

Trapped in the Safety Net: Work That Doesn't Pay, in Fifty Different States

POSC 459 — Social Welfare Politics and Policy

Week 9 · Wednesday, October 21 · **Asynchronous: no class meeting**

This deck walks you through Campbell, chapters 4 and 5, and then Rank, Eppard, and Bullock, Section IV. Page numbers on the Campbell slides are from the book. Monday's deck walked Béland and Waddan; the two decks are meant to be read together.

This week, no meetings

Read	Campbell chs. 4–5 and <i>Poorly Understood</i> §IV, "Does Welfare Work?" (this deck walks both) · Béland and Waddan (Monday's deck)
Watch	<i>Two American Families</i> (PBS Frontline, 1 hr. 54 min., free online)
Write	Discussion Paper 3, Friday 10/23, 11:59 p.m. Prompt on Canvas
Start	Policy brief draft, due Wednesday 10/28

Questions? Email me. We meet again **Monday 10/26**: health care reform and the ACA.

How to use this deck

1. Same design as Monday: each slide opens with **what happened**, then the details, then a shaded box saying **why it matters**. Read only the boxes and you'll have the argument.
2. Slides marked → **paper** hold claims, with page numbers, for Discussion Paper 3.
3. Two glossary slides come next. Monday's glossary (AFDC, TANF, PRWORA, block grant, entitlement) still applies.
4. After Campbell, seven slides walk Rank, Eppard, and Bullock, Section IV. The last four connect the readings, set up the film, and restate the paper.

Three questions. **Campbell ch. 4**: why do programs built to help the poor keep them poor? **Campbell ch. 5**: why does the answer depend on the state? **Rank §IV**: does welfare work?

Glossary 1: the programs in these chapters

Term	What it is
Means-tested program	A benefit you get only if your income <i>and usually your assets</i> are low enough. TANF, SSI, Medicaid, CHIP, SNAP, housing aid, the EITC. The opposite of social insurance (Social Security, Medicare), which you get by having paid in
SSI	Supplemental Security Income. Federal cash for poor people who are elderly, blind, or disabled. Marcella's program. Most states add a small supplement
Medicaid / Medi-Cal	Public health insurance for the poor, run jointly by Washington and each state. Medi-Cal is California's version
Share of Cost Medi-Cal	A Medi-Cal variant where the family must spend everything above a set monthly allowance on medical bills before coverage kicks in
CHIP	Children's Health Insurance Program (1997). Covers children whose families earn too much for Medicaid but have no insurance
SNAP	Food stamps. Federal benefit, same amount everywhere, but states sign people up (or don't)
State EITC	Some states add their own Earned Income Tax Credit on top of the federal one, as a percentage of it. California had none when Campbell wrote

Glossary 2: the ideas Campbell uses

Concept	Plain meaning
Less eligibility	A rule from the British poor laws: relief must always be worse than the worst job, or people will choose relief. Campbell says it still organizes American social assistance
Asset test	To qualify, you must have almost no savings. In California, \$3,150 for Dave and Marcella. The test doesn't just screen applicants; it forbids recipients from ever saving
Phaseout	A benefit that shrinks gradually as you earn more. SSI drops \$1 for every \$2 earned
Cliff	A benefit that disappears entirely at one dollar of income. Medicaid and CHIP work this way
Effective marginal tax rate	Of each extra dollar you earn, the share you lose to taxes <i>plus</i> lost benefits. Campbell's figures: 55 to 80 cents on the dollar for the poor
Take-up rate	The share of eligible people actually enrolled. Varies by state even when the benefit is federal
Federal match (FMAP)	For Medicaid, Washington pays part of each state dollar: \$2.85 per state dollar in the poorest states, \$1.00 in the richest. The state still has to find its dollar
"Laboratories of democracy"	Justice Brandeis's phrase: states experiment, and good ideas spread. The standard defense of letting states set policy

The family, again (from Week 6)

Who they are: Campbell's brother Dave and sister-in-law Marcella, in Redding, California. In 2012 a car accident left Marcella, then pregnant, a quadriplegic. Their son Logan was born early. Marcella, a nursing student with no work history, landed in **SSI and Medi-Cal**, the bottom tier.

- Dave kept working. They sold his cars, cashed out her 401(k), and spent down to the **\$3,150** asset cap to qualify.
- For two years they believed they were in Share of Cost Medi-Cal, which would have taken every dollar Dave earned above a set allowance, so he cut his hours (ch. 2).
- Campbell teaches social policy at MIT. She could not navigate the rules for her own family.

Why it matters: Chapters 4 and 5 are built on this one case. Chapter 4 asks why the rules that trapped them exist. Chapter 5 asks what would have happened to the same family in Texas, New York, or North Dakota. Keep them in mind; every number on the slides that follow is a number that hit this household.

The question

"Benefit levels so low that recipients can't make ends meet. Bureaucratic hurdles and stigma that minimize enrollment. Asset ceilings that prohibit savings. Why would social assistance programs be designed like this?"

p. 57

Campbell's answer, in advance (chapter 4)

What she claims: the features that look "illogical, even cruel" make sense once you see what the programs are for. They were never mainly about ending poverty.

1. Means-tested programs are meant to be "absolutely minimal," to go to the "deserving," and above all **not to deter holding a job** (p. 57).
2. To do that, they must stay worse than the worst job. As low-wage jobs got worse (shrinking wages, part-time work, no employer benefits), the programs "have gotten worse in tandem" (p. 58).
3. The same design features that keep benefits low and targeted also **block the exit**: leaving for work means losing cash, housing, food aid, child care, and health insurance "one after another" (p. 58).
4. And nothing on the outside replaces them. Low-wage jobs don't offer child care or insurance or a living wage. "That social assistance traps people in poverty is an indictment, not just of that bottom tier of the American welfare state, but of the entire system" (p. 58).

Why it matters: This is a design argument, not a character argument. Whatever the recipient's habits, the rules make work cost more than it pays. Hold that against Monday's reading, where reformers said the problem was *dependency*.

Less eligibility: an old rule still running

What happened: The principle comes from the nineteenth-century British poor laws. Workhouses were made worse than the worst outside job so that paupers would choose the job. Campbell says the rule never left.

- "In contemporary America, this idea persists: means-tested programs have to remain inferior to the alternative—the worst jobs at the worst wages" (p. 57).
- If benefits were "easy to get, stigma free, and generous," employers at the bottom would have to raise pay to find workers. So "policy makers try to make means-tested programs as miserable as possible" (pp. 57–58).
- Tight targeting is the tool: low income ceilings *and* low asset ceilings, so only the very bottom qualifies.

