from the colonial era to the present. There are five main periods under study, each of which is the topic of a separate chapter. From the colonial era to the nineteenth century, parishes and later local communities played the most central role in social policy, which focused primarily on the poor, in an institutional environment modeled on the English Poor Law. Even

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