Why it matters: Every feature on the next six slides (low benefits, asset tests, cliffs, red tape, stigma) is the same rule applied to a different part of the program. If you understand less eligibility, you can predict the rest.

pp. 57–58

Benefits: how low can they go?

What happened: Cash benefits are set below the worst wages, which means below the poverty line, everywhere.

Most generous TANF state, New York	maximum benefit less than half the poverty level
Least generous, Mississippi	11% of the poverty level: \$2,040 a year for a family of three, "a little more than the annual household income in Nigeria"
TANF plus SNAP, any state	still below the poverty line
SSI, for the elderly, blind, and disabled	below the poverty line

- The real value of the minimum wage *and* of AFDC/TANF benefits both peaked around 1970 and have fallen since (p. 59).
- Supply is rationed too. Only **one in four** low-income households gets a rent subsidy. When Chicago opened its public housing list in 2010, **200,000 families** applied; New York's list would take **thirty-eight years** to clear (p. 59).

Why it matters: "That antipoverty programs would keep people in poverty makes no sense—until you think about the programs in relation to the job market" (p. 58).

Asset tests: you may not save

What happened: Most means-tested programs in most states require applicants to have almost no savings, and most of those limits haven't been raised in years.

- The stated purpose is targeting: make sure "no one with a fat bank account is receiving aid" (p. 60). The effect is a "straitjacket" once you're in.
- It is expensive to be poor (Ehrenreich's *Nickel and Dimed*): check-cashing fees, rented furniture, a waitress paying nightly hotel rates because she can't save first and last month's rent (p. 60).
- Anthony Wright, Health Access California: "In our social policy, we encourage even poor families to have three months' rent in the bank, even [as] we threaten to take away their health care if they do" (p. 60).
- **The van.** The wheelchair ramp motor failed; repair, **\$3,000**. They aren't allowed to have \$3,000. The tax refund arrived that week and went straight out (p. 61).
- **The car.** Dave needed a car with a back seat for Logan's car seat. A \$79-a-month lease would have worked, but leases need about \$3,000 down. "That's Dave and Marcella's entire asset limit. If Dave were to lease a car, a social worker would ask: where did he get the money for the down payment?" (pp. 61–62).

Why it matters: Savings are what let a family absorb a shock. Children of low-income parents with savings are more mobile later in life than children of low-income parents without (p. 62). The rule makes the next generation poorer too: "not just one asset-poor person but three" (p. 68).

Asset tests, continued: half the states have dropped them

What happened: The rule is not universal, which is the point of chapter 5. By 2012:

Program	States with no asset test
Medicaid	24 , "partly for administrative simplicity and cost savings: it's cheaper simply to cover poor people than to hound them about their assets and then deny care"
CHIP	47
TANF	5

- President Obama's fiscal 2011 budget proposed a **\$10,000** floor for federally funded programs (TANF, SNAP, LIHEAP). It "went nowhere" in Congress, and wouldn't have touched state Medicaid rules anyway (p. 62).
- The Affordable Care Act drops the Medicaid asset test for the *newly* eligible. Marcella is in a previously eligible group, the disabled, so California's test still applies to her (p. 62).

Why it matters: "If only California would follow the lead of half the states and lift its Medi-Cal asset test, it would make a huge difference in their lives" (p. 62). The trap is a policy choice, and some states have chosen otherwise.

Phaseouts, cliffs, and the 45-cent dollar

What happened: As recipients earn more, benefits fall away. Some fade gradually; some vanish at a single dollar. Either way, the next dollar earned is mostly taken back.

- **Phaseout.** SSI recipients can earn **\$85 a month** free. Beyond that they lose \$1 of SSI per \$2 earned, and lose SSI entirely at **\$1,097 a month**, just above the poverty line (p. 63).
- **Cliff.** Medicaid and CHIP: "earn one more dollar in income, and you lose eligibility for public health insurance altogether" (p. 63).

A single parent with two children goes from \$10,000 to \$40,000. Of the extra \$30,000, the family loses . . .	
to federal and state taxes alone (payroll tax, smaller EITC)	29%
if also on SNAP, Medicaid, and CHIP (the programs without waiting lists)	55%
if also on TANF and housing assistance	80%

"Every additional dollar earned yields only 45 cents, or even as little as 20 cents . . . the highest marginal tax rates faced by anyone in our society" (p. 64).

Why it matters: "Why make the transition from social assistance to work if it means losing the family's Medicaid benefits?" (p. 64). The trap is arithmetic.

Why not marry? And what happened to the mothers who left

What happened: The same arithmetic punishes marriage, and the one careful study of mothers who left welfare for work found them worse off.

- Two modest earners who marry can combine their way out of EITC, CHIP, and Medicaid eligibility. Economist Eugene Steuerle: "Not getting married is the major tax shelter for low- and moderate-income households with children" (p. 65).
- **Edin and Lein** interviewed hundreds of single mothers, some who left welfare for low-wage jobs and some who stayed. The working mothers had higher self-esteem and were slightly less likely to go hungry. They also had **more** housing problems, utility cutoffs, and inadequate winter clothing, were **much more likely to lack medical coverage**, paid more for child care and transportation, and saw their children less (p. 65).
- That fieldwork predates 1996. Since then "many single mothers no longer have the choice of staying at home: they have to get jobs in order to get welfare," and they face the same costs (p. 65).

Why it matters: Monday's reading said "work first" moved more people into jobs than training did. Campbell's question is what those jobs cost the family once the benefits fell away. Both claims can be true. Your paper can hold them against each other.

The 100 percent tax, and the two rules nobody mentions

What happened: Share of Cost Medi-Cal takes every dollar above a small allowance, and when the arithmetic isn't enough, red tape and stigma finish the job.

- **Share of cost.** Above the allowed living amount, "they must pay all their remaining income in share of cost. And if they make more money, their share of cost simply increases, dollar for dollar: a 100 percent tax." Dave "dial[ed] down his . . . work hours" while the family (wrongly) believed it was in that program (p. 66).
- **Red tape.** Marcella, a "deserving" beneficiary, has fought for every benefit. "If she were a TANF mom, she could face fingerprinting, intrusive questions about her sexual history, and drug testing before getting benefits" (p. 66).
- **Stigma.** The design goal is to make applying "so unpalatable that people will stomach any alternative, including a low-wage job, even if it is economically inferior. That so many of the eligible don't even try to sign up shows how effective stigma is" (p. 66).

Why it matters: Week 6's Desmond chapter said the poor avoid welfare rather than depend on it. Campbell gives the mechanism: avoidance is what the hurdles are for. "In the perverse world of means-tested programs, work doesn't pay" (p. 66).

The poverty trap and its perversities

What happened: Campbell turns the "cycle of poverty" argument around. The cycle is real, and the programs build it.

- The disabled face an "extreme choice" (Medicaid expert Tony Dreyfus): work and lose Medicaid and SSI, or "remain poor" and keep them. Many "dare not" work (pp. 66–67).
- "What's perverse is that policy makers rail against a 'cycle of poverty,' but then design programs that create a cycle of poverty" (p. 67).
- The old debate: is poverty caused by a "culture of poverty" (helplessness, dependence) or by the system? Conservative writer Stuart Butler blames the "stickiness" of parents' habits: thrift, honesty, perseverance (p. 67).
- Campbell's reply: "an examination of policy design suggests high systemic barriers no matter what an individual's personal traits are" (p. 67).
- The programs "induce people to work less," "lead people to get divorced or never to marry," and bar extended families from helping financially, "in ways that would appear to violate conservatives' concerns about the work ethic and family values" (p. 68).

Why it matters: This is the hinge between Monday and today. Monday's reformers renamed the problem *dependency*, a trait of recipients. Campbell says the dependency is manufactured by the rules. Same evidence, opposite diagnosis. Which one does the film support?

What can be done

What happened: Campbell rejects abolition ("they've gotten their wish with regard to TANF. It is now such a small program . . . that it's a minor part of social assistance," p. 68) and offers three repairs.

1. **Redesign the programs.** Steuerle's "integrated approach": set tax and benefit rules together, make the hidden tax rates visible, and cap the effective marginal rate so the fall-off is gentler. Lift or end asset limits (p. 68).
2. **Improve low-wage jobs.** Higher state and local minimum wages; ACA tax breaks for small employers who insure. But "it simply may not be economically feasible for low-wage employers to offer more benefits. Strong public programs are needed" (p. 68).
3. **Build universal programs** (Theda Skocpol's model: public schools, Social Security, the G.I. Bill). Universal child care and preschool, paid family leave, health insurance, and, Campbell adds, **social insurance for long-term care**, "so that the disabled of any age don't have to impoverish themselves to get assistance" (p. 69). No cliffs, no stigma, and middle-class support.

California's paid family leave is her example: funded by a payroll tax on everyone, it "has most benefited low-wage workers," whose employers never offered leave (p. 69).

Why it matters: Each fix attacks a different wall of the trap: the program's exit rules, the job on the other side, or the gap between them. A paper that names the wall is stronger than one that says "the system fails."

Chapter 4 in one slide

"Work doesn't pay when you lose 50, 60, 80 cents of every dollar you earn. Or 100 percent, in the case of Share of Cost Medi-Cal."

"Program designs are meant to make assistance less desirable than work, but then the inadequacies of low-wage jobs and other social welfare programs make work an untenable option as well. Poor Americans are trapped. . . . The programs meant to give them a helping hand instead keep a boot on their throats."

p. 70 · → **paper**

Chapter 5 opens

"The good news is that Marcella and Dave live in California. The bad news is that Marcella and Dave live in California."

Generous: a state insurance program let them plan a pregnancy, CHIP covers Logan up to 250% of poverty, and Dave got paid family leave, which exists in only three states.

Stingy: a \$3,150 asset cap, no 529 or retirement savings allowed, no state EITC. In **twenty-four states** there is no Medicaid asset test at all. "But not in California, where they happen to live."

Campbell's answer, in advance (chapter 5)

What she claims: Social Security and Medicare are the same in every state. Social assistance is not, and the variation is enormous, old, and hard to defend.

1. The variation comes from **the founding**: southern members of Congress kept cash aid for the poor under state control to protect a labor system built on Black farm workers. The structure outlived the motive (pp. 72–75).
2. It shows up in **every program**: whether a state has it, who qualifies, what counts as income and assets, how much it pays, who signs up (pp. 75–86).
3. The modern defenses of state control (**responsiveness, innovation, efficiency, choice**) hold for roads and business policy. For social assistance, each fails on contact with the evidence (pp. 90–97).
4. Washington has slowly **centralized** the programs for working families, but not the ones for nonworkers (pp. 97–99).

Why it matters: "In sum, a person's public policy experience is a sheer accident of geography. Is that just?" (p. 72). Monday's chapter showed AFDC paying 16% of poverty in Louisiana and 89% in Alaska. This chapter says that was never only AFDC.

1935: why the poor got fifty programs and the old got one

What happened: Before the New Deal, states ran their own relief, including mothers' pensions, and used them selectively. The Social Security Act kept that arrangement for the poor.

- Southern states withheld mothers' pensions in "counties with the highest concentrations of African Americans in order to maximize the number of available workers" (p. 73).
- Federal cash to Black farm workers and domestics "outside the control of the white planter elite" threatened the South's economy. Southern committee chairs responded two ways (p. 73).
- **Social insurance** (Old Age Insurance, Unemployment Insurance) covered only "commerce and industry," excluding farm and domestic labor. That exclusion faded as occupations were added; by the 1970s Social Security was nearly universal (p. 73).
- **Social assistance** (Old Age Assistance, Aid to Dependent Children) was left to the states: federal money, state rules on eligibility and benefits. A clause promising "a reasonable subsistence compatible with decency and health" was stripped out (p. 74).
- 1965 repeated the split: **Medicare** federal and uniform; **Medicaid** federal-state, with states setting scope, eligibility beyond the minimum, and provider payments, and paying part of the bill (pp. 74–75).

Why it matters: Old Age Assistance was federalized as SSI in 1972. ADC never was. "To this day, means-tested social assistance programs bear the marks of their birth in the crucible of American racial politics and states' rights" (p. 75). Fiscal capacity and ideology now do the work the planters once did.

TANF: four in five poor children, then and now

What happened: "Forty years ago, four in five poor children received welfare; now four in five poor children do not" (p. 75). Behind the national decline is a fifty-way spread.

Share of poor children on AFDC/TANF, 2009 (fig. 5.1)	
California, Maine	above 50%
Washington, Hawaii, Massachusetts	above 40%
Twelve states, from Florida to Idaho, Texas and Mississippi among them	below 10%

Maximum monthly TANF benefit, family of three, July 2011 (fig. 5.2)	
New York · California · Vermont	\$788 · \$714 · \$640
Tennessee · Mississippi	\$185 · \$170

In 22 states the maximum is under a quarter of the poverty line; at the bottom, "\$2 per day—the World Bank's definition of poverty in developing countries" (p. 77). Adjusting for cost of living (fig. 5.3) leaves the same states at the bottom.

Why it matters: Nearly every state covered fewer poor children in 2009 than in 1969. Monday's "fewer people on welfare" is a national figure; in a dozen states it means fewer than one poor child in ten gets cash aid.

TANF, continued: the rules change at the state line

What happened: Beyond benefit levels, every rule that decides who gets in and who gets thrown out is a state choice.

- **Asset limits:** five states have none. Elsewhere, from **\$1,000** (Georgia, Texas, Washington) to **\$10,000** (Delaware), typically \$2,000 or \$3,000. Some exempt one car, some all cars (p. 77).
- **Diversion:** some states hand applicants a one-time lump sum and bar them from TANF for months afterward (p. 78).
- **Whose income counts:** a stepparent's in Iowa but not Kansas; a grandparent's in New Hampshire but not Vermont (p. 79).
- **Job search before you apply:** required in Idaho, not in Montana (p. 79).
- **Sanctions:** in Mississippi, the top penalty for missing a work requirement is "total loss of benefits and permanent ineligibility." In Arkansas, the case closes until the family complies for two weeks (p. 79).
- A family with **\$2,000** in assets qualifies in Oregon and not in Washington (p. 79).

Why it matters: "A family's experience depends entirely on the state in which it happens to live" (p. 79). When the film's families (in Wisconsin) hit a rule, ask whether the rule is Wisconsin's or the country's.

Medicaid: does health care vary less? "The answer is no"

What happened: Americans think of health care as closer to a right than cash is. Campbell asks whether Medicaid rules are therefore more uniform. "The answer is no, for the most part" (p. 79).

- **Federal floor:** pregnant women and children under six below 133% of poverty; children six to eighteen below 100%. Beyond that, states choose (p. 79).
- **Children:** all but four states cover kids to 200% of poverty through Medicaid or CHIP (p. 79).
- **Adults:** in 2013, **18 states** covered working parents above the poverty line; **16 states** cut parents off below *half* of it. The ACA's 138% rule became optional after the Supreme Court ruling, so childless adults qualify in some states and not others (p. 80).
- **Assets:** 24 states, no test. Among the 26 with one, most cap at \$2,000–\$3,000; the range is \$1,000 to \$30,000 (fig. 5.4). Some count 529 and retirement savings, some don't (pp. 80–81).
- **Benefits:** every state covers prescriptions, but Washington pays for two a month and Louisiana eight. Adult dental, glasses, physical therapy, hospice: optional (p. 81).

Why it matters: Poorer states get a bigger federal match, **\$2.85** per state dollar versus **\$1.00** in the richest, "but getting the federal match still means spending a state dollar, which poor states are less likely to have" (p. 81). The formula narrows the gap and doesn't close it.

Medicaid, continued: "And on and absurdly on"

What happened: Campbell lines up pairs of states to show that the same person, with the same income, is covered on one side of a border and not the other.

The same person . . .	Covered in	Not in
in a required group, with \$2,500 in assets	California	Nevada
with \$5,000 in assets	Minnesota	Michigan
pregnant, at 150% of poverty	Georgia	Alabama
pregnant, at 200% of poverty	New Mexico	Arizona
working parent of a Medicaid child	Wisconsin, up to 200% of poverty	Arkansas, above 16% of poverty ("Nigeria-level income")
an adult who needs glasses	Texas	Oklahoma

In a Massachusetts Medicaid family, "a child can get a filling in any tooth, but his mom can get a filling only in her twelve front teeth, not in her molars." From 2010 to 2012 budget cuts ended most adult dental coverage altogether (p. 82).

Why it matters: "As with TANF, how you fare is an accident of time and place" (p. 82). None of these differences track need. They track the state's budget and its politics.

CHIP: a 1997 program with 1935 habits

What happened: CHIP was built in 1997, long after the racial politics of the founding. Campbell asks whether a "modern" program escaped the pattern. "And yet it does" vary, just as much.

- Funded jointly, with the Medicaid match plus a 15% "sweetener" to get states to join. States set eligibility (p. 82).
- By 2012, 47 states had dropped the asset test, but income cutoffs run from **160%** of poverty (North Dakota) to **400%** (New York), a spread far wider than cost-of-living differences (pp. 82–83).
- A child in a **\$40,000** household: eligible in Tennessee, not Kentucky. **\$50,000**: Connecticut yes, Rhode Island no. **\$35,000**: South Dakota yes, North Dakota no (p. 83).
- Arizona closed CHIP to new enrollment in December 2009. "What happens to the Logans of Arizona?" (p. 83).
- **38 states** impose a waiting period of one to twelve months of being uninsured before a child can enroll, to stop parents from dropping employer coverage. "There is little evidence that parents engage in such behavior" (p. 83).

Why it matters: "Imagine if Logan were born in a state with a twelve-month waiting period. Is he supposed to go without medical care or checkups for the first year of his life?" (p. 83). The structure, not the era, produces the variation.

State EITCs and SSI supplements: the same family, different checks

What happened: Two programs where the federal benefit is uniform and the state add-on is not.

- **State EITC.** The federal credit dates from 1975; Maryland added the first state credit in 1987; by 2011, 23 states and DC had one, set at **3.5% to 40%** of the federal credit (pp. 83–84).
- Dave and Marcella's 2012 federal EITC was **\$3,200**. On top of that they would have gotten **\$1,280** in DC, **\$1,056** in Minnesota, **\$320** in Washington, **\$192** in Oregon. In California: **nothing** (p. 84).
- **SSI supplement.** Most states add to the federal check (not Arizona, North Dakota, Mississippi, West Virginia). For a recipient living independently: **\$10** a month in Maine, **\$14** in Michigan, **\$168** in Connecticut (p. 84).
- **California's trade.** It is the only state that bars SSI recipients from food stamps, adding cash instead. In 2012 a disabled Californian got **\$854** a month; in Massachusetts, **\$812** plus SNAP, for **\$944**. California's "generosity" leaves its disabled **\$1,080 a year** poorer (p. 85).

Why it matters: "Not only does access to means-tested programs vary, but so does the take-home pay of lower-wage workers, all because of differences in state policies" (p. 84). The variation reaches the paycheck, not only the welfare office.

SNAP: even a uniform benefit isn't uniform

What happened: Food stamps pay the same amount in every state. Enrollment still varies, because state and county workers are the ones who sign people up, or don't.

Share of eligible people enrolled in SNAP, 2006 (fig. 5.5)	
National	67%
Highest: Missouri	about 98%
Lowest: California	about 50%

"SNAP may be federal, but it's local and state social workers who inform people about their eligibility and sign them up—or not" (p. 85).

Why it matters: This is the cleanest test in the chapter. Hold the benefit constant and half of eligible Californians still go without. Variation lives in administration and outreach, not only in the rulebook. Remember Monday's 40%: of families poor enough for TANF in 2005, only 40% got it. Take-up is where that number is made.

Table 5.1: the same family in eight states

What happened: Campbell runs Dave, Marcella, and Logan through eight states' rules. Dave's pre-accident income was just under 200% of poverty.

	CA	NY	WI	NE	TX	TN	ND	ID
Logan eligible for CHIP	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Medicaid asset cap	\$3,150	none	none	\$6,025	\$2,000	\$2,000	none	\$1,000
State SSI supplement	\$190*	\$23	\$130	\$5	none	none	none	\$52
State EITC	none	30%	4%	10%	none	none	none	none
Paid family leave	Yes	No	No	No	No	No	No	No
Personal care hours	9.3/day	2 levels	50 visits/yr	5.7/day	1.7/day	none before 2010	10/day	1.4/day

*But no food stamps for SSI recipients in California. Source: Campbell, Table 5.1, p. 87.

- Nebraska's \$5 supplement: "why even bother?" (p. 88). Personal care is "the most valuable benefit Marcella receives" and has the widest spread: nine or ten hours a day in California and North Dakota, fifty *visits a year* in Wisconsin, nothing in Tennessee until 2010 (p. 88).

Why it matters: In New York, Wisconsin, or North Dakota they could have kept the 401(k) and the emergency fund. In Idaho, Logan is uninsured. Same people, same needs. The film's families live in **Wisconsin**: read that column before you watch.

Tennessee: the underground railroad out of the nursing home

What happened: In the stingiest states, "where you live" decides not how much help you get but whether you get to live at home.

- Tennessee's nursing home lobby meant that a disabled person without family or money could get personal care only by living in a nursing home. In **2005**, **97%** of Tennesseans getting long-term supports were in nursing homes; **3%** in the community, "the absolute bottom" nationally (pp. 88–89).
- After decades of sit-ins ("Our Homes, Not Nursing Homes"), the state began funding in-home care in 2010. The nursing-home share fell to **67%** by 2013 (p. 89).
- Beginning in the early 1990s, the Memphis Center for Independent Living bought **one-way plane tickets** to Denver, where the disability group ADAPT met residents and set them up in apartments. At least sixteen people left this way, including three CIL staff. One nursing home director threatened to have the state police bring a resident back and charge his friends with kidnapping (pp. 89–90).
- Campbell: "It's like the movie *Argo*, except the hostages are trying to escape American nursing homes" (p. 90).

Why it matters: A reader can dismiss benefit tables as abstractions. This is what a \$0 line in a state budget does to a person. Even after reform, one client who inherited a small sum lost her care for three months and got it back for six days a week, "as if 'magically she doesn't need services on Sunday'" (p. 89).

The case for state control, stated fairly

What happened: Before knocking it down, Campbell gives the standard argument for letting states set social policy.

- The federal structure gives states their own taxing and spending powers, and the social legislation gave them rule-setting powers. The result is "fifty different worlds of social assistance" (p. 90).
- The defense is a market analogy. People and firms are mobile and choose where to live. States compete for them. Competition produces **responsiveness** to local preferences, **innovation** in policy, and **efficiency** in spending, the way consumer choice disciplines businesses (pp. 90–91).
- Campbell grants the argument where it fits: economic development (infrastructure, job training, business incentives) and divisive moral questions (abortion, same-sex marriage), where letting states differ is "attractive" (p. 91).
- "But what about social policy? Do these arguments hold up in this policy arena as well?" (p. 91).

Why it matters: The next four slides take the four promises one at a time: responsiveness, innovation, efficiency, choice. A good paper does the same thing with its claim. State the strongest version, then test it.

pp. 90–91

Responsiveness: the states that need the most do the least

What happened: If states responded to need, poor states would spend more on the poor and all states would spend more in recessions. "In reality, the exact opposite patterns emerge" (p. 92).

- Across states there is a **negative** relationship between need and provision. Poor states spend less; so do conservative states (p. 92).
- The Medicaid match uses per capita income, which tracks need loosely. New York and Massachusetts have the same per capita income and the same match; New York's poverty rate is **60% higher**. Mississippi, Louisiana, and New Mexico have higher poverty than other low-income states and get no extra (p. 92).
- Over time: nearly every state must balance its budget, so in downturns they cut. In the Great Recession, **Arizona** closed CHIP and cut the TANF time limit from 60 months to 36; **Massachusetts** ended adult dental; **Washington** cut disability grants; **Pennsylvania** cut its SSI supplement; **Mississippi** cut mental health; **South Carolina** cut Medicaid hospital payments 7% and physician payments 10% (pp. 92–93).
- "Such reductions reinforce downturns, making recessions even worse, whereas policy responsiveness would dictate greater, countercyclical spending" (p. 93).

Why it matters: "That the same people get different amounts of help depending on their location is the opposite of responsiveness" (p. 93). Monday's chapter ended with TANF rolls rising 13% while unemployment doubled in 2008. Here is the state-level half of that story.

Innovation: real, and uneven

What happened: This is the one argument Campbell partly concedes. States do invent things that spread. They also invent things that go sour, and they let good rules rot.

- **Spread:** Massachusetts's 2006 health reform became the ACA's template. New Jersey's hospital payment system (DRGs) was adopted by Medicare. California and New Jersey pioneered paid family leave. States moved Medicaid long-term care money toward home care, which "most people prefer" (pp. 93–94).
- **Soured:** prison privatization cut costs and raised understaffing and violence. California's swap of food stamps for a bigger SSI check became "effectively . . . a benefit reduction" as the supplement fell behind the value of SNAP (p. 94). Massachusetts disability advocates fear an ACA demonstration that pays one managed-care company for both Medicare and Medicaid will cut personal-care hours (p. 94).
- **Rot:** California's Medi-Cal asset limit "hasn't been adjusted since 1989 and is now worth half as much in real terms" (p. 95).

Why it matters: "Innovation is desirable but uneven, across states, across time, and across programs, to the detriment of program beneficiaries" (p. 95). Monday's waivers were innovation too: Wisconsin's experiment became the national law. Campbell's point is that nothing guarantees the experiment that spreads is the one that worked.

Efficiency: cheap now, expensive later

What happened: Competition is supposed to make states spend wisely. In social assistance it pushes them to spend less, and the bill comes due somewhere else.

- Interstate competition "may simply induce states to develop less redistributive policy in order to keep taxes low," saving today and costing tomorrow (p. 95).
- Low Medicaid payments to doctors save money until patients can't find a doctor and go to the emergency room. In Kentucky, which hadn't raised payments in ten years, the incoming president of the state medical association had cut his own Medicaid patients from 25% to 15%: "it's difficult to run a practice if you aren't getting reimbursed" (p. 95). States that spend less on Medicaid get worse access and worse health (p. 95).
- Medi-Cal is "a particularly low payer": spending per child was **two-thirds** of the national average in 2009. Marcella waits months for specialists and never saw one for her vocal cord injury. Dave: "As Medi-Cal patients, we're last on the wait list" (p. 96).
- Four months after rehab, Medi-Cal stopped paying for the mattress topper that prevents pressure sores in quadriplegics because she "didn't have enough bed sores." "Maybe next time she will, costing Medi-Cal far more" (p. 96).

Why it matters: Efficiency means more output per dollar. A policy that produces an emergency-room visit instead of a clinic visit, or surgery instead of a mattress, is the opposite. The savings are real and the costs are real; they land in different budgets.

Choice: who actually gets to move?

What happened: The whole case for state variation rests on people choosing where to live. Campbell asks who can.

- State lawmakers fear becoming a "**welfare magnet**" and hold benefits down. The research on whether magnets exist is "inconclusive," but "what matters is that state lawmakers think the effect exists, and make policy accordingly" (p. 96).
- A study of poor single mothers found benefit levels did influence moves "somewhat," but "many move back to their home state, where their family network and connections are" (p. 96).
- Dave and Marcella, on paper, should move to a state without an asset test, or to Massachusetts for its hospitals and disability services. They won't. Dave has lived his whole life in Redding; Marcella's family is there; friends rebuilt their house for a wheelchair. "No state will pay for wheelchair renovations. . . . No state will pay for twenty-four-hour coverage" (p. 97).
- "Dave and Marcella have no 'choice.' They have to remain where they have access to the crucial network of family and lifelong friends" (p. 97).

Why it matters: The market analogy assumes a mobile customer. The people who most need the programs are the least able to shop for a state, because the unpaid care that keeps them alive is where their family is. In the film, ask whether either household could leave Milwaukee.

Centralization is happening, for the working poor

What happened: Over thirty years Washington has quietly taken a bigger role, which Campbell reads as "an at least tacit recognition that state variation in this area is neither effective nor desirable" (p. 98).

- The national interest: an adult uninsured at 40 because of a stingy state becomes a costlier **Medicare** patient at 65. And the Constitution charges the national government with "the general welfare" (p. 98).
- **EITC and SNAP**, mostly federal, have expanded, offsetting state decline elsewhere. **Medicaid** has had group after group added to its mandatory list since the 1980s; the ACA pays 100% of expansion costs, falling to 90%. **CHIP**'s 2009 reauthorization raised the tobacco tax, made states use their money or lose it, and pays bonuses for beating enrollment targets (pp. 98–99).
- The catch: "much of the new federal help has been aimed at jobholders rather than nonworkers." EITC and CHIP target the working poor by design. "Programs that substantially benefit nonworkers, such as TANF and public housing, have been static or shrinking . . . a policy backwater of low funding and pronounced cross-state variation" (p. 99).

Why it matters: Monday's chapter traced the same line: the EITC for the working poor grew while AFDC for the non-working poor was abolished. Campbell shows the line runs through federalism too. The programs Washington took over are the ones for people with jobs.

The answer: how you fare depends on where you sit

Promise of state control	What Campbell finds
Responsiveness	Poor states spend least; all states cut in recessions. The same person gets different help by zip code
Innovation	Real (Massachusetts → ACA, DRGs, paid leave) but uneven, sometimes harmful, and old rules rot (a 1989 asset cap)
Efficiency	Low payments shift costs to emergency rooms, surgery, and Medicare later
Choice	Lawmakers fear magnets; the poor move toward family, not benefits. Dave and Marcella cannot leave

The variation is easy to explain: "low-income states can afford to do less for the poor," and conservative states choose to. It is "hard to defend, either economically or morally" (pp. 99–100).

The chapter in one sentence: "Morally, it's difficult to say that the same poor person should have health insurance in Minnesota but not in Texas. Or that the same disabled person should have ten hours of personal care per day in North Dakota but none at all in Tennessee. . . . Americans are citizens of the nation, yet the meaning of that citizenship varies tremendously depending on where they live within the country" (p. 100).

Monday and Wednesday, side by side

What happened: Béland and Waddan explained why Congress could abolish AFDC. Campbell explains what the programs that remain do to the people in them. The two readings disagree about the diagnosis and agree about the structure.

	Béland and Waddan (Monday)	Campbell (today)
The problem is named	<i>Dependency:</i> welfare harms recipients' habits	<i>The trap:</i> rules make leaving cost 55–80 cents on the dollar
"Work first"	Moved more people into jobs than training did (Riverside)	The jobs lack insurance and child care; Edin and Lein's working mothers were worse off
The states	Variation came first; block grants made it official (16% to 89% of poverty)	Variation is older than AFDC, built into every program, and racial in origin
Who got the help	The EITC grew; AFDC died	Washington centralized programs for workers; nonworkers stayed in the "backwater"
What they share	The working/non-working line decides everything	Same line. Less eligibility is the rule that draws it

Why it matters: Discussion Paper 3 asks you to test one claim against one scene. The strongest papers will pick a claim where the two readings pull in different directions and let the film break the tie. The "work first" row is the obvious one. The "who got the help" row is the sharper one.

Third reading: *Poorly Understood*, Section IV

"Does Welfare Work?"

Rank, Eppard, and Bullock, the Week 1 book, at the Pollak link on Canvas (reader pages 116–145). Three short chapters, each built to test one myth against the research record.

	The myth	Their answer
Ch. 13	Welfare spending is exploding and benefits are generous	The U.S. welfare state is minimal
Ch. 14	Welfare fraud is rampant	Welfare fraud is scarce
Ch. 15	Government can't do much about poverty	Government programs can reduce poverty

The Pollak reader shows its own page numbers. Cite the page you see, as in Week 1. Slides below cite by chapter.

Rank ch. 13: the welfare state is minimal

What they claim: Americans overestimate what welfare costs. The non-health programs for the poor are a rounding error in the economy, and spending on poor children has fallen.

Spending	
Federal low-income programs outside health care, 2018	2% of GDP , "2 cents for every dollar the economy produced"
Same programs as a share of the federal budget, 2019	8% (\$361 billion)
Health programs, 2019	25% of the budget (\$1.1 trillion), but three-fifths of that is Medicare , not programs for the poor
Federal spending per child in a family with no paid work	\$8,700 in 1990 → \$7,000 in 2015 (inflation-adjusted)

- Against peer countries, the U.S. has higher poverty and inequality and spends less on the safety net (fig. 13.2). The authors call the result "iconically unequal."

Why it matters: When a politician says welfare is bankrupting the country, this is the denominator. The programs for the poor that aren't health care are two cents on the dollar, and Medicare, a program for the old, is most of the health number.

Rank ch. 13, continued: TANF, "Falling Further Behind"

What they claim: Welfare reform made a small program smaller, and the shrinkage is not race-neutral.

TANF since 1996	
Families on the rolls	4.4 million (1996) → 1.3 million (2017)
Poor families served, per 100 in poverty	68 (1996) → 23 (2017)
Benefit for a family of three, median state, 2018	\$486 a month ; under \$300 in 14 states; at or below 20% of poverty in 17 states
Had TANF kept its 1996 reach	3.8 million families served in 2017, not 1.3 million

- TANF is "work-first," aimed at "ending the dependence of needy parents on government benefits" rather than ending poverty. Block grants have been frozen since 1997, with no inflation adjustment.
- Heather Hahn and colleagues: the larger a state's Black population, the lower its TANF benefits, the stricter its rules, and the shorter its time limits. Vermont served **78** of every 100 poor families; Mississippi, **10**.

Why it matters: Here is Monday's 84%-to-40% and Campbell's Mississippi check with national data, plus the finding the other two readings only gesture at: the fifty worlds are sorted by race. Gilens (Week 12) gives this chapter's expert appraisal.

Rank ch. 13, continued: does generosity kill work?

What they claim: The standard argument for keeping benefits low is that higher benefits would discourage work. The authors say the evidence runs the other way.

- Kjetil van der Wel and Knut Halvorsen, 18 European countries: "commitment to employment increased as social spending grew more generous."
- Abhijit Banerjee, cash transfer programs in six developing countries: "no evidence that they discouraged work."
- The programs that exist have worked where they reach: Social Security, food assistance, and tax credits for working families "have reduced the poverty rate by half since 1967."
- Only **3%** of single mothers with two children earning under 150% of poverty get the full stack of EITC, SNAP, and TANF or housing aid. The "multiple programs" household is rare.

Why it matters: Campbell showed that work doesn't pay because benefits vanish as earnings rise. Rank and colleagues add the cross-national finding: where benefits are higher and don't vanish, people work *more*. Both say the disincentive is in the phaseout, not in the generosity. Monday's reformers assumed the opposite.

Rank et al., ch. 13, "Conclusion" · → **paper**

Rank ch. 14: fraud is scarce

What they claim: Fraud by recipients is rare and well measured. The authors use SNAP, the most scrutinized program, because it is the one the fraud stories are told about.

SNAP	
Average benefit, 2018	\$127 a month: \$4.17 a day, \$1.39 a meal
Recipients who are seniors, children, or disabled	two-thirds
Households with a recipient found to have committed fraud, 2016	14 in 10,000 ; recipient <i>error</i> , 181 in 10,000
Dollars overpaid through recipient fraud	\$11 per \$10,000 ; through recipient error, \$63. The IRS estimates \$1 of every \$6 in federal taxes owed goes unpaid
Benefits trafficked for cash, 2012–14	1.5% (\$1.1 billion of about \$73 billion), mostly by retailers; fewer than 1% of stores disqualified
Overpayment dollars that were the state agency's fault	almost 60% (Stacy Dean, congressional testimony)

Why it matters: Reagan's 1976 "welfare queen" (a hundred and twenty-seven names, fifty Social Security numbers, three new cars) and Fox News's "food stamp surfer" Jason Greenslate are the same move: one case made to stand for millions. The table is what the millions look like.

Rank ch. 14, continued: the hunt for fraud does the damage

What they claim: The belief in rampant fraud shapes policy anyway, and the policies it produces deter the eligible rather than catch cheats.

- **59%** of poll respondents think lying to get SNAP is very or somewhat common.
- **Drug testing.** In a seven-state study, TANF recipients tested positive at *lower* rates than the general population. The millions spent "would be better utilized on job training."
- **Finger-imaging.** Adopted in the 1990s to stop "double-dipping"; its effect on fraud is doubtful, its effect on applicants is not. One: "It's basically like when you're going through central booking."
- **Stigma.** Stuber and Kronebusch, 901 clinic patients: welfare stigma reduced enrollment in both TANF and Medicaid. "Stigma is likely to constitute a stronger deterrent to participation than the expected penalty for dishonest claiming."
- **Asset limits.** The push to lower SNAP's came from one retired Minnesotan with \$1 million who applied to "test" the system. Most SNAP households have under **\$500** in liquid assets; 34 states skip the asset check to get benefits out faster.

Why it matters: "Rather than encouraging fraud, the system would appear to be encouraging nonparticipation instead." Campbell said that was the point of the hurdles (p. 66). Rank and colleagues give the measure: the fraud is in hundredths of a percent, the deterrence is in millions of families.

Rank ch. 15: government programs can reduce poverty

What they claim: The belief that government can't fix poverty is old (Feagin found it in 1969). Cross-national data say it can, when a country chooses to.

Relative poverty, before and after taxes and transfers (Bernstein, OECD, Table 15.1)	Before	After	Reduction
Sweden	26.7%	5.3%	80%
Denmark	23.6%	5.3%	78%
OECD average, excluding the U.S.	26.4%	9.8%	63%
United States	26.3%	17.1%	35%

- Before taxes and transfers, U.S. poverty is "middle-of-the-pack." After, it is the highest in the table. Markets produce similar poverty everywhere; the welfare state decides what remains.
- Child poverty (UNICEF, 35 countries): the others cut it 40% on average; the U.S. cut it **8%**, leaving 23%, ahead of only Romania. Single-parent families: elsewhere 42% → 19%; the U.S. **49%** → **33%**. Across 20 affluent democracies, generosity and poverty correlate at **-0.67**.

Why it matters: Timothy Smeeding: "We have more inequality and poverty than other nations because we choose to have more." Alesina's three reasons: Americans believe redistribution favors racial minorities, believe poverty is the poor person's fault, and have a political system built to block it (Monday's chapter, in one clause).

Rank ch. 15, continued: where American programs have worked

What they claim: The U.S. record is not uniformly weak. Where the country built a large, universal program, poverty fell as far as it fell anywhere.

- **Social Security.** Elderly poverty was **35%** in the late 1950s and **8.9%** in 2019. Engelhardt and Gruber: the growth in Social Security "can indeed explain all of the decline in poverty among the elderly." Without it, elderly poverty today would be **39%**.
- **Medicare.** Seniors without insurance: **48%** in 1963, **1%** by 2016. Seniors now pay 13% of their health costs out of pocket, a quarter of the 1960s share.
- **The CARES Act, 2020.** About \$500 billion in transfers. Poverty was headed from 12.5% to 16.3%; with the transfers, the projection was 12.7%.
- Economic security programs overall (Social Security, food assistance, working-family tax credits) "have reduced the poverty rate by half since 1967" (ch. 13).

Why it matters: Campbell's remedy in chapter 4 was universal programs on the Social Security model, with no cliffs and no stigma. Rank and colleagues supply the track record. The programs that work are the ones Monday's chapter said Congress has never been able to cut. Jamila Michener's closing line: "Poverty and economic deprivation are political choices."

Three readings, three units of analysis

	Counts	Finds	Use it when your scene is about . . .
Béland and Waddan	Laws, votes, rolls	Why AFDC could be abolished; what the rolls did after	a rule changing, a family leaving the rolls
Campbell	One family's dollars, fifty states' rules	Why leaving assistance for work costs 55–80 cents on the dollar; why it depends on the state	a raise, a benefit lost, a move not made, a form
Rank, Eppard, and Bullock	National and cross-national rates	The welfare state is small, fraud is rare, and transfers cut poverty where they're large	a stereotype in the film, a number a character cites, a comparison to "most people"

Where they agree: the working/non-working line decides who gets help, and the help for nonworkers has shrunk since 1996. Where they differ: Béland and Waddan explain the politics; Campbell and Rank judge the result, and judge it harshly.

Why it matters: Step 4 of the paper asks which evidence you trust more on your claim. A two-family documentary cannot test a cross-national rate; it can test a claim about what a rule does to a household. Match the claim to the unit the film can actually show.

Carry this into the film

Two American Families follows the Neumanns and the Stanleys in **Milwaukee, Wisconsin**, from 1991 to 2024. Monday's slide asked you to watch for work first, the 40%, drift, flow and stock, and the 44%. Campbell and Rank add five more.

1. **The cliff.** Does anyone get a raise, a second job, or a marriage that costs the household a benefit? Campbell's single parent kept 45 cents of each extra dollar (p. 64).
2. **The asset test.** Does anyone sell something, spend down, or refuse to save? Wisconsin had no Medicaid asset test (Table 5.1), but TANF and other programs are another matter.
3. **The job on the other side.** Does the job that replaced welfare carry health insurance, child care, a living wage? Edin and Lein (p. 65) say that is the question.
4. **Take-up and stigma.** Is there help the family qualifies for and doesn't ask for, or can't get through the door? Half of eligible Californians weren't on SNAP (p. 86). Rank: the hurdles deter applicants, not fraud (ch. 14).
5. **Choice.** Could either family have moved to a more generous state? What holds them in Milwaukee? Compare Dave and Marcella in Redding (p. 97).

Two households are still not national data. That is **step 4** of your paper: which kind of evidence fits the claim you picked.

Discussion Paper 3: claims you could use

About **600 words**, due **Friday 10/23, 11:59 p.m.** One moment from the film, one claim from the readings.

Monday's deck listed five claims from Béland and Waddan. From Campbell:

- A single parent with two children who goes from \$10,000 to \$40,000 keeps 45 cents of each extra dollar, or 20 cents if the family had TANF and housing aid (p. 64)
- Mississippi's maximum TANF benefit is 11% of the poverty line, \$2,040 a year for a family of three (p. 59)
- Forty years ago four in five poor children got welfare; now four in five do not (p. 75); in a dozen states fewer than one in ten did in 2009 (p. 76)
- Mothers who left welfare for work had more hardship and were much more likely to lack medical coverage than mothers who stayed (p. 65)
- States cut social assistance in recessions, when need is highest (pp. 92–93)
- "Policy makers rail against a 'cycle of poverty,' but then design programs that create a cycle of poverty" (p. 67)

From Rank, Eppard, and Bullock (cite the page the Pollak reader shows):

- TANF served 68 of every 100 poor families in 1996 and 23 in 2017; the median state paid \$486 a month in 2018 (ch. 13)
- Recipient fraud is \$11 of every \$10,000 in SNAP benefits; the average benefit is \$1.39 a meal (ch. 14)
- U.S. taxes and transfers cut poverty 35%, against an OECD average of 63% (ch. 15)

Discussion Paper 3: the four steps

The full prompt is on Canvas. Same steps as Monday's deck.

1. **One moment** from the film: a specific scene, person, or decision I could find.
2. **One claim** from the readings about what reform or the safety net does, with a **page number**.
3. **Does the moment support or challenge the claim?** Show how, with detail from the scene.
4. **Which do you trust more** on this point, the film or the reading, and why? Say which kind of evidence fits the kind of claim: two households can test what a rule does to a family; they cannot test a national rate.

A claim from Campbell pairs best with a scene about a rule. A claim from Rank pairs best with a scene where someone in the film states a belief about welfare that the numbers can check.

Next week, in the room

Monday 10/26: health care reform and the ACA. Jacobs and Skocpol, chs. 1–4; Hacker (2010).

Campbell wrote in 2014, as the Supreme Court had just made the ACA's Medicaid expansion optional. Her twenty-four states with no asset test and her sixteen states cutting parents off below half of poverty are the map that expansion was drawn on.

Keep chapter 5 open when you read Jacobs and Skocpol.

Policy briefs (undergraduates) due Wednesday 10/28.

Film by Friday. Paper Friday night. Email me with questions.